

Snapshots of NHAMCS ED PRF

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National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24			
Forms Answer Navigate Options Help Hide Watch Window			
<input type="button" value="1 First"/> <input type="button" value="2 Prev"/> <input type="button" value="3 Next"/> <input type="button" value="4 Last"/> <input type="button" value="5 Add"/> <input type="button" value="6 Delete"/> <input type="button" value="7 Exit"/>			
NHAMCS Frequently asked questions Appointment Patient Information Triage Care Injury Diagnosis Diagnostics Disposition			
1 of 1 PRF's MRN: NHAMCS-100(ED) PATIENT INFORMATION			
♦ Enter patient's first name <input style="width: 100%;" type="text"/>		♦ Enter patient's middle name <input style="width: 100%;" type="text"/>	
♦ Enter patient's last name <input style="width: 100%;" type="text"/>		♦ Enter the patient's medical record number <input style="width: 100%;" type="text"/>	
a. Date and time of visit (1) Date of Arrival (2) Seen by MD/DO/PA/NP (3) ED discharge		Date <input style="width: 100%;" type="text"/>	Time <input style="width: 100%;" type="text"/>
♦ Patient Residence <input type="radio"/> 1. Private residence <input type="radio"/> 2. Nursing home <input type="radio"/> 3. Homeless <input type="radio"/> 4. Other <input type="radio"/> 5. Unknown		♦ Patient's 5 digit zip code. (Enter "1" if homeless) <input style="width: 100%;" type="text"/>	
♦ Date of birth <input style="width: 100%;" type="text"/>		♦ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male	
♦ Ethnicity <input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino		♦ Race Enter all that apply, separate with commas <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5. American Indian or Alaska Native	
♦ Arrival by ambulance <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown		♦ Expected source(s) of payment for THIS VISIT. Enter all that apply, separate with commas <input type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 2. Medicare <input type="checkbox"/> 3. Medicaid or CHIP <input type="checkbox"/> 4. Worker's compensation <input type="checkbox"/> 5. Self-pay <input type="checkbox"/> 6. No charge /Charity <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown	

1 of 1 PRF's MRN: NHAMCS-100(ED) TRIAGE CARE

♦ Temperature <input type="text"/>	<input type="radio"/> 1. Celsius <input type="radio"/> 2. Fahrenheit	♦ Heart rate, Enter 998 for DOPP or DOPPLER (per minute) <input type="text"/>	♦ Respiratory rate (per minute) <input type="text"/>
♦ Blood Pressure SYSTOLIC / <input type="text"/>	♦ Enter 998 for P, PAL, DOPP, or DOPPLER DIASTOLIC <input type="text"/>	♦ Pulse oximetry <input type="text"/>	
♦ On oxygen <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown	♦ Glasgow Coma Scale(3-15) <input type="text"/>	
♦ Triage level (1-5) Enter 0 for no triage and 9 if unknown <input type="text"/>		♦ Pain scale (0-10) Enter 99 if unknown <input type="text"/>	
♦ Was patient seen in this ED within the last 72 hours and discharged? <input type="text"/> <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown			
♦ How many times has patient been seen in this ED within the last 12 months? Enter 999 if known <input type="text"/>			
♦ Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first. Enter 0 for None/No more			
Primary: <input type="text"/>			
Other: 1. <input type="text"/>			
Other: 2. <input type="text"/>			
♦ Episode of care <input type="text"/> <input type="radio"/> 1. Initial visit to this ED for problem <input type="radio"/> 2. Follow-up visit to this ED for problem <input type="radio"/> 3. Unknown			

1 of 1 PRF's MRN: NHAMCS-100(ED) INJURY

♦ Is this visit related to an injury, poisoning, or adverse effect of medical treatment? <input type="text"/>	<input type="radio"/> 1. Yes, injury/trauma <input type="radio"/> 2. Yes, poisoning <input type="radio"/> 3. Yes, adverse effect of medical treatment <input type="radio"/> 4. No <input type="radio"/> 5. Unknown	♦ Is this injury/poisoning intentional? <input type="text"/>	<input type="radio"/> 1. Yes, self inflicted <input type="radio"/> 2. Yes, assault <input type="radio"/> 3. No, unintentional <input type="radio"/> 4. Unknown
♦ Cause of injury, poisoning, or adverse effect (Enter ??? if illegible) Describe the place and events that preceded the injury, poisoning, or adverse effect (e.g. allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, spouse beaten with fists by spouse, heroin overdose, infected shunt, etc.). Do not enter proper names of people or places. For a motor vehicle crash, indicate if it occurred on the street or highway versus a driveway or parking lot. <input type="text"/>			
♦ As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnoses first. Enter 0 for None/No more			
Primary: <input type="text"/>			
Other 1 <input type="text"/>			
Other 2 <input type="text"/>			
♦ Does patient have: (Enter all that apply, separate with commas) <input type="text"/>			
<input type="checkbox"/> 1. Cancer <input type="checkbox"/> 2. Cerebrovascular disease/History of stroke or transient ischemic attack (TSA)	<input type="checkbox"/> 3. Chronic lung disease <input type="checkbox"/> 4. Congestive heart failure <input type="checkbox"/> 5. Condition requiring dialysis	<input type="checkbox"/> 6. Current medications include Coumadin (Warfarin) <input type="checkbox"/> 7. Dementia <input type="checkbox"/> 8. Diabetes <input type="checkbox"/> 9. History of heart attack	<input type="checkbox"/> 10. History of pulmonary embolism or deep vein thrombosis (DVT) <input type="checkbox"/> 11. HIV <input type="checkbox"/> 12. None of the above

1 of 1 PRF's MRN: NHAMCS-100(ED) DIAGNOSTICS

Diagnostic/Screening Services

Enter all ORDERED or PROVIDED at this visit, separate with commas

- 1. None
- 2. Arterial blood gases
- 3. BAC (blood alcohol)
- 4. Blood culture
- 5. BNP (brain natriuretic peptide)
- 6. BUN/Creatinine
- 7. Cardiac Enzymes
- 8. CBC
- 9. D-dimer
- 10. Electrolytes
- 11. Glucose
- 12. Lactate
- 13. Liver function tests
- 14. Prothrombin time/INR
- 15. Other blood test
- 16. Cardiac monitor
- 17. EKG/ECG
- 18. HIV test
- 19. Influenza test
- 20. Pregnancy/HCG test
- 21. Toxicology screen
- 22. Urinalysis (UA)
- 23. Wound culture
- 24. Urine culture
- 25. Other test/service
- 26. X-ray
- 27. Intravenous contrast
- 28. CT scan
- 29. MRI
- 30. Ultrasound
- 31. Other imaging

What body site was scanned during the CT scan?

- 1. Abdomen/Pelvis
- 2. Chest
- 3. Head
- 4. Other

Who performed the ultrasound?

- 1. Emergency physician
- 2. Other

Enter all procedures PROVIDED at this visit, separate with commas. Exclude medications.

- 1. NONE
- 2. BiPAP/CPAP
- 3. Bladder catheter
- 4. Cast, splint, wrap
- 5. Central line
- 6. CPR
- 7. Endotracheal intubation
- 8. Incision & drainage (I&D)
- 9. IV fluids
- 10. Lumber puncture
- 11. Nebulizer therapy
- 12. Pelvic exam
- 13. Suturing/Staples
- 14. Skin adhesives
- 15. Other

1 of 1 PRF's MRN: NHAMCS-100(ED) DISPOSITION

Enter drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics. Enter 0 for None/No more

Drugs 1	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 2	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 3	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 4	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 5	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 6	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 7	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 8	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 9	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 10	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 11	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge
Drugs 12	1. Given in ED	2. Rx at discharge	3. Both given in ED and Rx at discharge

Enter all providers seen at this visit, separate with commas

- 1. ED attending physician
- 2. ED resident/Intern
- 3. Consulting physician
- 4. RN/LPN
- 5. Nurse practitioner
- 6. Physician assistant
- 7. EMT
- 8. Other mental health provider
- 9. Other

Service level (CPT code)

- 1. 1 (99281)
- 2. 2 (99282)
- 3. 3 (99283)
- 4. 4 (99284)
- 5. 5 (99285)
- 6. Critical care (99291)
- 7. Unknown

Visit Disposition (Enter all that apply, separate with commas)

- 1. No follow-up planned
- 2. Return to ED
- 3. Return/Refer to physician/clinic for FU
- 4. Left before triage
- 5. Left after triage
- 6. Left AMA
- 7. DOA
- 8. Died in ED
- 9. Return/Transfer to nursing home
- 10. Transfer to psychiatric hospital
- 11. Transfer to other hospital
- 12. Admit to this hospital
- 13. Admit to observation unit then hospitalized
- 14. Admit to observation unit, then discharged
- 15. Other

1 of 1 PRF's		MRN: NHAMCS-100(ED) HOSPITAL	
♦ Admitted to <input type="checkbox"/>		<input type="radio"/> 1. Critical care unit <input type="radio"/> 3. Operating room <input type="radio"/> 5. Cardiac catheterization lab <input type="radio"/> 7. Unknown <input type="radio"/> 2. Stepdown unit <input type="radio"/> 4. Mental health or detox unit <input type="radio"/> 6. Other bed/unit	
♦ Admitting physician <input type="checkbox"/>		<input type="radio"/> 1. Hospitalist <input type="radio"/> 3. Unknown <input type="radio"/> 2. Not hospitalist	
♦ Date bed was requested for hospital admission <input type="text"/>		♦ Time bed was requested for hospital admission <input type="text"/> Enter HH:MM AM/PM/ML	
♦ Date patient actually left the ED or observation unit <input type="text"/>		♦ Time patient actually left the ED or observation unit <input type="text"/> Enter HH:MM AM/PM/ML	
♦ Hospital discharge date <input type="text"/>			
♦ Principle hospital discharge diagnosis <input type="text"/>			
♦ Hospital discharge status/disposition <input type="checkbox"/>		<input type="radio"/> 1. Alive <input type="radio"/> 2. Dead <input type="radio"/> 3. Unknown	
♦ Hospital discharge disposition <input type="checkbox"/>		<input checked="" type="radio"/> 1. Home/Residence <input type="radio"/> 3. Transfer to another facility (not usual place of residence) <input checked="" type="radio"/> 2. Return/Transfer to nursing home <input type="radio"/> 4. Other <input type="radio"/> 5. Unknown	
♦ Date of observation unit discharge <input type="text"/>		♦ Time of observation unit discharge <input type="text"/> Enter HH:MM AM/PM/ML	