OASIS ITEM

(M1200)	**Vision** (with corrective lenses if the patient usually wears them):
Enter Code ☐	0 Normal vision: sees adequately in most situations; can see medication labels, newsprint. 1 Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length. 2 Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.

ITEM INTENT

- Identifies the patient's ability to see and visually manage (function) safely within his/her environment, wearing corrective lenses if these are usually worn.

TIME POINTS ITEM(S) COMPLETED

- Start of care
- Resumption of care
- Follow-up

RESPONSE-SPECIFIC INSTRUCTIONS

- Be sensitive to requests to read, as patient may not be able to read though vision is adequate.
- "Nonresponsive" means that the patient is not able to respond.
- As specified within the OASIS question, only assess functional vision with corrective lenses if the patient usually wears corrective lenses.
- A magnifying glass (as might be used to read newsprint) is not an example of corrective lenses.
- Reading glasses (including "grocery store" reading glasses) are considered to be corrective lenses.
- Physical deficits or impairments that limit the patient's ability to use their existing vision in a functional way should be considered. For example, if a physical deficit/impairment (like limited neck range of motion) prevents a patient from seeing objects in his path, affecting safe function in his environment, M1200 should be Response 2 – Severely impaired.
- Assessment strategies: In the health history interview, ask the patient about vision problems (for example, cataracts) and whether or not the patient uses glasses. Observe ability to locate signature line on consent form, to count fingers at arm's length and ability to differentiate between medications, especially if medications are self-administered.

DATA SOURCES/RESOURCES

- Patient/caregiver interview
- Observation
- Physical assessment
- Referral information (for example, history and physical)

OASIS ITEM

(M1242)	**Frequency of Pain Interfering** with patient's activity or movement:
Enter Code ☐	0 Patient has no pain 1 Patient has pain that does not interfere with activity or movement 2 Less often than daily 3 Daily, but not constantly 4 All of the time

ITEM INTENT

- Identifies frequency with which pain interferes with patient's activities, with treatments if prescribed.

TIME POINTS ITEM(S) COMPLETED

- Start of care
- Resumption of care
- Follow-up
- Discharge from agency – not to an inpatient facility

RESPONSE-SPECIFIC INSTRUCTIONS

- Responses are arranged in order of least to most interference with activity or movement.
- Pain interferes with activity when the pain results in the activity being performed less often than otherwise desired, requires the patient to have additional assistance in performing the activity, or causes the activity to take longer to complete. Include all activities (for example, sleeping, recreational activities, watching television), not just ADLs.
- When reviewing patient's medications, the presence of medication for pain or joint disease provides an opportunity to explore the presence of pain, when the pain is the most severe, activities with which the pain interferes, and the frequency of this interference with activity or movement. Be careful not to overlook seemingly unimportant activities (for example, the patient says she/he sits in the chair all day and puts off going to the bathroom, because it hurts so much to get up from the chair or to walk). Evaluating the patient's ability to perform ADLs and IADLs can provide additional information about such pain. Assessing pain in a nonverbal patient involves observation of facial expression (for example, frowning, gritting teeth), monitoring heart rate, respiratory rate, perspiration, pallor, pupil size, irritability, or use of visual pain scales (for example, FACES). The patient's treatment for pain (whether pharmacologic or nonpharmacologic) must be considered when evaluating whether pain interferes with activity or movement. Pain that is well controlled with treatment may not interfere with activity or movement at all.

DATA SOURCES/RESOURCES

- Patient/caregiver interview
- Observation of nonverbal indications of pain
- Physical assessment
- Referral information (for example, history and physical)
- Standardized, validated pain assessment tools. Links to these tools can be found in Chapter 5 of this manual