

OASIS ITEM:
<p>(M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis</p> <p><input type="checkbox"/> 2 - Nausea, dehydration, malnutrition, constipation, impaction</p> <p><input type="checkbox"/> 3 - Injury caused by fall or accident at home</p> <p><input type="checkbox"/> 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)</p> <p><input type="checkbox"/> 5 - Wound infection, deteriorating wound status, new lesion/ulcer</p> <p><input type="checkbox"/> 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)</p> <p><input type="checkbox"/> 7 - Hypo/Hyperglycemia, diabetes out of control</p> <p><input type="checkbox"/> 8 - GI bleeding, obstruction</p> <p><input type="checkbox"/> 9 - Other than above reasons</p> <p><input type="checkbox"/> UK - Reason unknown</p>
DEFINITION:
Identifies the reasons for which the patient/family sought emergent care.
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"> • If more than one reason contributed to the emergent care visit, mark all appropriate responses. For example, if a patient sought care for a fall at home and was found to have medication side effects, mark both responses. • If the reason is not included in the choices, mark Response 9 - Other than above reasons.
ASSESSMENT STRATEGIES:
Ask the patient/caregiver to state all the symptoms and reasons for which they sought emergent care. A phone call to the doctor's office or emergency room may be required to clarify the reasons for emergent care.