

OASIS-E Cheat Sheet

RN | PT | SLP/ST | OT SOC | ROC _____

NAME _____ DOB _____ GENDER _____ SOC DATE _____
 ETHNICITY _____ RACE _____ HEARING _____ VISION _____
 PREFERRED LANGUAGE _____ ALLERGIES _____
 LIVES WITH _____ ASSISTANCE _____ PATIENT GOAL _____

Do you lack transportation for basic needs of daily living? _____

How often do you need someone to help you read medical instructions/information? _____

Do you need an interpreter to communicate with a doctor or health care staff? Y N _____

INPATIENT STAY LAST 14 DAYS Y N FACILITY _____ DC DATE _____

Vitals

TIME ____ TEMP ____ HR ____ RR ____ BP ____ SPO2 ____
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Medical History

BIMS Is the patient able to respond?

REPEAT SOC BLUE BED
 YEAR Y N _____
 MONTH Y N _____
 DAY Y N _____
 RECALL SOC BLUE BED

Acute mental change? Y N
 Inattention? Y N
 Disorganized thinking? Y N
 Altered LOC? Y N
 Alert/oriented? Y N
 Confused? Y N
 Anxious? Y N
 Supervision needed? Y N

Mood

Over the last 2 weeks, have you been bothered by any of the following problems?

Little interest or pleasure in doing things Y N
 Feeling down, depressed, or hopeless Y N
 Trouble sleeping Y N
 Feeling tired or having little energy Y N
 Poor appetite or overeating Y N
 Feeling bad about yourself Y N
 Trouble concentrating Y N
 Moving slow or feeling restless Y N
 Thoughts of hurting yourself Y N

How often do you feel lonely or isolated from those around you?

Behavior

Memory deficit? Y N
 Impaired decision-making? Y N
 Verbal disruption? Y N
 Physical aggression? Y N
 Inappropriate behavior? Y N
 Delusional/hallucinatory/paranoid? Y N
 If yes, how often? _____

Mobility

Roll left and right Y N
 Sit to lying Y N
 Lying to sitting on side of bed Y N
 Sit to stand Y N
 Chair/bed-to-chair transfer Y N
 Toilet transfer Y N
 Car transfer Y N
 Walk 10 feet Y N
 Walk 50 feet with two turns Y N
 Walk 150 feet Y N
 Walking 10 feet on uneven surfaces Y N
 1 step Y N 4 steps Y N 12 steps Y N
 Picking up object Y N
 Wheel 50 feet with two turns Y N
 Wheel 150 feet Y N

Functional Status

	Able	Able w/prep	Able w/help	Unable: possible other options	Unable	Totally Dependent
Grooming						
Dress upper body						
Dress lower body						
Bathing						
Toilet transferring						
Toileting hygiene						
Transferring						
Ambulation/locomotion						
Feeding						
Oral medication management						
Injection medication management						

Bladder & Bowel Incontinence? Y N Urinary Catheter? Y N

In the previous 14 days, was this patient treated for a urinary tract infection? Y N

Bowel incontinence? Y N Frequency _____

Skin Pressure Ulcer? Y N Location _____ Size _____ Drainage _____ Stage _____

Deep Tissue Injury _____ Stasis Ulcer Y N Surgical Ulcer Y N _____

REASON FOR REFERRAL

Comorbidities & Co-existing Conditions

Peripheral Vascular Disease (PVD) Y N
Peripheral Arterial Disease (PAD) Y N
Diabetes Mellitus (DM) Y N
Shortness of Breath Y N

Risk for Hospitalization (Check all that apply)

History of falls Weight loss Multiple hospitalizations
 Multiple ER visits Mental decline Taking 5 or more meds
 Difficulty following medical instructions Reports exhaustion Other risk(s) _____

Nutritional Approaches

Parenteral/IV feeding Y N _____
Feeding tube Y N _____
Mechanically altered diet Y N _____
Therapeutic diet Y N _____

Height _____
Weight _____

Pain

Affects sleep Y N _____
Interferes with therapy activities Y N _____
Interferes with day-to-day activities Y N _____

Medications

Antipsychotic Y N
Anticoagulant Y N
Antibiotic Y N
Opioid Y N
Antiplatelet Y N
Hypoglycemic Y N
Other _____
Flu Vaccine Y N
Date _____

Special Treatment, Procedures & Programs (Check all that apply)

Chemotherapy Y N IV Oral Other
Radiation Y N
Oxygen therapy Y N Continuous Intermittent High-concentration
Suctioning Y N Scheduled As needed
Tracheostomy care Y N
Invasive mechanical ventilator Y N
Non-invasive mechanical ventilator Y N BiPAP CPAP
IV medications Y N Vasoactive meds Antibiotics Anticoagulation
Transfusions Y N
Dialysis Y N Hemodialysis Peritoneal Dialysis
IV access Y N Peripheral Mid-line Central

Other Pertinent Info

Primary Care Provider _____
Most recent face-to-face encounter date _____
Emergency Contact/POA _____
Advanced Directives _____
Pharmacy _____
Recent Surgeries _____
Community Resources Needed _____

- Safety measures in place
- Anticoagulant precautions
- Fall precautions
- Neurogenic precautions
- O2 precautions
- Seizure precautions

Home Health Procedures & Training Videos In The Field

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