

This is what the NEISS coder sees when entering a new case in PC-NEISS.

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (New)

NEISS Case

Treatment Date: 00/00/0000 Case #: Collection Date: 01/10/2011

Date of Birth: 00/00/0000 Product 1: - NO ITEM SELECTED

Age: Product 2: - NO ITEM SELECTED

Sex: Intent:

Diagnosis: Location:

Diagnosis other: Fire:

Body part: Work Related:

Disposition: Race:

Race other:

Comment:

Save

Delete

Close

Product Help

Clear

## Adverse Drug Event Study (top of screen)

PC NEISS For TEST All-Trauma Hospital

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Case Detail - (Update Mode)

NEISS Case **Adverse Drug Event**

Did an adverse drug event occur? Adverse Drug events:  
 INCLUDE **side-effects, allergic reactions** and **medication errors**.  
 INCLUDE **accidental ingestions** in children and **unintended overdosage** or **high levels** of medication in adults.  
 Do NOT report drug abuse, 'recreational' drug use, **self-harm** or cases due to alcohol or illegal drugs.  
 Drugs include: Prescription Medications, Over-the-Counter Medications, Medicated Creams/Ointments, Vaccinations/Immunizations, Vitamins, and Herbal/Nutritional Supplements

Yes

What was the primary reason the patient came to the ED?

Record the following information about the drug linked to the adverse event (up to 2 drugs can be listed).

	Drug #1	Drug #2
What was the name of the drug? If no information, type "Unknown"	<input type="text"/>	<input type="text"/>
How much was taken at a time? If a pill, list milligrams and number of pills. If other dosing information is reported, record this in the box below Please specify:	<input type="text"/> .000 mg <input type="text"/> pills	<input type="text"/> .000 mg <input type="text"/> pills
How many times a day did the patient take the drug?	<input type="text"/>	<input type="text"/>
How did the patient take the drug?	<input type="text"/>	<input type="text"/>
How long has the patient been taking the drug? Enter a number then choose the time period.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

What was the final diagnosis (ICD) or clinical impression?

Save  
Delete  
Close  
Product Help  
Clear

**Adverse Drug Event Study (scrolled to bottom)**

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Adverse Drug Event**

Record the following information about the drug linked to the adverse event (up to 2 drugs can be listed).

	Drug #1	Drug #2
What was the name of the drug? If no information, type "Unknown"	<input type="text"/>	<input type="text"/>
How much was taken at a time? If a pill, list milligrams and number of pills. If other dosing information is reported, record this in the box below Please specify:	<input type="text"/> .000 mg <input type="text"/> pills	<input type="text"/> .000 mg <input type="text"/> pills
How many times a day did the patient take the drug?	<input type="text"/>	<input type="text"/>
How did the patient take the drug?	<input type="text"/>	<input type="text"/>
How long has the patient been taking the drug? Enter a number then choose the time period.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

What was the final diagnosis (Dx) or clinical impression?

What treatments were given in the ED?

If any special lab tests were ordered for the adverse drug event, which ones and what were the results?

Please record any other information describing the event

If the patient was taking other drugs, what were the names of these drugs? (May list up to 10)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save  
Delete  
Close  
Product Help  
Clear

# Child Poison Study

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Children's Poisoning**

**Children's Poisoning Study (Ages 0-4)**

	Yes	No	Not Stated		Yes	No	Not Stated
<b>Was Poison Control Center contacted:</b>							
prior to the ED visit?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	during the ED visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior to ED visit was any other medical person or facility contacted? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS Specify: _____							
Any Symptom(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nausea/Vomiting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drowsiness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Breathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal Pains?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specify: _____			
Other Symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specify: _____			
Any ED Treatment(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-No = observation only			
Vomiting Induced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stomach Pump?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Char. Admn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Art. Respiration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Transfusion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify: _____							
What happened to the container? <input type="radio"/> 1-Thrown away <input type="radio"/> 2-Kept by family/returned <input type="radio"/> 3-Not in any container <input type="radio"/> 0-Not stated							
CRC Present? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS							
Did the poisoning involve a drug that was administered for therapeutic use? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS							

Save  
Delete  
Close  
Product Help  
Clear

## Assault Study (top of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case Assault Study

### Assault Study

1. Time of arrival at ED (24 hour clock) :
2. Is there evidence that the patient initiated the violent incident during which s/he was injured, e.g., started a fight, patient tried to rob someone?
3. Was the patient injured while trying to intervene in a violent incident, e.g., trying to stop a fight, apprehending a purse snatcher?
4. Was the patient a bystander or incidental victim in the assault, e.g., a child was hit while being held by his mother who was being assaulted by her boyfriend?
5. How many individuals were involved in the assault (excluding the patient)?
6. What was the sex of the other person(s) involved in the violent incident? Code **Male** when terms such as 'he', 'man', 'boy', 'father', 'boyfriend' were used to describe the assailant. Code **Female** when terms such as 'she', 'woman', 'girl', 'mother', 'girlfriend' were used to describe the assailant.
9. Was a police report made or were the police at the scene of the incident or at the hospital?

Save  
Delete  
Close  
Product Help  
Clear

## Assault Study (scrolled to bottom of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case Assault Study

### Assault Study

6. ~~What was the sex of the other person(s) involved in the violent incident?~~ Code *male*  
when terms such as 'he', 'man', 'boy', 'father', 'boyfriend' were used to describe the assailant. Code **Female**  
when terms such as 'she', 'woman', 'girl', 'mother', 'girlfriend' were used to describe the assailant.

9. Was a police report made or were the police at the scene of the incident or at the hospital?

10. Was a referral made to a community organization or a similar agency for some type of assistance or intervention (excluding CPS)?

11. Was the patient sexually assaulted?

Save  
Delete  
Close  
Product Help  
Clear

# Firearm Injury Study

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (New)

NEISS Case **Firearm Injury**

**Firearm Injury Special Study**

Date Injured: 00/00/000 Precision:

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Marital Status:  1-Never Married  5-Widowed  
 2-Married  6-Other  
 3-Divorced  0-Not Stated  
 4-Separated  
 Marital Status:  Other:

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Type of Firearm:  1-Handgun  4-BB/Pellet Gun  
 2-Rifle  5-Other  
 3-Shotgun  0-Not Stated  
 Firearm:  Other:

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Manufacturer/Model:  Caliber of Firearm:

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Who Caused Injury:  1-Self  6-Stranger  
 2-Spouse  7-Victim Didn't See  
 3-Ex-Spouse  8-Other  
 4-Other Relative  0-Not Stated  
 5-Friend/Acquaintant  
 Other:

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<p>Verbal Argument: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Stated</p> <p>Illicit Drugs: <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS</p> <p>Any Alcohol/Drug Tests: <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS</p>	<p>Physical Fight: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Stated</p> <p>Other Crime: <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NS</p> <p>Result (Alcohol/Drug Test): <input type="text"/></p>
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Transported to ER:  1-EMS  6-Air Transport  
 2-Ambulance  7-Walk-in  
 3-Fire/Rescue  8-Other  
 4-Police Unit  0-Not Stated  
 Other:

Save

Delete

Close

Product Help

Clear

# NIOSH Work Study

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (New)

NEISS Case NIOSH Work-Related Injury

**NIOSH Work-Related Injury**

Victim's Job Title:

Kind of Business:

Name of Company:

City Where Employed:

State Where Employed:

Primary Payer Source:

Worker Employment Status:

Save

Delete

Close

Product Help

Clear

# NHTSA Motor Vehicle Non-crash Study

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **NHTSA Motor Vehicle**

**NHTSA Motor Vehicle Non-Crash Study**

Was the victim injured in a collision or rollover?

*Please review the entire case record and provide the following information. Include all information from the ambulance run, nurse, physician, and any other source, even if some information is redundant or*

Provide any additional locale information from ER record:

Code the hazard pattern:

Was the vehicle in motion at the time of the incident?

Was the victim in/on the vehicle at the time of the incident?

Vehicle Body Type:

All information describing the vehicle from ER record (Type, make, model, year, etc.):

Save  
Delete  
Close  
Product Help  
Clear

## Self-Inflicted Injury Study (top of screen)

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Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Self-inflicted Injury Study**

### Self-inflicted Injury Study

1. Time of arrival at ED (24 hour clock) :

2. How did the patient describe his/her intent to the staff, other people, or in a (suicide) note?  
(Please record most severe intent, e.g. intent to die before intent to harm oneself.)

3. How did the staff describe or diagnose the injury event?  
(Please record most severe diagnosis/description, e.g. attempt before gesture.)

4. Were any of the listed risk factors mentioned in the ED notes?  
(Please check all risk factors mentioned.)

Risk factor	Yes
One or more previous episodes of self-harm	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>
Anxiety, panic attacks, post traumatic stress disorder	<input type="checkbox"/>
Borderline personality disorder	<input type="checkbox"/>
History of alcohol abuse	<input type="checkbox"/>
History of other substance(s) abuse	<input type="checkbox"/>
Other psychological/psychiatric problem, e.g. schizophrenia	<input type="checkbox"/>
Other specified risk factor(s) (e.g. argument with loved one, abuse or neglect, death of a loved one, illness, money or legal problems, etc.)	<input type="checkbox"/>

Save  
Delete  
Close  
Product Help  
Clear

## Self-Inflicted Injury Study (scrolled to bottom of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Self-inflicted Injury Study**

**Self-inflicted Injury Study**

Anxiety, panic attacks, post-traumatic stress disorder

Borderline personality disorder	<input type="checkbox"/>
History of alcohol abuse	<input type="checkbox"/>
History of other substance(s) abuse	<input type="checkbox"/>
Other psychological/psychiatric problem, e.g. schizophrenia	<input type="checkbox"/>
Other specified risk factor(s) (e.g. argument with loved one, abuse or neglect, death of a loved one, illness, money or legal problems, etc.)	<input type="checkbox"/>

Please specify:

5. Was alcohol used by the patient at the time of the injury event?

If available: BAC level

6. Were recreational drugs (e.g. cocaine, heroin, marijuana, ecstasy) used by the patient at the time of the injury event?

7. If the self-harm method was poisoning, please record up to four medications, drugs, or substances taken by the patient.

Name of substance involved	Amount taken (e.g. 20 tablets)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

8. If the patient was admitted or transferred, please specify where s/he went.

Save  
Delete  
Close  
Product Help  
Clear