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).

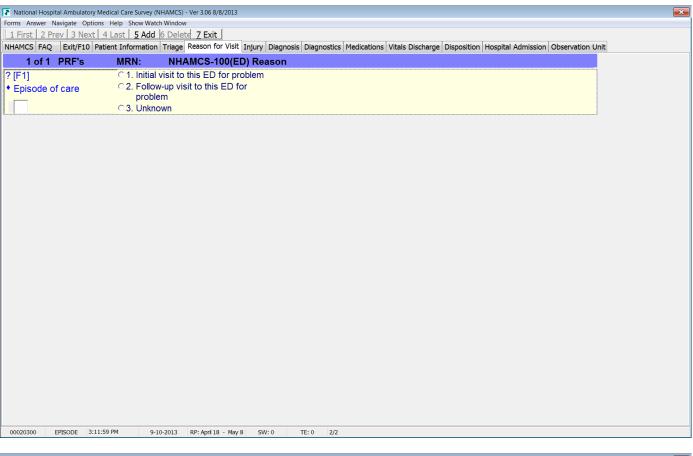
Notice – Public reporting burden for this collection of information is estimated to average 7 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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).

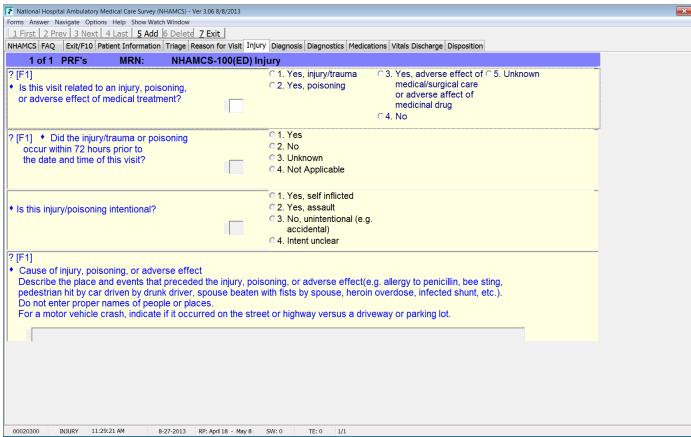
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NHAMCS FAQ Exit/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition	
1 of 1 PRF's MRN: NHAMCS-100(ED) PATIENT INFORMATION	
a. Date and time of visit Time (HH:MM Enter the patient's medical record number (1) Date of Arrival (2) Seen by MD/DO/PA/NP (2) Seen by MD/DO/PA/NP (3) Date of ED departure if released ar transformed 2 [E1] 7 [F1] Patient 2. Nursing home Residence 4. Other 5. Unknown	
◆ Age ◆ Enter time period ○ 1. Years ○ 3. Days ○ 2. Months	
* Sex ? [F1] * Ethnicity ? [F1] * Race ? [F1] * Race	
C 2. No C 3. Unknown C 1. Yes C 2. No C 3. Unknown C 2. No C 3. Unknown C 3. Unknown C 4. Yes C 5. No C 5. No C 6. Yes C 7. Yes C 8. No C 8. No C 9. No C 9. No C 1. Yes C 9. No C 1. Yes C 9. No C 1. Yes C 1. Yes C 1. Yes C 2. No C 3. Unknown C 3. Unknown C 4. No C 5. No C 7. No C 8. No C	6. No charge /Charity 7. Other 8. Unknown
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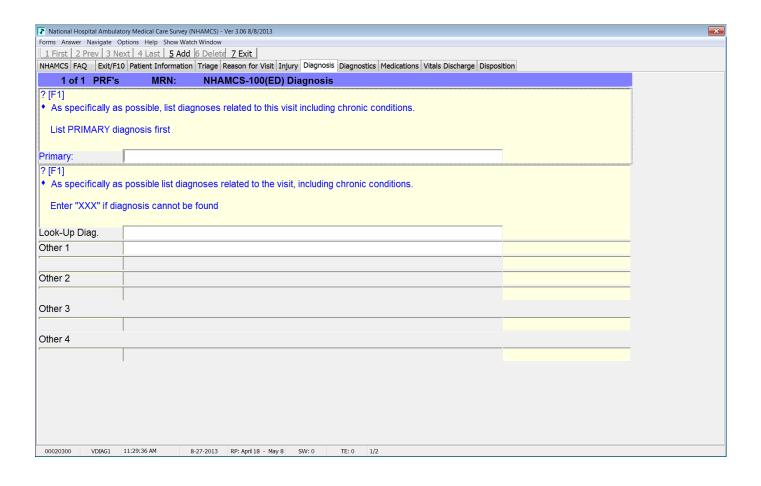
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+ Temperature C 1. Celsius Heart rate, Enter 998 for DOPP or Colored C	
Blood Pressure - SYSTOLIC refers to the top number of the blood pressure measurement.	
Blood pressure - DIASTOLIC refers to the bottom number of the blood pressure measurement. 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]	
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00020300 PULSE 11:28:23 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1	
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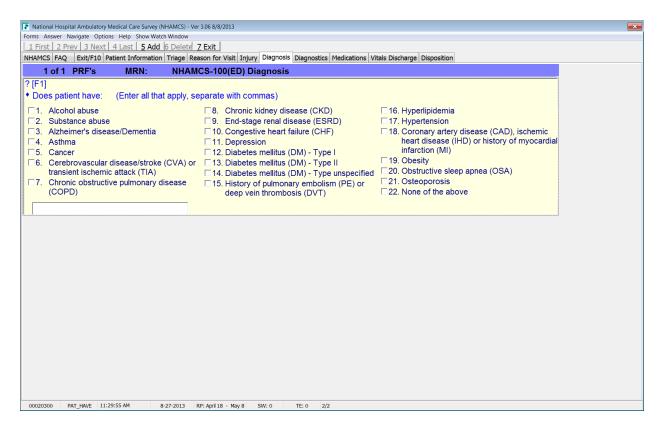
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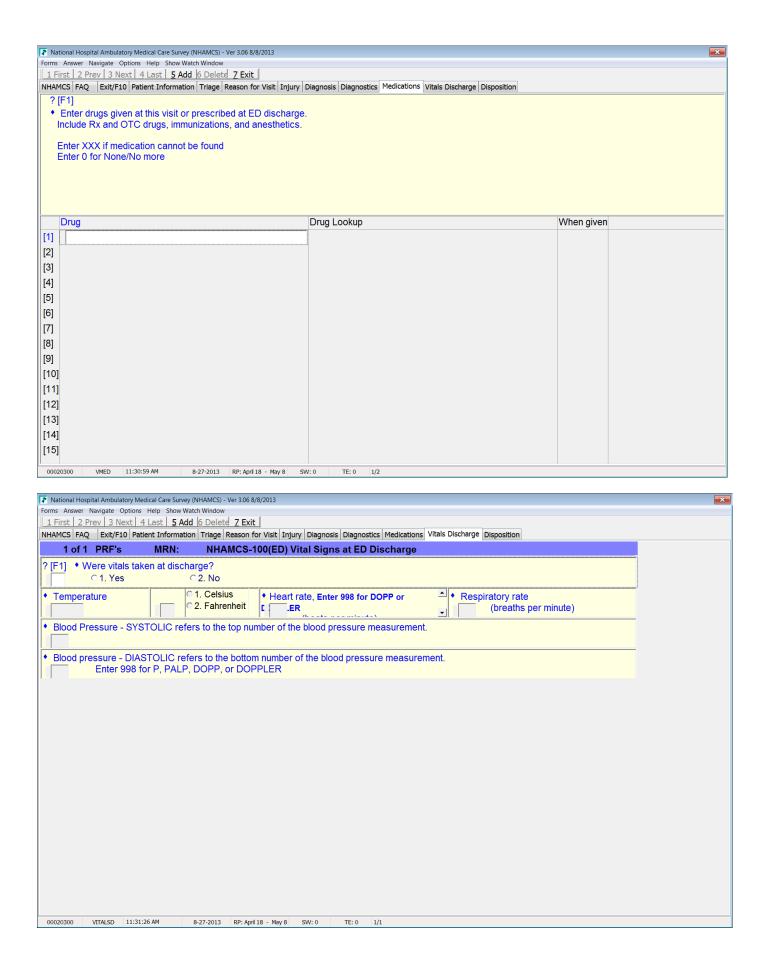






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Enter all ORDERED or PROVIDED at this vi	ioit,	al blood gases	□11. Glucose	☐ 21. Toxic		
separate with commas		(blood alcohol	□12. Lactate	☐ 22. Urina		
		ntration)	☐ 13. Liver function tests	□23. Urine		
	□4. Blood		14. Prothrombin time/INR			
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			□18. HIV test	□28. MRI		
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 Was CT ordered/provided with intravenous ((IV) contrast?	 What body 	site was scanned during the	CT scan?		
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NHAMICS FAQ Extr/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition 1 of 1 PRF's MRN: NHAMICS-100(ED) DISPOSITION 7 (F11) * Enter all providers seen at this visit, separate with commas 9 (F12) Extraction of this visit, separate with commas 1	Forms Answer Navigate Options Help Show Watch Window	7 Evit 1			
1 of 1 PRF's MRN: NHAMCS-100(ED) DISPOSITION 1. ED attending physician at this visit, separate with commas 1. ED attending physician 1. ED seident/Interm at this visit, separate with commas 1. ED seident/Interm 1. No follow-up planned 1. No follow-up planned 1. No follow-up planned 1. Return foe ED 1. No follow-up planned 1. Left under the hospital 1. Transfer to psychiatric hospital 1. Transfer to psychiatric hospital 1. Transfer to other hospital 1. Transfer to other hospital 1. Transfer to other hospital 1. Admit to this hospital 1. Other 1. Other 1. No follow-up planned 1. No follow-up planned 1. No follow-up planned 2. Return follow-up planned 2. Return follow-up planned 2. Return follow-up planned 2. Return follow-up planned 3. Left after traige 3. Left after traige 3. Return/Transfer to nursing home 1. Transfer to psychiatric hospital 1. Transfer to other hospital 1. Transfer to other hospital 1. Admit to this hospital 1. Admit to this hospital 1. Admit to this hospital 1. Other 1. No follow-up planned 1. No follow-up planned 1. No follow-up planned 2. Return follow-up planned 2. Return follow-up planned 2. Return follow-up planned 3. Left after traige 3. Left after traige 3. Left after traige 3. Return/Transfer to nursing home 3. Return/Transfer to psychiatric hospital 1. Admit to observation unit then discharged 1. Admit to			nostics Medications Vitals Discharge	Disposition	
at this visit, separate with commas 2. ED resident/Interm					
Visit Disposition (Enter all that apply, separate with commas) A common comm	? [F1] • Enter all providers seen at this visit, separate with commas	☐1. ED attending physician ☐2. ED resident/Intern ☐3. Consulting physician	☐ 5. Nurse practitioner ☐ 6. Physician assistant	□ 8. Other mental health provider □ 9. Other	
		Return to ED Return/Refer to physician/clinic for FU Left before triage	□6. Left AMA □7. DOA	home □10. Transfer to psychiatric hospital □11. Transfer to other hospital	then hospitalized ☐ 14. Admit to observation unit then discharged
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₹ National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013	
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1 of 1 PRF's MRN: NHAMCS-100(ED) HOSPITAL	
? [F1] • Admitted to C1. Critical care unit C2. Stepdown unit C3. Operating room C4. Mental heal unit	Ith or detox
? [F1] * Admitting	
Date bed was requested for hospital admission or transfer Time bed was requested for hospital admission Enter HH:MM AM/PM/ML	
? [F1] * Date patient actually left the ED or observation unit ? [F1] * Time patient actually left the ED or observation unit Enter HH:MM AM/PM/ML	ınit
◆ 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 Log.	
☐ C1. Alive ☐ C2. Dead ☐ 3. Unknown	
? [F1] • Hospital discharge disposition C 1. Home/Residence C 2. Return/Transfer to nursing home C 3. Transfer to another facility C 5. Unknown (not usual place of residence) C 4. Other	
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NHAMCS FAQ Exit/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition Hospital Admission Obse	ervation Unit
1 of 1 PRF's MRN: NHAMCS-100(ED) HOSPITAL	
? [F1] • Admitted to C4. Mental health or detox 5. Cardiac catheterization 6. Other bed/unit unit lab	
? [F1] * Admitting C1. Hospitalist C3. Unknown C2. Not hospitalist	(III)
Date bed was requested for hospital admission or transfer Time bed was requested for hospital admission Time bed was requested for hospital admission	
? [F1] * Date patient actually left the ED or observation unit ? [F1] * Time patient actually left the ED or observation unit	
Enter HH:MM AM/PM/ML 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 Log.	
ℂ1. Alive ℂ2. Dead ℂ3. Unknown	
? [F1] * Hospital discharge disposition	
C 4. Other	
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