

# Acute Care Visit (2012)

Participant ID

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 ((do not change this value))

OMB Number (0915-XXXX) Expiration date (XX/XX/20XX)

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Team site:

- Team 1 - Site A  
 Team 1 - Site B  
 Team 1 - Site C  
 Team 1 - Site D  
 Team 1 - Site E

Reviewer's initials:

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Date of chart review:

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## Acute Care Visit Information

Date of visit:

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Primary reason for visit

- Pain  
 Fever  
 Fever and Pain  
 Other

Specify

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Is the patient less than one year old?

- Yes  No

Patient's age in months (0 for under 1 month old):

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 (number between 0 and 11)

Patient's age in years:

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 (number )

Date/time of registration:

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 (registration refers to the time when the patient gave their name and other personal/insurance information to the registrar upon arrival to the ED or infusion center/day hospital )

Date/time of triage:

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 (time when patient nurse provides brief, focused assessment of chief complaint and vital signs and assigns patient's acuity level)

Time from registration to triage:

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 (minutes)

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**Fever Care**

Maximum temperature on presentation or by history:

\_\_\_\_\_  
(C)

Was a broad spectrum IV antibiotic ordered?

 Yes  No  Not available

Date/time of IV antibiotic order:

\_\_\_\_\_  
(leave blank if unknown)

Date/time of IV antibiotic administration:

\_\_\_\_\_

Minutes to first antibiotic dose:

\_\_\_\_\_  
(minutes between triage and first antibiotic administration)

Did the patient have a CBC drawn within 60 minutes of registration?

 Yes  No  Not available

Did the patient have a reticulocyte count drawn within 60 minutes of registration?

 Yes  No  Not available

Did the patient have blood culture sent within 60 minutes of registration?

 Yes  No  Not available

Did the patient have pulse oximetry performed within 60 minutes of registration?

 Yes  No  Not available

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**Pain Care**

Was a quantitative pain assessment scale (0-10 scale) used for pain assessment?

 Yes  No  Not available

Date/Time of initial pain assessment:

\_\_\_\_\_

Minutes between pain assessment and triage:

\_\_\_\_\_

Did patient have moderate-severe pain?

 Yes  No  Not available

Date/time of first IV pain med administration:

\_\_\_\_\_  
(leave blank if unknown)

Minutes to first IV pain med dose

\_\_\_\_\_  
(minutes between triage and time of administration of first analgesic dose)

Date/time of first oral pain med administration, if administered

\_\_\_\_\_

Pain Medications Administered (Check All that Apply):

Opioid, short-acting, oral:

- Codeine  
 Codeine with Acetaminophen (Tylenol with Codeine; Capital with Codeine)  
 Hydrocodone  
 Oxycodone  
 Oxycodone with Acetaminophen (Percocet, Endocet, Roxicet)  
 Hydromorphone with Acetaminophen (Vicodin)  
 Hydromorphone (Dilaudid)  
 Morphine  
 Other

Opioid, short-acting, parenteral:

- Codeine
- Nalbuphine hydrochloride (Nubain)
- Fentanyl
- Hydromorphone (Dilaudid)
- Morphine
- Other

Non-Opioid, oral:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Ketamine (Ketanets, Ketaset, Ketalar)
- Ketorolac (Toradol)
- Other

Non-Opioid, parenteral:

- Ketorolac (Toradol)
- Ketamine (Ketanets, Ketaset, Ketalar)
- Other

Opioid, long-acting:

- Oxycodone ER (Oxycontin)
- Morphine ER (MSContin)
- Methadone (Dolophine, Methadone Intensol), Methadose)
- Fentanyl transdermal (Duragesic)
- Other

Other pain medications administered:

\_\_\_\_\_

What date/ time was the patient's pain re-assessed after first IV pain medication dose using a quantitative pain assessment scale (0-10 scale)?

\_\_\_\_\_

Minutes between pain med administration and pain reassessment time

\_\_\_\_\_

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**Notes**

Comments:

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