Attachment U: Changes to 2014 Emergency Department Patient Record Form (PRF)

Proposed changes are indicated in **RED**.

- Modified-Patient Information Questions –Dates and Times

"Patient Information" Section	
TSDATE, TS_TIME, EDDATE, ED_TIME:	
Old	**New**
• Seen by MD/DO/PA/NP	• **Provider (physician/APRN/PA) contact**
• ED departure, if released or transferred (i.e., patients who do not have a disposition of admit to hospital or admit to observation unit)	**New** • **ED departure**

- Added-Transferred from another hospital or urgent care center

Old	**New** **AMBTRANSFER:**
…	**Add new question on point of origin:** **If ARRIVE=Ambulance, then ask, Was patient transferred from another hospital or freestanding emergency/urgent care center?** • **Yes** • **No** • **Unknown**

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

"Patient Information" Section	
PAY_SOURCE:	
Old	**New**
• Private insurance • TRICARE • Medicare • Medicaid or CHIP • Workers' compensation • Self-pay • No charge/Charity • Other • Unknown	• Private insurance • TRICARE • Medicare • Medicaid or CHIP **or other state-based program** • Worker**s'** compensation • Self-pay • No charge/Charity • Other

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| | • Unknown |

- <u>Deleted-Triage – Temperature Type and On oxygen at arrival</u>

"Triage" Section	
TTEMP:	
<u>**Old**</u> Celsius and Fahrenheit	<u>**New**</u> ~~Celsius and Fahrenheit~~

ONO2:	
<u>**Old**</u> Answer list O2: On oxygen at arrival? • Yes • No • Unknown	<u>**New**</u> ~~O2: On oxygen at arrival?~~ • ~~Yes~~ • ~~No~~ ~~Unknown~~

- <u>Modified and added-Reason for Visit Questions</u>

"Reason for Visit" Section	
VRFV1-3:	
<u>**Old**</u> • Patient's complaint(s), symptoms(s). or other reason(s) for this visit – Use patient's own words • Allow up to 3 lines of Reason for visit verbatim and look-up	<u>**New**</u> • **List the first 5 reasons for visit (i.e., complaints, symptoms, problems, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.** • **Allow up to 5 lines of Reason for visit verbatim and look-up**
SOURCE_RFV: <u>**Old**</u> What is the source of the most important reason for visit? 1-In patient's own words 2-Other 3-Unknown	<u>**New**</u> Source of the **first complaint, symptom**, reason for visit 1-~~In p~~Patient ~~'s own words~~ 2-Other 3-Unknown

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Old	ALCOHOL6:
Old (Only asked, if DRUGS_CONTRIBUTED=1 Yes) Was alcohol involved? 1-Yes 2-No 3-Not documented	**New** **Did alcohol cause or contribute to this visit?** **1-Yes, patient's own use** **2-Yes, other person's use** **3-No** **4-Unknown**
	SUBETOH:

...	**New**
	
	• **Was alcohol or other substance abuse/misuse/dependence documented in the medical record for this visit? Other substances include illicit drugs, inhalants, prescription or OTC medications, or dietary supplements.**
	
	Mark (X) all that apply.
	1-Yes, alcohol abuse/misuse/dependence:
	  1-History of alcohol abuse/misuse/dependence
	  2-Currently abusing alcohol
	2-Yes, other substance abuse/misuse/dependence:
	  1-History of other substance abuse/misuse/dependence
	  2- Other substance seeking behavior
	  3-Currently abusing other substance(s)
	
	3 -Yes, other specify _____
	4- No
	5 - Unknown

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- Modified and added-Injury/Overdose/Poisoning/Adverse Effect Questions

"Injury/**Trauma**/Overdose/Poisoning/Adverse Effect" Section	
INJURY:	

<u>**Old**</u>
Is this visit related to an injury, overdose, poisoning, or adverse effect of medical or surgical treatment?
1-No
2-Yes, injury/trauma
3-Yes, poisoning (non-drug toxic substance)
4- Yes, poisoning (drug-induced overdose)
   Medication
   Illicit substance
   Unknown
5-Yes, adverse effect of medical or surgical treatment
   Medication involved
   No medication involved
6-Unknown
	<u>**New**</u>
	Is this visit related to an injury**/trauma**, overdose/ poisoning, or adverse effect of medical/surgical treatment?
	1-No
	2-Yes, injury/trauma
	3-Yes, poisoning (non-drug toxic substance)
	4- Yes, poisoning (drug-induced overdose)
	   1-Medication
	   2-Illicit substance
	   3-**Both medication and illicit substance**
	   4-Unknown
	5-Yes, adverse effect of medical/surgical treatment **or adverse effect of medicinal drug**
	   Was medication involved?
	   1-Yes
	   2-No
	   3-Unknown
	6-Unknown

	INJURY72:

<u>**Old**</u>
 	
    …
	<u>**New**</u>
	Add new question on recent timing of injury:
	- **If INJURY=Yes, then ask, Did the injury/trauma or overdose/poisoning occur within 72 hours prior to the date and time of this visit? [INJURY72]**
	   1-Yes
	   2-No
	   3-Unknown
	   4-Not applicable

INTENT:	

<u>**Old**</u>
Is this injury/overdose/poisoning intentional?
1-Yes, intentional
  a-Self-inflicted
    Suicide attempt
    Self-harm or suicide gesture
  b-Intentional harm by another person
2-No, unintentional (e.g., accidental)
3-Unknown intent
	<u>**New**</u>
	Is this injury/**trauma or** overdose/poisoning intentional?
	1-Yes, intentional **– suicide attempt**
	2-Yes, intentional **- self-harm (intentional self-directed harm without intent to die)**
	 3-Yes, intentional – unclear if suicide attempt or self-harm
	 4-**Yes,** Intentional harm by another person **(e.g., assault, poisoning)**
	5-No, unintentional (e.g., accidental)
	6-**Unclear if intentional or unintentional**

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VCAUSE:	
Old Cause of injury, poisoning by drug or non-drug toxin, drug-induced illness, or adverse effect	**New** Cause of injury/**trauma**; **overdose/**poisoning by drug or non-drug toxic substance; ~~drug-induced illness,~~ or adverse effect **of medical/surgical treatment …**Describe the place and **circumstances** that preceded the **injury/trauma, overdose/ poisoning, or adverse effect.**

- Modified-Substances Involved Question and Checkbox

"Substances Involved" Section	
CONFIRMEDBYTOXD:	
Old	**New**
For each substance listed, mark if confirmed by toxicology report	For each substance listed, mark if confirmed by toxicology **or blood test report.**

PT_TOOK:	
Mark all that apply.	
Old	**New**
Own prescription/OTC medication or dietary supplement	Own prescription/OTC medication or dietary supplement
Prescription medication not prescribed for patient	Prescription medication not prescribed for patient
Prescription/OTC medication as prescribed or according to directions	Prescription/OTC medication as prescribed or according to directions
Too much of a prescription/OTC medication or dietary supplement	Too much of a prescription/OTC medication or dietary supplement
Illicit drug(s)	Illicit drug(s)
Alcohol only, under 21	Alcohol only, under 21
…	**Alcohol in combination with other substances**
Not documented	Not documented

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- Modified and added-Diagnosis

"Diagnosis" Section	
VDIAG1-20_CODE:	
Old As specifically as possible, list diagnoses related to this visit including chronic conditions.	**New** As specifically as possible, list diagnoses related to this visit including chronic conditions**. List primary diagnosis first.**
Old …	**New** **Allow entry of ICD-10-CM diagnosis and V codes**

- Modified-Checkbox list of patient's underlying chronic conditions

"Diagnosis" Section	
PAT_HAVE: Regardless of the diagnoses previously entered, does the patient now have -	
Mark all that apply.	
Old	**New**
…	**Alcohol abuse, misuse, or dependence**
Dementia	**Alzheimer's disease/**Dementia
---	**Asthma**
Cancer	Cancer
Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	Cerebrovascular disease/History of stroke **(CVA)** or transient ischemic attack (TIA)
Chronic kidney disease (CKD)	Chronic kidney disease (CKD)
Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease (COPD)
Congestive heart failure	Congestive heart failure (CHF)
Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)	Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
Diabetes	Diabetes **mellitus (DM), Type I**
Diabetes	Diabetes **mellitus (DM), Type II**
Diabetes	Diabetes **mellitus (DM), Type unspecified**
---	**End-stage renal disease (ESRD)**
History of pulmonary embolism or deep vein thrombosis (DVT)	History of pulmonary embolism (PE), ~~or~~ deep vein thrombosis (DVT), **or venous thromboembolism (VTE)**
HIV infection/AIDS	HIV infection/AIDS
Hyperlipidemia	Hyperlipidemia
Hypertension	Hypertension
Mental illness or episode	Mental illness or episode
…	**Obesity**

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…	**Obstructive sleep apnea (OSA)**
…	**Osteoporosis**
Substance abuse, misuse, or dependence	Substance abuse, misuse, or dependence
Not documented	**None of the above**

- Modified-Checkbox list of Diagnostics

"Diagnostics" Section	
DIAG_SERVICES:	
<u>Old</u>	<u>New</u>
Blood tests:	
ABG (arterial blood gases)	ABG (Arterial blood gases)
BAC (blood alcohol concentration)	BAC (Blood alcohol concentration)
…	**BMP (Basic metabolic panel)**
BNP (brain natriuretic peptide)	BNP (Brain natriuretic peptide)
Cardiac enzymes (CE)	**CE** (Cardiac enzymes)
CBC (complete blood count)	CBC (Complete blood count)
…	**CMP (Comprehensive metabolic panel)**
BUN/creatinine	Creatinine/Renal function panel
Blood culture	Culture, blood
…	**Culture, throat**
Urine culture	Culture, urine
Wound culture	Culture, wound
…	**Culture, other**
D-dimer	D-dimer
Electrolytes	Electrolytes
Glucose	Glucose, **serum**
Lactate	LDH (Lactate dehydrogenase)
Liver function tests (LFT)	Liver enzymes/Hepatic function panel
Prothrombin time/INR	Prothrombin time (PT/PTT/INR)
Other blood test	Other blood test **Enter other blood tests as written:_____**
Imaging:	
Intravenous contrast	~~Intravenous contrast~~

CT scan
  Abdomen/pelvis
  Chest
  Head
	CT scan
	What body site was scanned during the CT scan?
	  Abdomen/pelvis

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Other	Chest
	Head
	Other
	Was CT ordered or provided with intravenous (IV) contrast?
	  Yes
	  No
	  Unknown

MRI	MRI
	Was MRI ordered or provided with intravenous (IV) contrast (also written as "with gadolinium" or "with gado")?
	  Yes
	  No
	  Unknown

- Modified-Procedures

"Procedures" Section	
PROCEDURES:	
Old	**New**
NONE	NONE
BiPAP/CPAP	BiPAP/CPAP
Bladder catheter	Bladder catheter
Cast, splint, or wrap	Cast, splint, or wrap
Central line	Central line
CPR	CPR
Endotracheal tube	Endotracheal tube **(ETT)**
Incision & drainage (I&D)	Incision & drainage (I&D)
IV fluids	**IV**
Lumbar puncture	Lumbar puncture **(LP)**
Nebulizer therapy	Nebulizer therapy
Pelvic exam	Pelvic exam
Physical restraint	Physical restraint
Psychiatry/Psychology/Substance abuse consult	Psychiatry/Psychology/Substance abuse consult
Skin adhesives	Skin adhesives
Suturing/Staples	Suturing/Staples
Other	Other

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- <u>Modified-Medications and Immunizations</u>

"Medications & Immunizations" Section	
VMED:	
<u>Old</u> Enter medications given at this visit or prescribed at ED discharge. Include Rx and OTC medications, immunizations, and anesthetics.	<u>New</u> **NOMED=Were any prescription or non-prescription medications given at this visit or prescribed at ED discharge? 1-Yes 2-No** Include Rx and OTC medications, immunizations, **oxygen,** and anesthetics. **Enter XXX if medication cannot be found. Enter 0 for No more.**
GPMED:	
<u>Old</u> …	<u>New</u> **Both given in ED and Rx at discharge**

- <u>Modified-Last Vital Signs Taken</u>

"Last Vital Signs Taken" Section	
VITALSD :	
<u>Old</u> • No vital signs taken at discharge	<u>New</u> **Does the chart contain vital signs taken after triage?** **1-Yes** **2-No**

- <u>Modified-Checkbox list of Providers</u>

"Providers" Section	
PROV_SEEN:	
<u>Old</u>	<u>New</u> **NONE**
ED attending physician	ED attending physician
ED resident or intern	ED resident or intern
Consulting physician (Specialty of consulting physician)	Consulting physician
RN/LPN	RN/LPN
Nurse practitioner	Nurse practitioner **(NP)**
Physician assistant	Physician assistant **(PA)**
EMT	EMT
Psychologist	Psychologist

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Social worker	Social worker
…	**Substance abuse services provider**
Other mental health provider	Other mental health provider
Other provider	Other provider

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- Modified- Providers – Checkbox list of Specialty of consulting physician

"Providers" Section	
PROV_SEEN:	
Old:	**New**
Anesthesia	~~Anesthesia~~
…	**Cardiology**
Critical care	~~Critical care~~
ENT (Otolaryngology)	ENT (Otolaryngology)
…	**Gastroenterology**
…	**General/Trauma Surgery**
…	**Geriatrics**
Hematology/Oncology	~~Hematology/Oncology~~
…	**Neurology**
…	**Neurosurgery**
…	**Obstetrics-Gynecology**
…	**Ophthalmology**
…	**Orthopedic Surgery**
Palliative care	~~Palliative care~~
Psychiatry	Psychiatry
Other specialty	Other specialty
Unknown	Unknown

- Modified-Checkbox list of Visit Disposition

"Visit Disposition" Section	
VISIT_DISP:	
Old	**New**
Left before triage	**Left without being seen (LWBS)**
Left after triage	**Left before treatment complete (LBTC)**

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- Modified-Hospital Admission Dates and Times

"Hospital Admission" Section	
BR_DATE, BR_TIME:	
Old Date and time bed was requested for hospital admission or transfer	**New** **Admit order**

- Modified-Observation Unit Dates and Times

"Observation Unit/**Care** Stay" Section	
EDDISDATE, EDDISTIME, OBDATE, OB_TIME:	
Old Date and time of ED departure	**New** **Observation unit/care initiation order**
Date and time of observation unit discharge	**Observation unit/care discharge order**