

OASIS ITEM
<p><b>(M2310) Reason for Emergent Care:</b> For what reason(s) did the patient receive emergent care (with or without hospitalization)? <b>(Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis</li> <li><input type="checkbox"/> 2 - Injury caused by fall</li> <li><input type="checkbox"/> 3 - Respiratory infection (e.g., pneumonia, bronchitis)</li> <li><input type="checkbox"/> 4 - Other respiratory problem</li> <li><input type="checkbox"/> 5 - Heart failure (e.g., fluid overload)</li> <li><input type="checkbox"/> 6 - Cardiac dysrhythmia (irregular heartbeat)</li> <li><input type="checkbox"/> 7 - Myocardial infarction or chest pain</li> <li><input type="checkbox"/> 8 - Other heart disease</li> <li><input type="checkbox"/> 9 - Stroke (CVA) or TIA</li> <li><input type="checkbox"/> 10 - Hypo/Hyperglycemia, diabetes out of control</li> <li><input type="checkbox"/> 11 - GI bleeding, obstruction, constipation, impaction</li> <li><input type="checkbox"/> 12 - Dehydration, malnutrition</li> <li><input type="checkbox"/> 13 - Urinary tract infection</li> <li><input type="checkbox"/> 14 - IV catheter-related infection or complication</li> <li><input type="checkbox"/> 15 - Wound infection or deterioration</li> <li><input type="checkbox"/> 16 - Uncontrolled pain</li> <li><input type="checkbox"/> 17 - Acute mental/behavioral health problem</li> <li><input type="checkbox"/> 18 - Deep vein thrombosis, pulmonary embolus</li> <li><input type="checkbox"/> 19 - Other than above reasons</li> <li><input type="checkbox"/> UK - Reason unknown</li> </ul>
ITEM INTENT
Identifies the reasons for which the patient received care in a hospital emergency department.
TIME POINTS ITEM(S) COMPLETED
Transfer to an inpatient facility - with or without agency discharge Discharge from agency
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> <li>This item does not address urgent care services not provided in a hospital emergency department, including doctor's office visits scheduled less than 24 hours in advance, care provided by an ambulance crew without transport, or care received in urgent care facilities.</li> <li>If more than one reason contributed to the hospital emergency department visit, mark all appropriate responses. For example, if a patient received care for a fall at home and was found to have medication side effects, mark both responses.</li> <li>Response 2 should be selected when the patient sought care in the hospital emergency department for an injury caused by a fall, regardless of where the fall occurred.</li> <li>Select Response 19 if a patient seeks emergent care in the hospital emergency department for a new wound that was not the result of a fall.</li> </ul>

**Guidance for this item updated 12/2012**

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2310)**

- If a patient seeks care in a hospital emergency department for a specific suspected condition, report that condition, even if the suspected condition was ruled out (e.g., patient was sent to ED for suspected DVT but diagnostic testing and evaluation were negative for DVT).
- If the reason is not included in the choices, mark Response 19 - Other than above reasons.
- If the patient has received emergent care in a hospital emergency department multiple times since the last time OASIS data were collected, include the reasons for all visits.

**DATA SOURCES / RESOURCES**

- Patient/caregiver interview
- Clinical record
- Hospital emergency department discharge information
- Physician
- Hospital emergency department