Attachment R: Emergency Department Patient Record form

Ambulatory Component, National Hospital Care Survey

OMB No. 0920-0212 Exp. Date: XX/XX/XXXX

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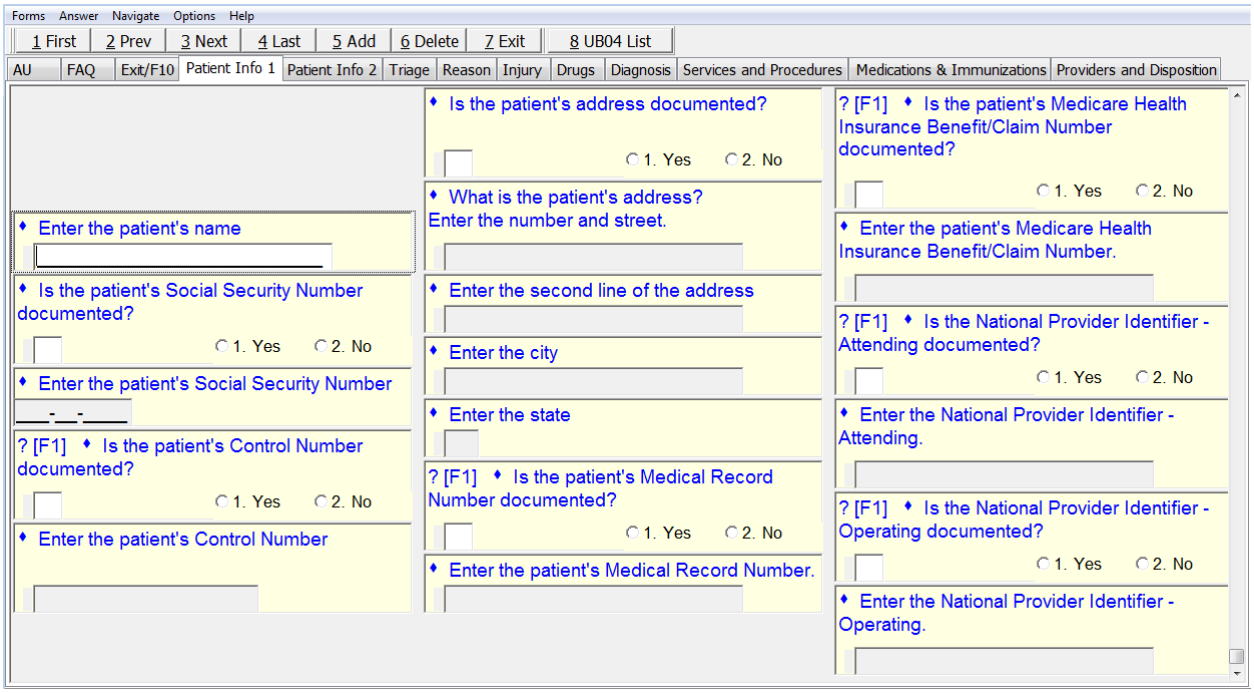

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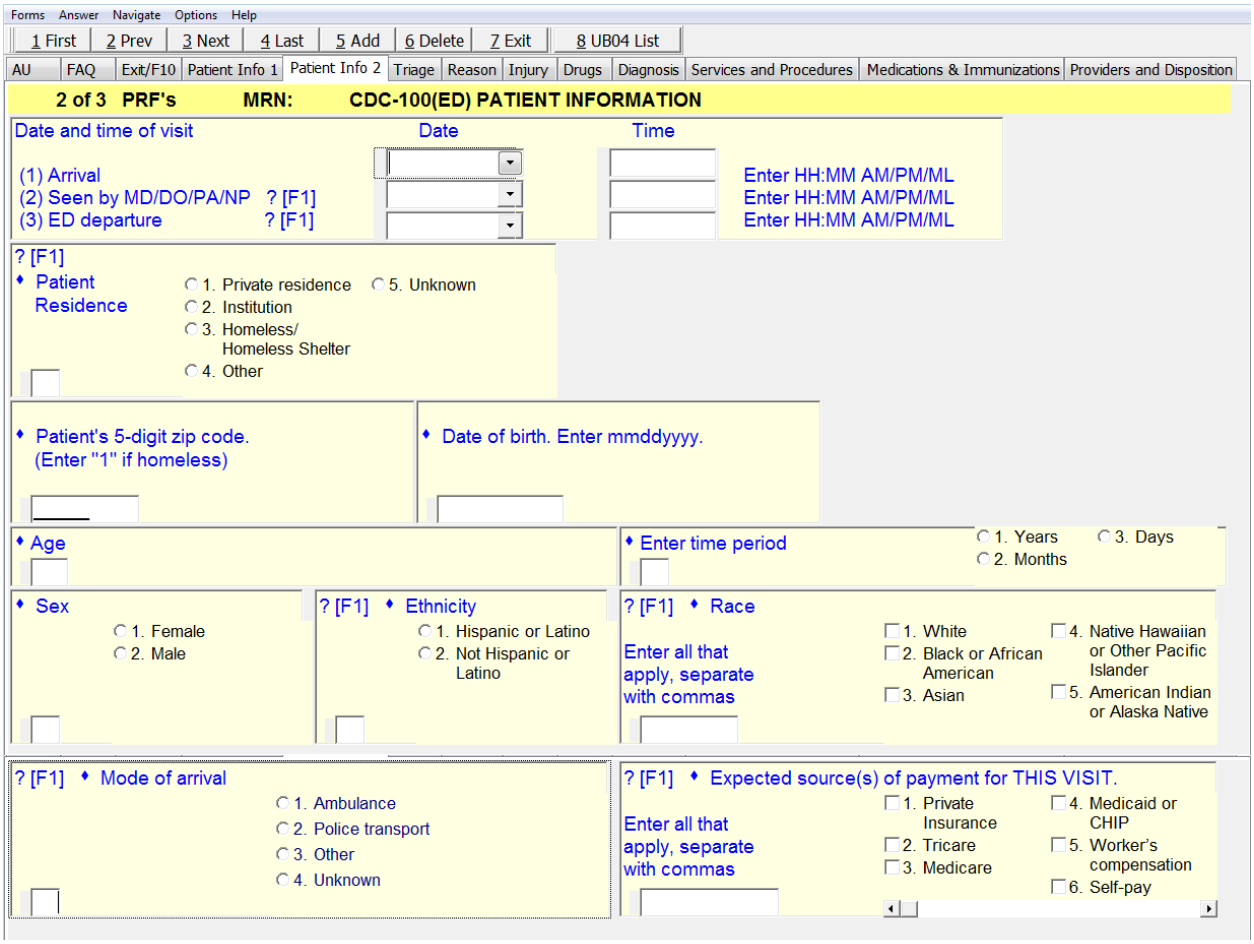
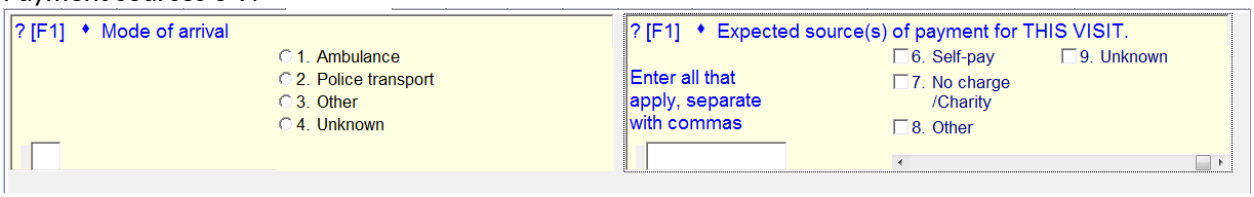


Payment sources 6-9.



Not shown (not new):
For "Patient Residence" checkbox 2 "Institution", the subcategories are Nursing home, Supportive housing/Group home, Jail/Prison, and Other.

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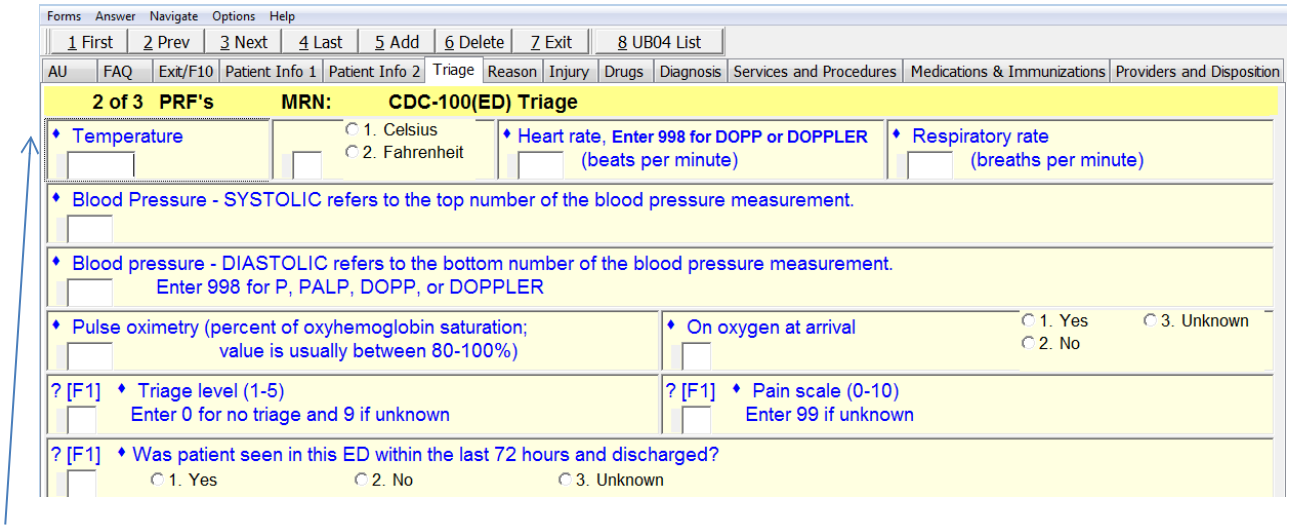

Initial vital signs

New:

Vital signs on ED discharge – Temperature, Heart rate, Respiratory rate, Blood pressure – systolic and diastolic

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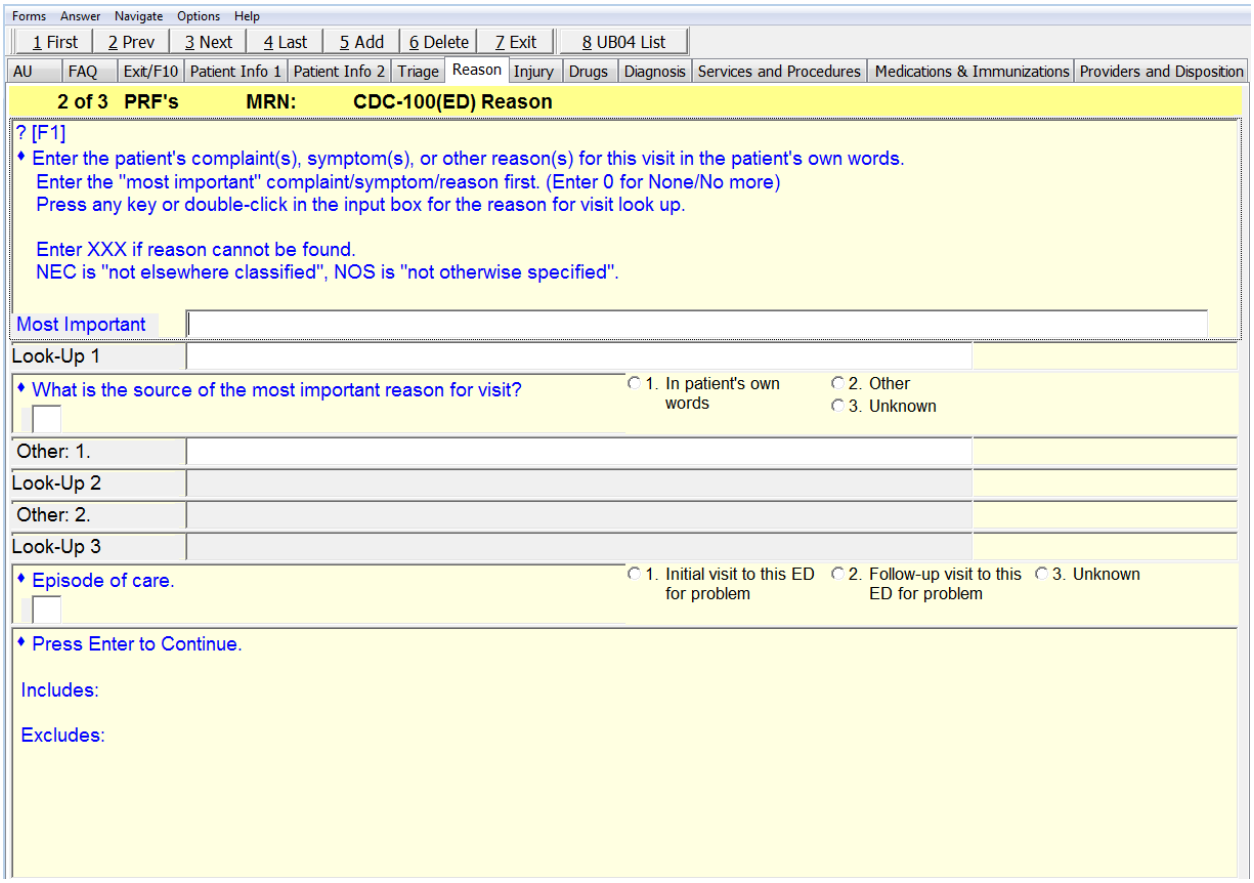

Revised: This question was moved from the SUBSTANCES INVOLVED item and will come after REASON FOR VISIT. It was also modified.

Did alcohol cause or contribute to this visit?

- Yes, patient's own use
- Yes, other person's use
- No
- Unknown

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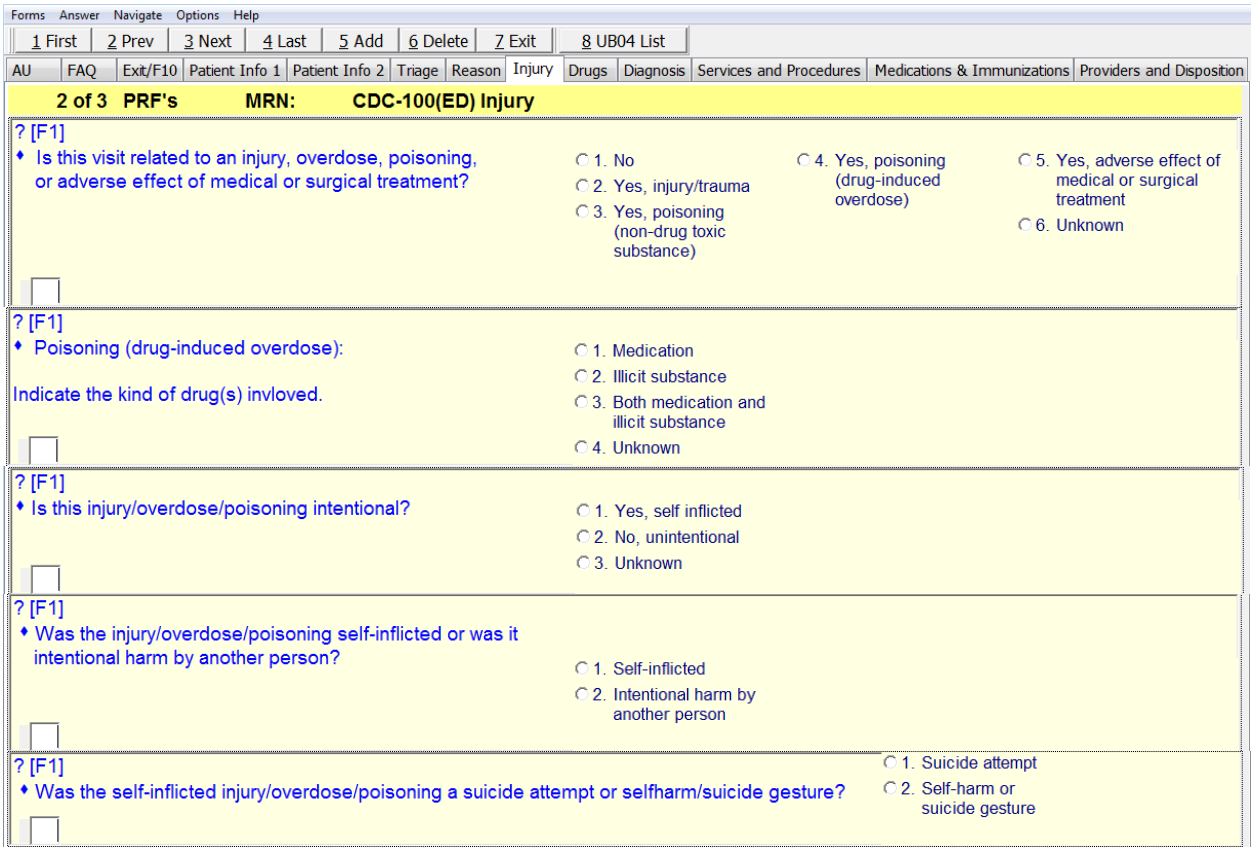

For “Is this injury/overdose/poisoning intentional?” the first checkbox “Yes, self-inflicted” should be replaced with “Yes, intentional (e.g., accidental).”

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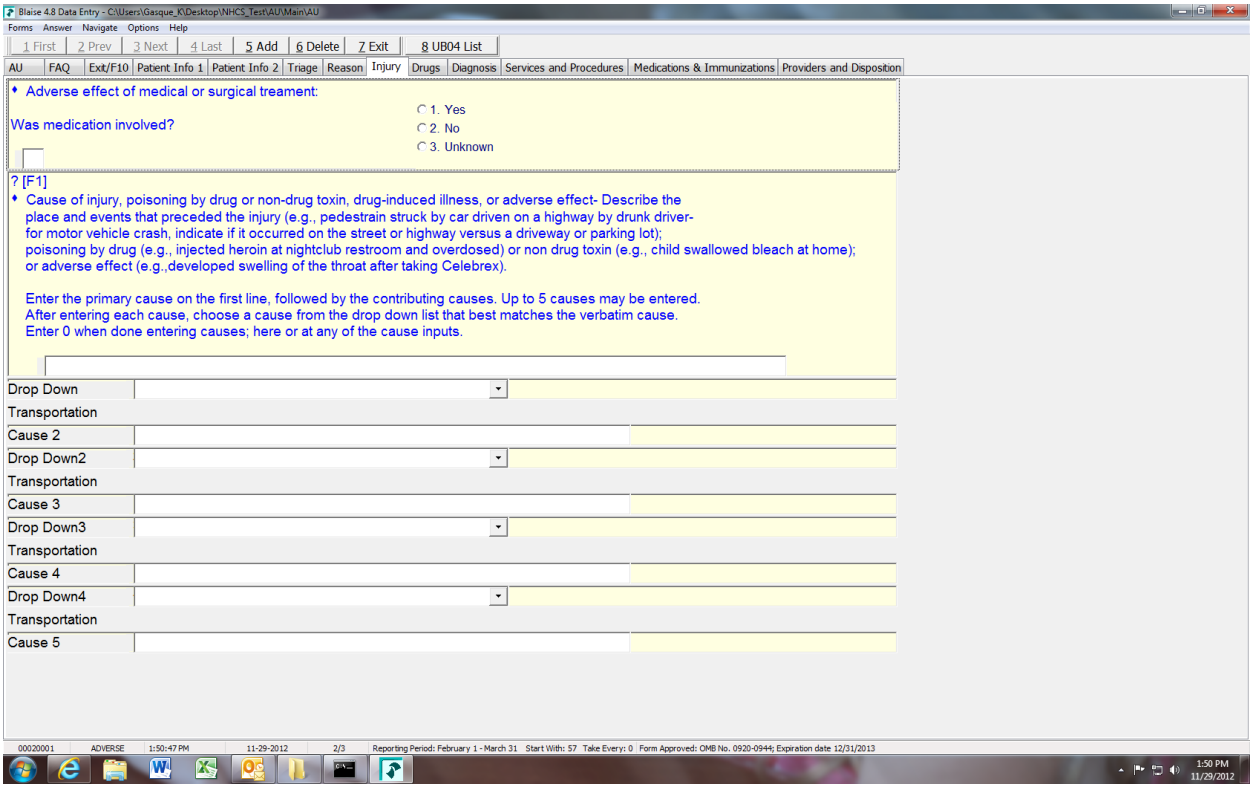

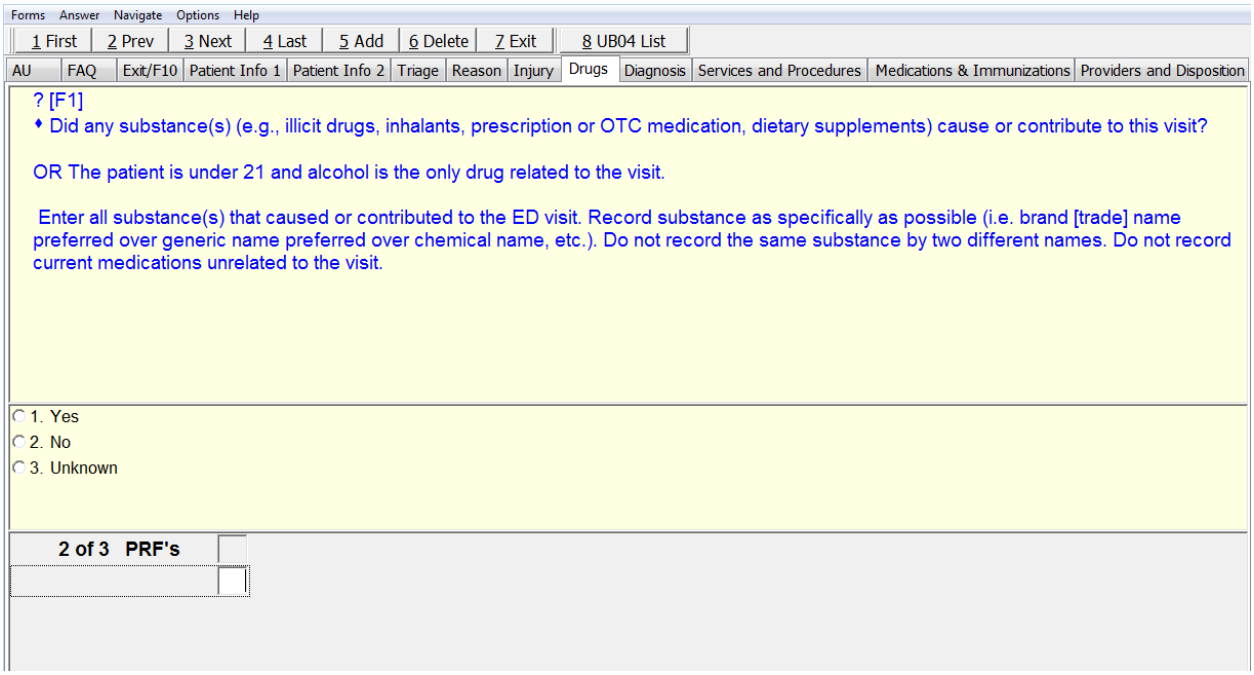

The 3rd checkbox should read "Unknown/Not documented."

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? [F1]
♦ Pick a drug from the dropdown menu. (DAWN DRV)
Type 0 when done adding substances that caused or contributed to this visit.

Drugs Lookup	Toxicology Confirmation	Route	Types of Drugs

? [F1]
♦ Mark if confirmed by toxicology report.

- 1. Yes
- 2. No

For "toxicology report" there should be a 3rd checkbox "Not documented."

? [F1]
♦ Route of Administration:

- 1. Oral
- 2. Injected
- 3. Inhaled, sniffed, snorted
- 4. Smoked
- 5. Transdermal
- 6. Other
- 7. Not Documented

? [F1]
♦ Enter all that apply; patient took:

- 1. Own prescription/OTC medication or dietary supplement
- 2. Prescription medication not prescribed for patient
- 3. Prescription/OTC medication as prescribed or according to directions
- 4. Too much of a prescription/OTC medication or dietary supplement
- 5. Illicit drug(s)
- 6. Alcohol only, under 21
- 7. Not documented

? [F1]
♦ Was alcohol involved in this visit?

- 1. Yes
- 2. No/Not documented

Alcohol Involved

This question was moved to come after REASON FOR VISIT and was modified:
Was alcohol involved in this visit?

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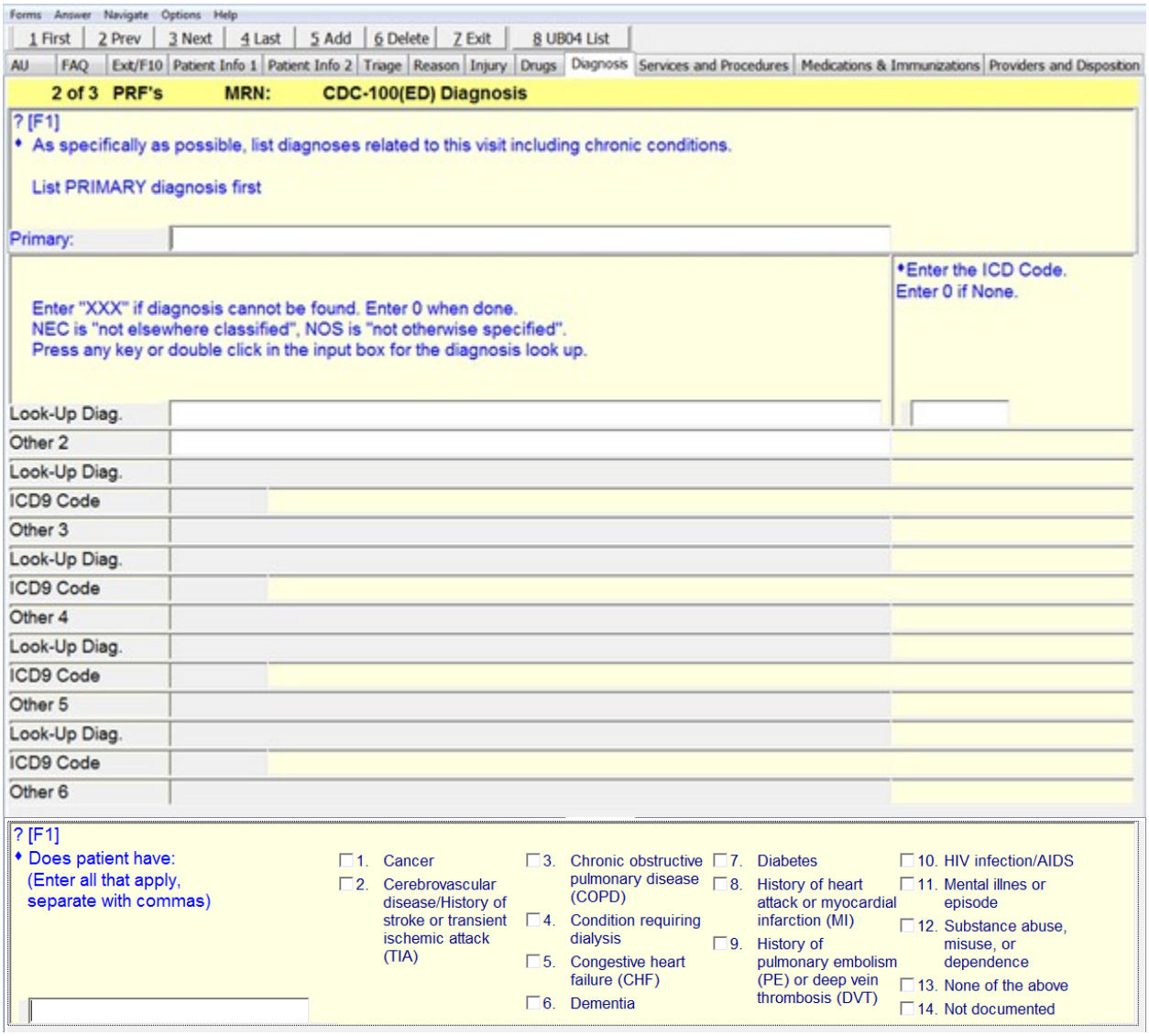

Not shown (not new except for PTSD):
Under checkbox 11 – Mental illness or episode are checkboxes for Bipolar disorder/Manic depression; Depression, excluding manic depression; Post-traumatic stress disorder (PTSD); Schizophrenia; Suicidal ideation; and Other.

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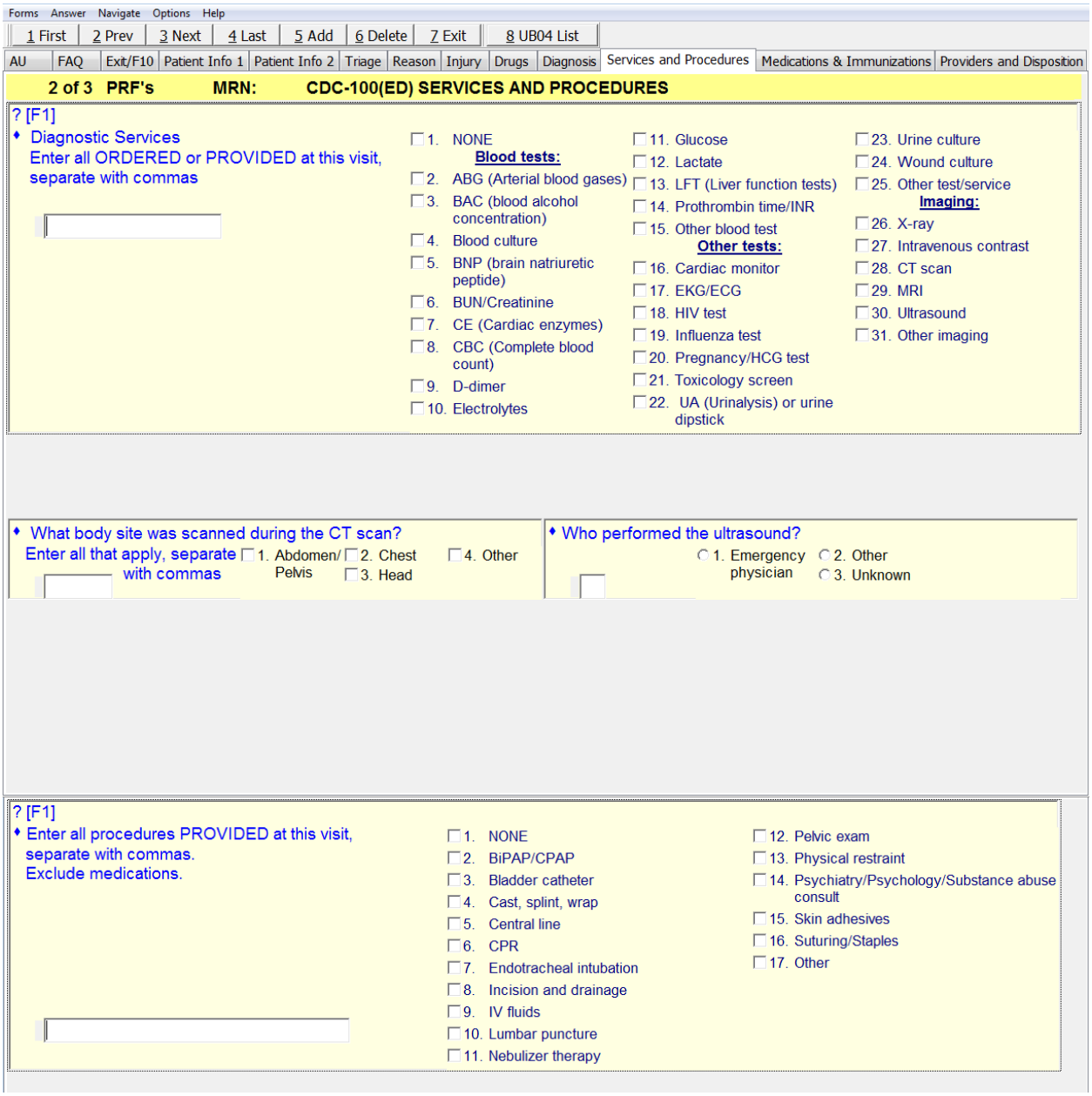

Not shown (not new):
Blood tests, checkbox 3 – BAC result will be entered.

New (revision):
Blood tests, checkbox 14 – "Prothrombin time/PTT/INR."

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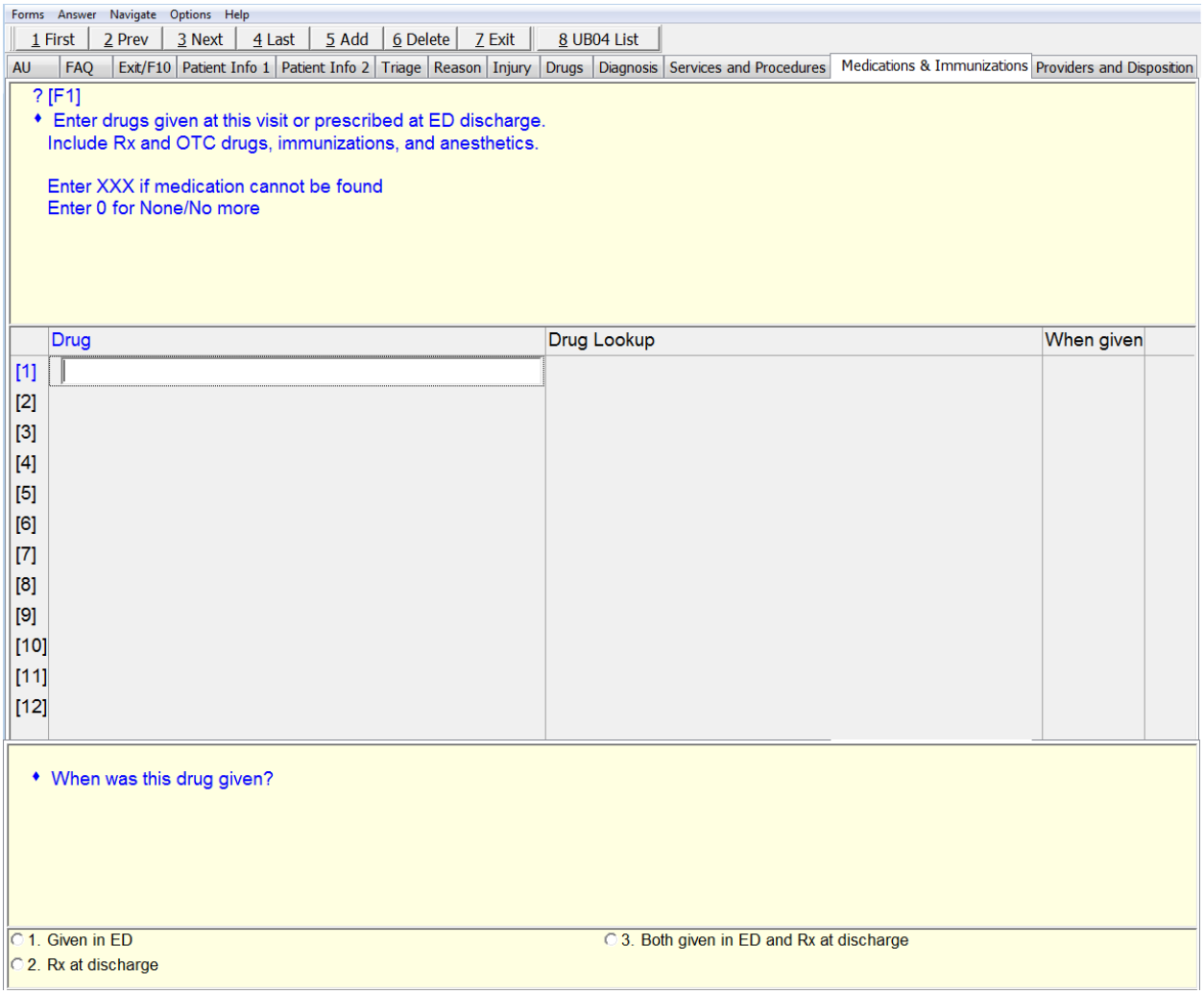

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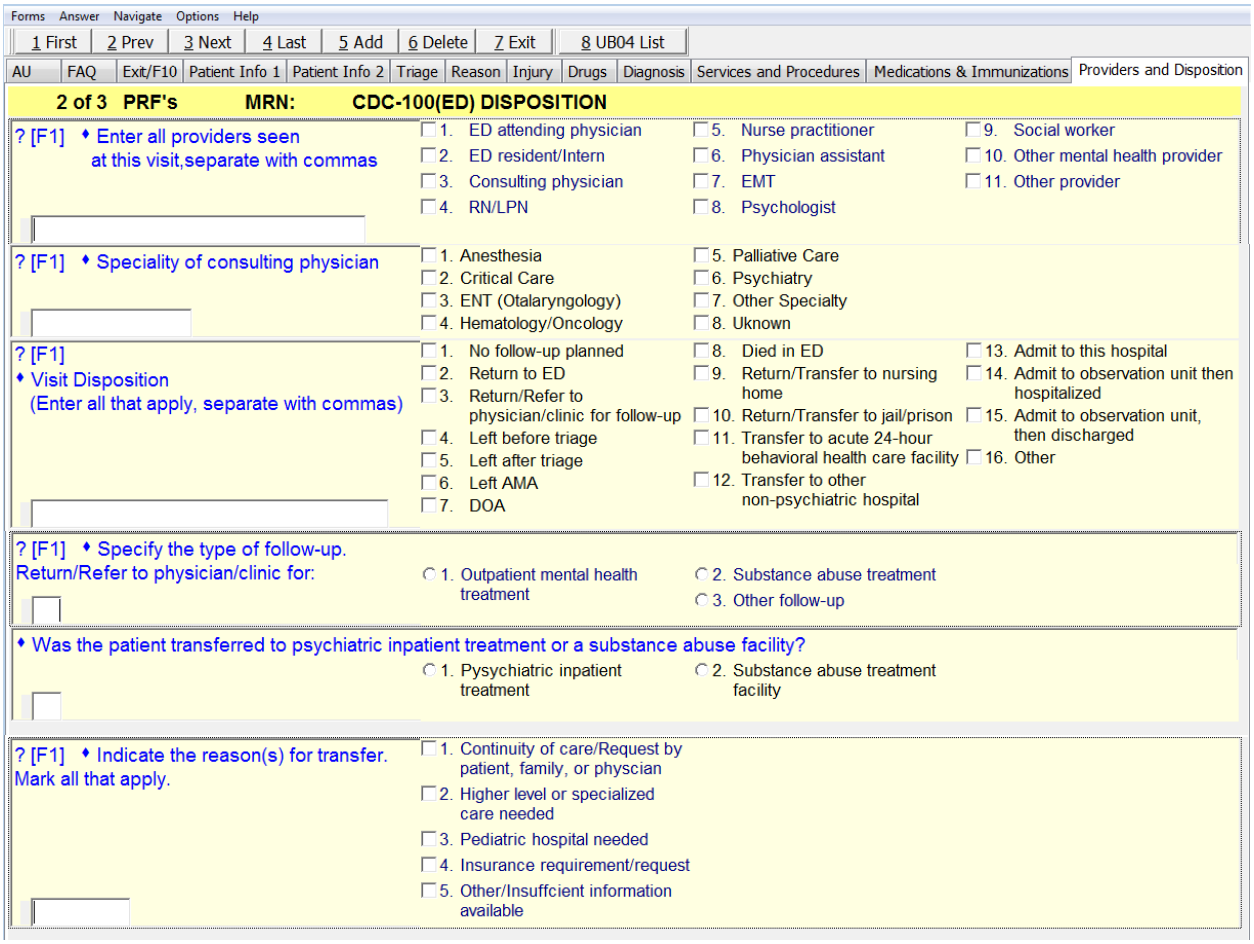

New:
For “Specialty of consulting physician” – add checkbox “General/Trauma Surgery”

New: (revision)
For “Visit disposition” checkbox 10 should read “Return/Transfer to jail/prison/law enforcement.”

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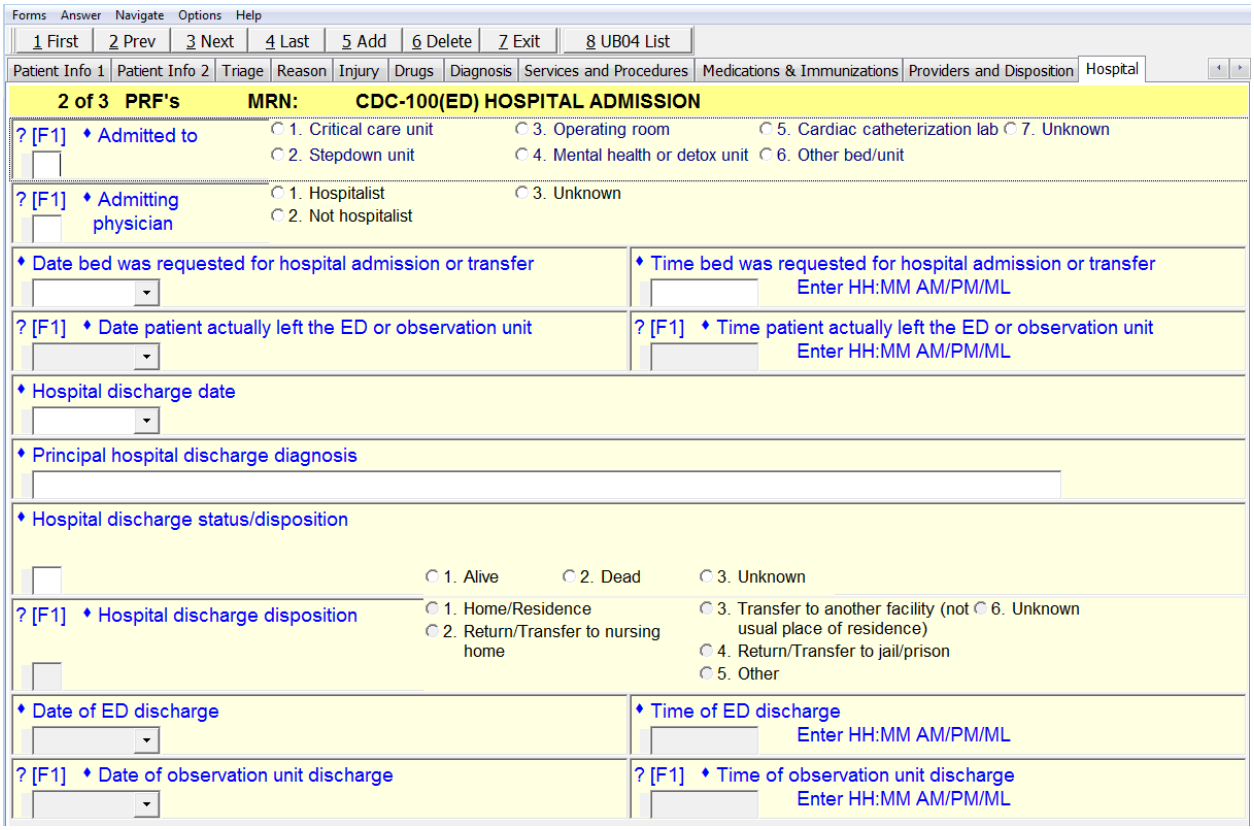

(Not shown – not new)
Under “Principal hospital discharge diagnosis” the second hospital discharge diagnosis will be collected.