

# Snapshots of NHAMCS ED PRF

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**National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.24**

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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"/>			Enter HH:MM AM/PM/ML Enter HH:MM AM/PM/ML Enter HH:MM AM/PM/ML		
♦ 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 style="width: 100%;" type="text"/>			<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 style="width: 100%;" type="text"/>			<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) DIAGNOSTICS

♦ **Diagnostic/Screening Services**  
Enter all ORDERED or PROVIDED at this visit, separate with commas

1. None **Blood tests:**  11. Glucose  22. Urinalysis (UA)

2. Arterial blood gases  12. Lactate  23. Wound culture

3. BAC (blood alcohol)  13. Liver function tests  24. Urine culture

4. Blood culture  14. Prothrombin time/INR  25. Other test/service

5. BNP (brain natriuretic peptide)  15. Other blood test **Imaging:**

**Other tests:**  26. X-ray

6. BUN/Creatinine  16. Cardiac monitor  27. Intravenous contrast

7. Cardiac Enzymes  17. EKG/ECG  28. CT scan

8. CBC  18. HIV test  29. MRI

9. D-dimer  19. Influenza test  30. Ultrasound

10. Electrolytes  20. Pregnancy/HCG test  31. Other imaging

21. Toxicology screen

♦ **What body site was scanned during the CT scan?**

1. Abdomen/Pelvis  3. Head

2. Chest  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  10. Lumber puncture

2. BiPAP/CPAP  11. Nebulizer therapy

3. Bladder catheter  12. Pelvic exam

4. Cast, splint, wrap  13. Suturing/Staples

5. Central line  14. Skin adhesives

6. CPR  15. Other

7. Endotracheal intubation

8. Incision & drainage (I&D)

9. IV fluids

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	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 2	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 3	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 4	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 5	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 6	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 7	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 8	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 9	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 10	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 11	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge
Drugs 12	<input type="checkbox"/> 1. Given in ED	<input type="checkbox"/> 2. Rx at discharge	<input type="checkbox"/> 3. Both given in ED and Rx at discharge

♦ **Enter all providers seen at this visit, separate with commas**

1. ED attending physician  5. Nurse practitioner  9. Other

2. ED resident/Intern  6. Physician assistant

3. Consulting physician  7. EMT

4. RN/LPN  8. Other mental health provider

♦ **Service level (CPT code)**

1. 1 (99281)  3. 3 (99283)  5. 5 (99285)  7. Unknown

2. 2 (99282)  4. 4 (99284)  6. Critical care (99291)

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

1. No follow-up planned  7. DOA  12. Admit to this hospital

2. Return to ED  8. Died in ED  13. Admit to observation unit then hospitalized

3. Return/Refer to physician/clinic for FU  9. Return/Transfer to nursing home  14. Admit to observation unit, then discharged

4. Left before triage  10. Transfer to psychiatric hospital  15. Other

5. Left after triage  11. Transfer to other hospital

6. Left AMA

<b>1 of 1 PRF's</b>		<b>MRN: NHAMCS-100(ED) HOSPITAL</b>	
♦ 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	