**Attachment C**

**Changes to 2014 Emergency Department Patient Record Form (PRF)**

Proposed changes are indicated in **RED**.

* Modified-Expected source(s) of payment for this visit

|  |  |
| --- | --- |
| **Old** Answer list   * Private insurance * Medicare * Medicaid or CHIP * Worker’s compensation * Self-pay * No charge/Charity * Other * Unknown | **New** Answer list   * Private insurance * Medicare * Medicaid or CHIP **or other state-based program** * Worker**s’** compensation * Self-pay * No charge/Charity * Other * Unknown |

* Added-Arrival by ambulance

|  |  |
| --- | --- |
| **Old** Answer list  ARRIVE: Arrival by ambulance?   * Yes * No * Unknown | **New** Answer list  ARRIVE: Arrival by ambulance?   * Yes * No * Unknown |
|  | **Add new question on point of origin:**  **If ARRIVE=Yes, then ask, Was patient transferred from another hospital or urgent care center? [AMBTRANSFER]**   * **Yes** * **No** * **Unknown** |

* Deleted-On oxygen at arrival

|  |  |
| --- | --- |
| “Triage” Section | |
| **Old** Answer list  O2: On oxygen at arrival?   * Yes * No * Unknown | **New** Answer list  ~~O2: On oxygen at arrival?~~   * ~~Yes~~ * ~~No~~   ~~Unknown~~ |

* Modified-Reason for Visit Questions

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| --- | --- |
| “Reason for Visit” Section | |
| **Old**   * Allow up to 3 lines of Reason for visit verbatim and look-up | **New**   * **Allow up to 5 lines of Reason for visit verbatim and look-up** |

* Modified-Injury/Poisoning/Adverse Effect Questions

|  |  |
| --- | --- |
| “Injury/Poisoning/Adverse Effect” Section | |
| **Old**   * INJURY: Is this visit related to an injury, poisoning, or adverse effect of medical treatment?  1. Yes, injury/trauma 2. Yes, poisoning 3. Yes, adverse effect of medical treatment 4. No 5. Unknown | **New**   * INJURY: Is this visit related to an injury, poisoning, or adverse effect of medical treatment?  1. Yes, injury/trauma 2. Yes, poisoning 3. Yes, adverse effect of medical treatment 4. No 5. Unknown |
|  | **Add new question on recent timing of injury:**   * **If INJURY=Yes, then ask, Did the injury or poisoning occur within 72 hours prior to the date and time of this visit? [INJURY72]** |

* Modified-Diagnosis Verbatim and Look-up Table

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| --- | --- |
| “Diagnosis” Section | |
| **Old**: Allow up to 3 diagnoses verbatim and Look-up table entries | **New: Allow up to 5 diagnoses verbatim and look-up table entries** |

* Modified-Checkbox list of patient’s underlying chronic conditions

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| --- | --- |
| “Diagnosis” Section | |
| **Regardless of the diagnoses previously entered, does the patient now have** - | |
| *Mark all that apply.* |  |
| **Old** | **New** |
| --- | **Alcohol abuse** |
| --- | **Substance abuse** |
| Dementia | **Alzheimer's disease/**Dementia |
| --- | **Asthma** |
| Cancer | Cancer |
| Cerebrovascular disease/History of stroke or transient ischemic attack (TIA) | **Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)** |
| Chronic obstructive pulmonary disease (COPD) | Chronic obstructive pulmonary disease (COPD) |
| Condition requiring dialysis | **Chronic kidney disease (CKD)** |
| Condition requiring dialysis | **End-stage renal disease (ESRD)** |
| Congestive heart failure | Congestive heart failure **(CHF)** |
| --- | **Depression** |
| Diabetes | Diabetes **mellitus (DM), Type I** |
| Diabetes | Diabetes **mellitus (DM), Type II** |
| Diabetes | Diabetes **mellitus (DM), Type Unspecified** |
| History of pulmonary embolism or deep vein thrombosis (DVT) | History of pulmonary embolism **(PE)** or deep vein thrombosis (DVT) |
| --- | **Hyperlipidemia** |
| --- | **Hypertension** |
| History of heart attack | **Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)** |

* Modified-Medications and Immunizations

|  |  |
| --- | --- |
| “Medications” Section | |
| **Old**: Allow up to 10 drug entries (verbatim and look-up table) | **New: Allow up to 30 drug entries (verbatim and look-up table)** |

* Added-Vitals at Discharge (after Medications)

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| --- | --- |
| “Vitals at Discharge” Section | |
| **Old** | **New**   * **VITALSD – Checkbox for “No vitals taken at discharge”** * **TEMPD (write-in) Temperature** * **TTEMPD (write-in) Celsius or Fahrenheit** * **PULSED (write-in) Heart rate/Pulse beats per minute 998= DOPP, DOPPLER** * **RESPRD (write-in) Respiratory rate breaths per minute** * **BPSYSD (write-in) Blood pressure Systolic** * **BPDIASD (write-in) Blood pressure Diastolic** |