OASIS ITEM	
(M1870) Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	
□ 0 -	Able to independently feed self.
□ 1 -	Able to feed self independently but requires:
	<ul> <li>(a) meal set-up; <u>OR</u></li> <li>(b) intermittent assistance or supervision from another person; <u>OR</u></li> <li>(c) a liquid, pureed or ground meat diet.</li> </ul>
□ 2 -	Unable to feed self and must be assisted or supervised throughout the meal/snack.
□ 3 -	Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.
□ 4 -	Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
□ 5 -	Unable to take in nutrients orally or by tube feeding.

# ITEM INTENT

Identifies the patient's ability to feed him/herself, including the process of eating, chewing, and swallowing food.

The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely self-feed, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:

- physical impairments (e.g., limited range of motion, impaired balance)
- emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear)
- sensory impairments, (e.g., impaired vision or hearing, pain)
- environmental barriers (e.g., stairs, narrow doorways, location of bathroom or laundry)

#### TIME POINTS ITEM(S) COMPLETED

Start of care

Resumption of care

Discharge from agency - not to an inpatient facility

# **RESPONSE—SPECIFIC INSTRUCTIONS**

- This item <u>excludes</u> evaluation of the preparation of food items, and transport to the table. Respond to this item based on the assistance needed by the patient to feed himself once the food is placed in front of him. Assistance means human assistance by verbal cueing/reminders, supervision, and/or stand-by or hands-on assistance.
- The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. The clinician must consider what the patient is *able to do* on the day of the assessment. If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.
- The feeding/eating scale presents the most optimal level first, then proceeds to less optimal feeding/eating abilities. Read each response carefully to determine which one best describes what the patient is able to do.
- Meal "set-up" (Response 1) includes activities such as mashing a potato, cutting up meat/vegetables when served, pouring milk on cereal, opening a milk carton, adding sugar to coffee or tea, arranging the food on the plate for ease of access, etc. -- all of which are special adaptations of the meal for the patient.
- Responses 4 and 5 include non-oral intake.

# **OASIS-C Item Guidance**

### RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1870)

- If a tube is being used to provide all or some nutrition, select Responses 3 or 4, depending on the patient's ability to take in nutrients orally. If a patient is being weaned from tube feeding, Responses 3 or 4 will continue to apply until the patient no longer uses the tube for nutrition, at which time, select Responses 0, 1, or 2. This is true, even if the tube remains in place, unused for a period of time.
- Response 5 is the best response for patients who are not able to take in nutrients orally or by tube feeding. This may the case for patients who receive all nutrition intravenously (e.g. TPN) or for patients who are only receiving intravenous hydration.

### DATA SOURCES / RESOURCES

- Observation/demonstration is the preferred method
- Patient/caregiver interview
- Physical assessment
- Nutritional assessment
- Physician orders
- Plan of care
- Referral information
- Review of past health history
- Environmental assessment