

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			
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 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	♦ Enter patient's middle name		♦ Enter patient's last name
♦ Enter the patient's medical record number	a. Date and time of visit		
	Date	Time	
	(1) Date of Arrival		Enter HH:MM AM/PM/ML
	(2) Seen by MD/DO/PA/NP		Enter HH:MM AM/PM/ML
	(3) ED discharge		Enter HH:MM AM/PM/ML
♦ Patient Residence	♦ Patient's 5 digit zip code. (Enter "1" if homeless)		♦ Date of birth
<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			
♦ Sex	♦ Ethnicity	♦ Race	
<input type="radio"/> 1. Female <input type="radio"/> 2. Male	<input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino	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	♦ Expected source(s) of payment for THIS VISIT.		
<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown	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) 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"/> 2. Stepdown unit	<input type="radio"/> 3. Operating room <input type="radio"/> 4. Mental health or detox unit	<input type="radio"/> 5. Cardiac catheterization lab <input type="radio"/> 6. Other bed/unit <input type="radio"/> 7. Unknown
♦ Admitting physician <input type="checkbox"/>		<input type="radio"/> 1. Hospitalist <input type="radio"/> 2. Not hospitalist	<input type="radio"/> 3. Unknown	
♦ Date bed was requested for hospital admission <input type="text"/>		♦ Time bed was requested for hospital admission Enter HH:MM AM/PM/ML <input type="text"/>		
♦ Date patient actually left the ED or observation unit <input type="text"/>		♦ Time patient actually left the ED or observation unit Enter HH:MM AM/PM/ML <input type="text"/>		
♦ 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 type="radio"/> 1. Home/Residence <input type="radio"/> 2. Return/Transfer to nursing home	<input type="radio"/> 3. Transfer to another facility (not usual place of residence) <input type="radio"/> 4. Other <input type="radio"/> 5. Unknown	
♦ Date of observation unit discharge <input type="text"/>		♦ Time of observation unit discharge Enter HH:MM AM/PM/ML <input type="text"/>		