## Attachment G: 2014 Emergency Department Patient Record Form Screenshots

OMB No. 0920-0278; Exp. Date:

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

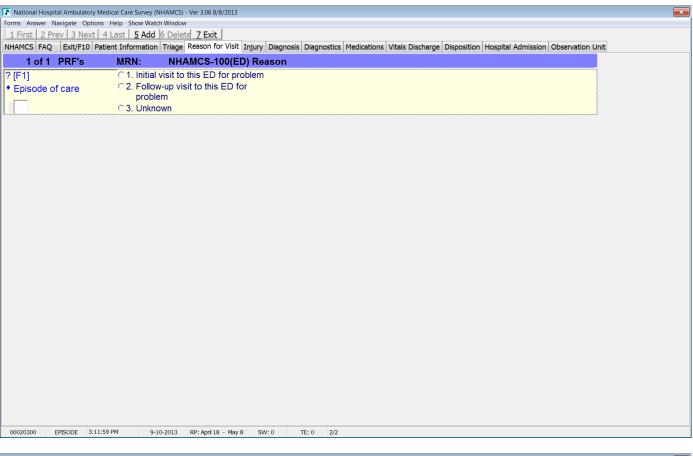
**Notice** – Public reporting burden for this collection of information is estimated to average 7 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

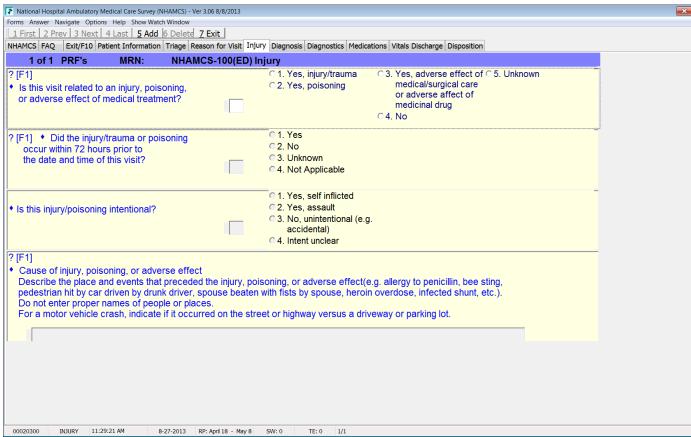
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Forms Answer Navigate Options Help Show Watch Window	
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit	
NHAMCS FAQ Exit/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition	
1 of 1 PRF's MRN: NHAMCS-100(ED) PATIENT INFORMATION	
◆ Enter the patient's medical record number  (1) Date of Arrival (2) Seen by MD/DO/PA/NP  ? [F1]	
Age	
* Sex  ? [F1] * Ethnicity	
? [F1] ◆ Arrival by ambulance	☐ 6. No charge ○ /Charity ☐ 7. Other ☐ 8. Unknown
00020300 VDATE 11:26:42 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1	

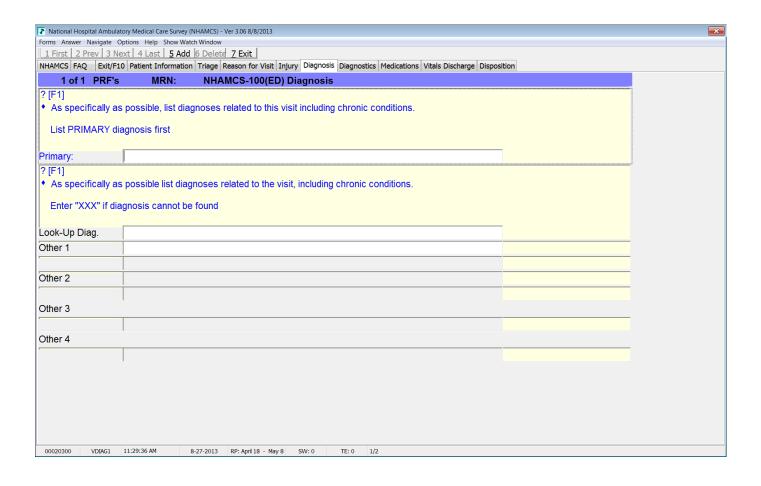
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Forms Answer Navigate Options Help Show Watch Window	
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1 of 1 PRF's MRN: NHAMCS-100(ED) Triage	
+ Temperature C 1. Celsius + Heart rate, Enter 998 for DOPP or DOPPLER (breaths per minute)	
Blood Pressure - SYSTOLIC refers to the top number of the blood pressure measurement.	
Blood pressure - DIASTOLIC refers to the bottom number of the blood pressure measurement.  Enter 998 for P, PALP, DOPP, or DOPPLER	
Pulse oximetry (percent of oxyhemoglobin saturation;	
value is usually between 80-100%)	
? [F1] * Triage level (1-5)   ? [F1] * Pain scale (0-10)   Enter 99 if unknown	
? [F1]       ◆ Was patient seen in this ED within the last 72 hours and discharged?         ○ 1. Yes       ○ 2. No         ○ 3. Unknown	
00020300 PULSE 11:28:23 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1	
00020300 PULSE 11:28:23 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1	
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National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013  Forms Answer Navigate Options Help Show Watch Window  1 First   2 Prev   3 Next   4 Last   5 Add   6 Delete   7 Exit    NHAMCS   FAQ   Exit/F10   Patient Information   Triage   Reason for Visit   Injury   Diagnostics   Medications   Vitals Discharge   Disposition	X
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National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013  Forms Answer Navigate Options Help Show Watch Window  1 First   2 Prev   3 Next   4 Last   5 Add   6 Delete   7 Exit    NHAMCS FAQ   Exit/F10   Patient Information   Triage   Reason for Visit   Injury   Diagnostics   Medications   Vitals Discharge   Disposition  1 of 1 PRF's   MRN:   NHAMCS-100(ED)   Reason  ? [F1]  • Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words.	×
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7 National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013	
F National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013	
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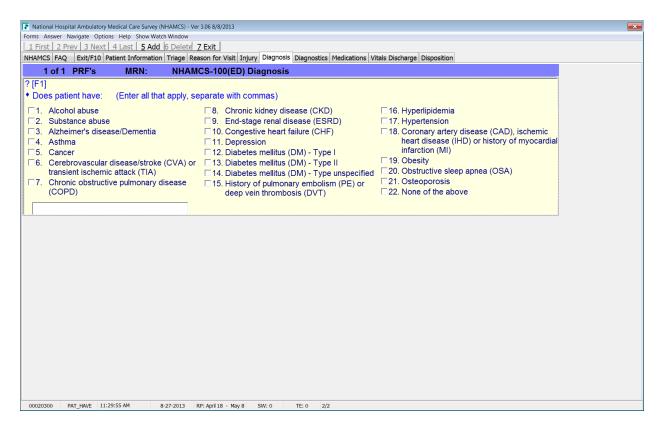
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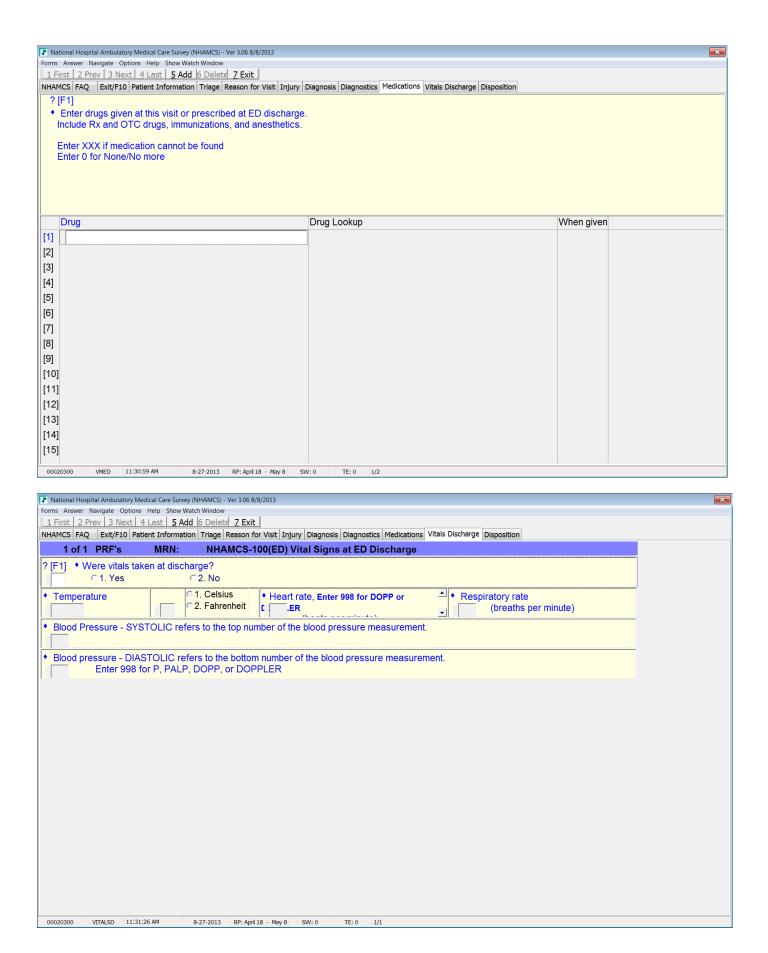




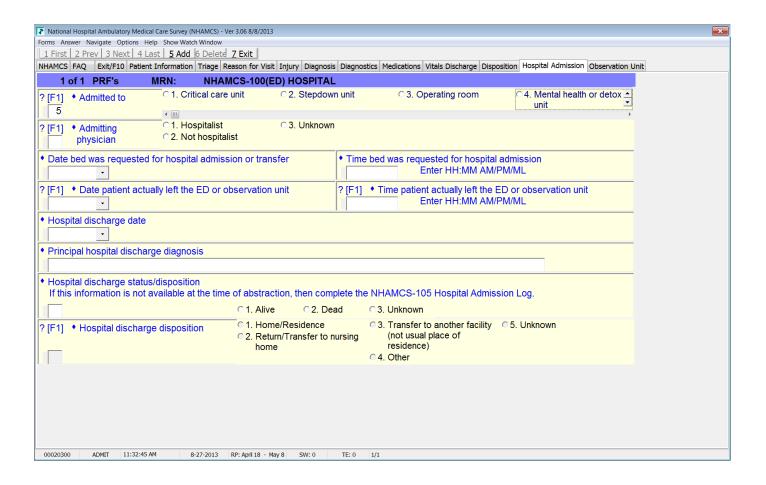


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	, , , ,		ications   Vitais Discharge   Disposition	n		
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? [F1]	□1. NONE		□9. D-dimer	□19. Influe	□30. Other imaging	1
Diagnostic Services		ood tests:	□10. Electrolytes	□20. Preg		
Enter all ORDERED or PROVIDED at this vi	ioit,	al blood gases	□11. Glucose	☐21. Toxic		
separate with commas		(blood alcohol	□ 12. Lactate	□22. Urina		
		ntration)	☐13. Liver function tests	□23. Urine		
	□4. Blood		☐ 14. Prothrombin time/INR			
	□ 5. BNP (	brain natriuretic	☐ 15. Other blood test	□ 25. Othe		
	peptid □6. BUN/		Other tests:	<u>ln</u>		
	□7. Cardia		☐ 16. Cardiac monitor	26. X-ray		
	□ 8. CBC	ac enzymes	□17. EKG/ECG	□ 27. CT s		
			□18. HIV test	□28. MRI		
	<b>←</b> III				<u> </u>	
<ul> <li>Was CT ordered/provided with intravenous (</li> </ul>	(IV) contrast?	<ul> <li>What body</li> </ul>	site was scanned during the	CT scan?		
C 1. Yes	3. Unknown	Enter all that	t apply, separate	en/Pelvis□3.	. Head	
© 2. No			with commas	□4.	. Other	
Was MRI ordered/provided with intravenous		• Who perform	med the ultrasound?			
written as 'with gadolinium'	<ul><li>3. Unknown</li></ul>		○1. Emerge		. Other provider	
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NHAMCS FAQ Exit/F10 Patient Information Triage F	Reason for Visit   Injury   Diagnosis   Diagn	nostics   Medications   Vitals Discharge	Disposition	
1 of 1 PRF's MRN: NHA	MCS-100(ED) DISPOSITION			
? [F1] • Enter all providers seen at this visit,separate with commas	☐ 1. ED attending physician☐ 2. ED resident/Intern☐ 3. Consulting physician☐ 1.	<ul><li>☐ 4. RN/LPN</li><li>☐ 5. Nurse practitioner</li><li>☐ 6. Physician assistant</li></ul>	□ 7. EMT □ 8. Other mental health provider □ 9. Other	
Tell	□1. No follow-up planned     □2. Return to ED     □3. Return/Refer to physician/clinic for FU     □4. Left before triage	□5. Left after traige □6. Left AMA □7. DOA □8. Died in ED	□ 9. Return/Transfer to nursing find home     □ 10. Transfer to psychiatric findspital     □ 11. Transfer to other hospital     □ 12. Admit to this hospital	then hospitalized  14. Admit to observation unit, then discharged
	1		<u></u>	Ш
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NHAMCS FAQ Exit/F10 Patient Information Triage Rea	son for Visit   Injury   Diagnosis   Diagnostics   Medications   Vitals Discharge   Disposition	Iospital Admission Observation Unit
1 of 1 PRF's MRN: NHAM	CS-100(ED) HOSPITAL	
? [F1] • Admitted to 4. Mental health unit	or detox 📤 6. Cardiac catheterizatior 📤 6. Other bed/unit	7. Unknown
? [F1] • Admitting C 1. Hospitalist C 2. Not hospitalis	⊂ 3. Unknown	
Date bed was requested for hospital admissing the part of the	Time bed was requested for hospital admission or transfer     Time bed was requested for hospital admission or transfer     Enter HH:MM AM/PM/ML	
? [F1] • Date patient actually left the ED or ob		bservation unit
Hospital discharge date		
Principal hospital discharge diagnosis		
Hospital discharge status/disposition     If this information is not available at the time	of abstraction, then complete the NHAMCS-105 Hospital Admission Lo	g.
	○1. Alive ○2. Dead ○3. Unknown	
? [F1] • Hospital discharge disposition	C 1. Home/Residence C 3. Transfer to another facility C 5. U (not usual place of residence)	nknown
	○ 4. Other	
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