

OASIS ITEM
<p>(M2430) Reason for Hospitalization: For what reason(s) did the patient require hospitalization? (Mark all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis <input type="checkbox"/> 2 - Injury caused by fall <input type="checkbox"/> 3 - Respiratory infection (e.g., pneumonia, bronchitis) <input type="checkbox"/> 4 - Other respiratory problem <input type="checkbox"/> 5 - Heart failure (e.g., fluid overload) <input type="checkbox"/> 6 - Cardiac dysrhythmia (irregular heartbeat) <input type="checkbox"/> 7 - Myocardial infarction or chest pain <input type="checkbox"/> 8 - Other heart disease <input type="checkbox"/> 9 - Stroke (CVA) or TIA <input type="checkbox"/> 10 - Hypo/Hyperglycemia, diabetes out of control <input type="checkbox"/> 11 - GI bleeding, obstruction, constipation, impaction <input type="checkbox"/> 12 - Dehydration, malnutrition <input type="checkbox"/> 13 - Urinary tract infection <input type="checkbox"/> 14 - IV catheter-related infection or complication <input type="checkbox"/> 15 - Wound infection or deterioration <input type="checkbox"/> 16 - Uncontrolled pain <input type="checkbox"/> 17 - Acute mental/behavioral health problem <input type="checkbox"/> 18 - Deep vein thrombosis, pulmonary embolus <input type="checkbox"/> 19 - Scheduled treatment or procedure <input type="checkbox"/> 20 - Other than above reasons <input type="checkbox"/> UK - Reason unknown <p>[Go to M0903]</p>
ITEM INTENT
Identifies the specific condition(s) necessitating hospitalization.
TIME POINTS ITEM(S) COMPLETED
Transfer to inpatient facility - with or without agency discharge
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> Mark all that apply. For example, if a psychotic episode results from an untoward medication side effect, both Response 1 and Response 17 would be marked. As another example, if a patient requires hospitalization for both heart failure and pneumonia, both Response 3 and Response 5 would be marked.
DATA SOURCES / RESOURCES
<ul style="list-style-type: none"> Telephone contact with patient/caregiver/family Facility discharge planner or case manager Physician Insurance case manager