

**M1030 Response Guide**  
Based on OASIS-C1 Guidance Manual and CMS Q&As

**Infusion Therapy** – Patient receiving infusion or is ordered to receive infusion in the home as result of assessment. **Only patients receiving infusions in the home are included.**

<b>Response #1 – Infusion Therapy IF</b>	<b>Do NOT Use Response #1 – Infusion therapy IF</b>
Agency will administer infusion	Infusion administered in another setting
Patient / Caregiver administers infusion	IM or Sub-Q injection given over 10 minutes
PRN order for infusion – assessment indicates need for therapy now	PRN order for infusion – assessment indicates NO need for therapy at this time
Infusion therapy being administered by another provider in the home	IV line is present but site is only observed and/or dressing changes provided (no flushing of line)
Fluids and flushes to maintain an IV line	Patient refuses ordered IV therapy
Flushing of peritoneal catheter to maintain patency while dialysis is on hold (order for flushing must be in place)	Flushing of tubes or catheters, including PD catheters, urinary drainage catheters, biliary tubes to drain ascites, urine, wounds, or bile
<b>Types of Infusion Therapy Delivery Systems</b>	<b>NOT Infusion Therapy Delivery Systems</b>
Central line	Transdermal route of medication administration
Subcutaneous infusion	IM or Sub-Q injection given over 10 minutes
Epidural infusion	Irrigation or infusion of the bladder
Intrathecal infusion	MammoSite® brachytherapy delivery system catheter
Implanted or external pump	
Insulin pump	
Eclipse bulb (for local infusion of pain medication into a wound)	
Home dialysis, including peritoneal dialysis	
Q pump	

**Note:** Flushing of a catheter before and after TPN is part of TPN therapy and is not considered IV therapy.

**Parenteral Therapy** – Patient receiving parenteral therapy or is ordered to receive parenteral therapy in the home after the assessment. **Only patients receiving parenteral therapy in the home are included.**

<b>Response 2 – Parenteral Therapy IF</b>	<b>Do NOT Use Response 2 – Parenteral Therapy</b>
Agency will administer parenteral therapy	Parenteral therapy administered in another setting
Patient / Caregiver administers parenteral therapy	
Parenteral therapy being administered by another provider in the home	

**Enteral Therapy:** The patient is receiving enteral therapy or is ordered to receive enteral therapy in the home after the assessment. **Only patients receiving enteral therapy in the home are included.**

<b>Response 3 – Enteral Therapy IF</b>	<b>Do NOT Use Response #3 – Enteral therapy</b>
Agency will provide enteral therapy for patient	Patient refuses ordered enteral therapy
Patient / Caregiver provides enteral therapy	PEG, G-tube, J-tube used only for medication administration
Order for PRN enteral therapy for nutritional reasons and patient has received PRN enteral therapy within last 24 hours	Order for PRN enteral therapy for nutritional reasons and patient has NOT received PRN enteral therapy within last 24 hours
	PEG, G-tube, J-tube used only for hydration, including oral electrolyte maintenance solutions such as Pedialyte®

## Case Examples:

1. Patient receives PRN feedings through PEG tube. Has not required a feeding in last 2 days but will probably require one tomorrow?

**Response 4** (None of the above). The patient is not receiving enteral therapy in the home. Day of assessment convention applies.

2. HH nurse changes the dressing and flushes two lumens of the patient's multi-lumen catheter once a week. One lumen is used intermittently for IV antibiotics and the one is used regularly for TPN?

**Response 1 and 2.** Patient is receiving intermittent medication or saline flushes through the line at home. If both lumens are used select Response 1 and 2. If only one lumen is present and used for both IV fluids and TPN – Select Response 2.

3. The patient removed his q-pump on the day of assessment just prior to the nurse's visit. The q-pump had been infusing medication prior to removal.

**Response 1.** If, on the day of assessment, there was an ongoing order for the infusion and the patient was receiving or will begin receiving the medication infusion in the home, Response 1 is appropriate. Patient/CG must confirm medication was infusing in the home.