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| OASIS ITEM: |
| <p>(M0895) Reason for Hospitalization: (Mark all that apply.)</p> <p> <input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis <input type="checkbox"/> 2 - Injury caused by fall or accident at home <input type="checkbox"/> 3 - Respiratory problems (SOB, infection, obstruction) <input type="checkbox"/> 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer <input type="checkbox"/> 5 - Hypo/Hyperglycemia, diabetes out of control <input type="checkbox"/> 6 - GI bleeding, obstruction <input type="checkbox"/> 7 - Exacerbation of CHF, fluid overload, heart failure <input type="checkbox"/> 8 - Myocardial infarction, stroke <input type="checkbox"/> 9 - Chemotherapy <input type="checkbox"/> 10 - Scheduled surgical procedure <input type="checkbox"/> 11 - Urinary tract infection <input type="checkbox"/> 12 - IV catheter-related infection <input type="checkbox"/> 13 - Deep vein thrombosis, pulmonary embolus <input type="checkbox"/> 14 - Uncontrolled pain <input type="checkbox"/> 15 - Psychotic episode <input type="checkbox"/> 16 - Other than above reasons </p> <p style="border: 1px solid black; display: inline-block; padding: 2px;">Go to M0903</p> |
| DEFINITION: |
| 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 15 would be marked. |
| ASSESSMENT STRATEGIES: |
| Interview the patient, family, or medical service provider to determine the condition requiring acute hospital admission. |