

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

OMB No. 0920-0278; Exp. Date: \_\_\_\_\_

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**1 of 1 PRF's MRN: NHAMCS-100(ED) PATIENT INFORMATION**

**a. Date and time of visit** Date (MM/DD/YYYY) Time (HH:MM)  
 AM/PM/ML

Enter the patient's medical record number

(1) Date of Arrival  
 (2) Seen by MD/DO/PA/NP  
 (3) Date of ED departure, if released or transferred

? [F1]  1. Private residence  
 ? [F1]  2. Nursing home  
**Patient Residence**  3. Homeless  
 4. Other  
 5. Unknown

**Patient's 5-digit zip code.** (Enter "1" if homeless)

**Date of birth**

**Age**  1. Years  3. Days  
 2. Months

**Sex**  1. Female  
 2. Male

? [F1] **Ethnicity**  
 1. Hispanic or Latino  
 2. Not Hispanic or Latino

? [F1] **Race**  
 1. White  4. Native Hawaiian or Other Pacific Islander  
 2. Black or African American  5. American Indian or Alaska Native  
 3. Asian

? [F1] **Arrival by ambulance**  
 1. Yes  
 2. No  
 3. Unknown

**Was patient transferred from another hospital or urgent care facility?**  
 1. Yes  
 2. No  
 3. Unknown

? [F1] **Expected source(s) of payment for THIS VISIT.**  
 Enter all that apply, separate with commas  
 1. Private Insurance  3. Medicaid or CHIP or other state-based program  
 2. Medicare  4. Workers' compensation  
 6. No charge /Charity  
 7. Other  
 5. Self-pay  8. Unknown

00020300 VDATE 11:26:42 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

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 Diagnosis Diagnostics Medications Vitals Discharge Disposition

**1 of 1 PRF's MRN: NHAMCS-100(ED) Triage**

Temperature  1. Celsius  Heart rate, Enter 998 for DOPP or DOPPLER  Respiratory rate (breaths per minute)  
  2. Fahrenheit

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) Enter 0 for no triage and 9 if unknown      ? [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

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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) Reason**

? [F1] Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first.  
 Most Important

Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found  
 Look-Up 1

? [F1]  Enter 0 for None/No more  
 Other: 1.

Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found  
 Look-Up 2

? [F1]  Enter 0 for None/No more  
 Other: 2.

Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found  
 Look-Up 3

? [F1]  Enter 0 for None/No more  
 Other: 3.

Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found  
 Look-Up 4

? [F1]  Enter 0 for None/No more  
 Other: 4.

Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found  
 Look-Up 5

00020300 VRFV1 11:28:43 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

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NHAMCS FAQ Exit/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition Hospital Admission Observation Unit

**1 of 1 PRF's MRN: NHAMCS-100(ED) Reason**

? [F1]  1. Initial visit to this ED for problem

◆ Episode of care  2. Follow-up visit to this ED for problem

3. Unknown

00020300 EPISODE 3:11:59 PM 9-10-2013 RP: April 18 - May 8 SW: 0 TE: 0 2/2

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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) Injury**

? [F1]  1. Yes, injury/trauma  3. Yes, adverse effect of medical/surgical care or adverse affect of medicinal drug  5. Unknown

◆ Is this visit related to an injury, poisoning, or adverse effect of medical treatment?  2. Yes, poisoning  4. No

? [F1] ◆ Did the injury/trauma or poisoning occur within 72 hours prior to the date and time of this visit?  1. Yes

2. No

3. Unknown

4. Not Applicable

◆ Is this injury/poisoning intentional?  1. Yes, self inflicted

2. Yes, assault

3. No, unintentional (e.g. accidental)

4. Intent unclear

? [F1] ◆ Cause of injury, poisoning, or adverse effect

Describe the place and events that preceded the injury, poisoning, or adverse effect(e.g. allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, spouse beaten with fists by spouse, heroin overdose, infected shunt, etc.). Do not enter proper names of people or places.

For a motor vehicle crash, indicate if it occurred on the street or highway versus a driveway or parking lot.

00020300 INJURY 11:29:21 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

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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) Diagnosis**

? [F1]

- As specifically as possible, list diagnoses related to this visit including chronic conditions.

List PRIMARY diagnosis first

Primary:

? [F1]

- As specifically as possible list diagnoses related to the visit, including chronic conditions.

Enter "XXX" if diagnosis cannot be found

Look-Up Diag.

Other 1

Other 2

Other 3

Other 4

00020300 VDIAG1 11:29:36 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

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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) Diagnosis**

? [F1]

- Does patient have: (Enter all that apply, separate with commas)

<input type="checkbox"/> 1. Alcohol abuse	<input type="checkbox"/> 8. Chronic kidney disease (CKD)	<input type="checkbox"/> 16. Hyperlipidemia
<input type="checkbox"/> 2. Substance abuse	<input type="checkbox"/> 9. End-stage renal disease (ESRD)	<input type="checkbox"/> 17. Hypertension
<input type="checkbox"/> 3. Alzheimer's disease/Dementia	<input type="checkbox"/> 10. Congestive heart failure (CHF)	<input type="checkbox"/> 18. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
<input type="checkbox"/> 4. Asthma	<input type="checkbox"/> 11. Depression	<input type="checkbox"/> 19. Obesity
<input type="checkbox"/> 5. Cancer	<input type="checkbox"/> 12. Diabetes mellitus (DM) - Type I	<input type="checkbox"/> 20. Obstructive sleep apnea (OSA)
<input type="checkbox"/> 6. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)	<input type="checkbox"/> 13. Diabetes mellitus (DM) - Type II	<input type="checkbox"/> 21. Osteoporosis
<input type="checkbox"/> 7. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> 14. Diabetes mellitus (DM) - Type unspecified	<input type="checkbox"/> 22. None of the above
	<input type="checkbox"/> 15. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)	

00020300 PAT\_HAVE 11:29:55 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 2/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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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) DIAGNOSTICS**

? [F1]

♦ Diagnostic Services  
Enter all ORDERED or PROVIDED at this visit, separate with commas

<input type="checkbox"/> 1. NONE	<input type="checkbox"/> 9. D-dimer	<input type="checkbox"/> 19. Influenza
<input type="checkbox"/> 2. Arterial blood gases	<input type="checkbox"/> 10. Electrolytes	<input type="checkbox"/> 20. Pregnancy
<input type="checkbox"/> 3. BAC (blood alcohol concentration)	<input type="checkbox"/> 11. Glucose	<input type="checkbox"/> 21. Toxicology
<input type="checkbox"/> 4. Blood culture	<input type="checkbox"/> 12. Lactate	<input type="checkbox"/> 22. Urinalysis
<input type="checkbox"/> 5. BNP (brain natriuretic peptide)	<input type="checkbox"/> 13. Liver function tests	<input type="checkbox"/> 23. Urine culture
<input type="checkbox"/> 6. BUN/Creatinine	<input type="checkbox"/> 14. Prothrombin time/INR	<input type="checkbox"/> 24. Wound care
<input type="checkbox"/> 7. Cardiac enzymes	<input type="checkbox"/> 15. Other blood test	<input type="checkbox"/> 25. Other
<input type="checkbox"/> 8. CBC	<input type="checkbox"/> 16. Cardiac monitor	<input type="checkbox"/> 26. X-ray
	<input type="checkbox"/> 17. EKG/ECG	<input type="checkbox"/> 27. CT scan
	<input type="checkbox"/> 18. HIV test	<input type="checkbox"/> 28. MRI

**Blood tests:**

**Other tests:**

29. Ultrasound  
 30. Other imaging

♦ Was CT ordered/provided with intravenous (IV) contrast?  
 1. Yes  2. No  3. Unknown

♦ What body site was scanned during the CT scan?  
 Enter all that apply, separate with commas  
 1. Abdomen/Pelvis  2. Chest  3. Head  4. Other

♦ Was MRI ordered/provided with intravenous (IV) contrast (also written as 'with gadolinium' or 'with gado')?  
 1. Yes  2. No  3. Unknown

♦ Who performed the ultrasound?  
 1. Emergency physician  2. Other provider

00020300 DIAG\_SERVICES 11:30:21 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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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 Hospital Admission Observation Unit

? [F1]

♦ Enter all procedures PROVIDED at this visit, separate with commas

<input type="checkbox"/> 1. NONE	<input type="checkbox"/> 10. Lumbar puncture
<input type="checkbox"/> 2. BiPAP/CPAP	<input type="checkbox"/> 11. Nebulizer therapy
<input type="checkbox"/> 3. Bladder catheter	<input type="checkbox"/> 12. Pelvic exam
<input type="checkbox"/> 4. Cast, splint, wrap	<input type="checkbox"/> 13. Skin adhesives
<input type="checkbox"/> 5. Central line	<input type="checkbox"/> 14. Suturing/Staples
<input type="checkbox"/> 6. CPR	<input type="checkbox"/> 15. Other
<input type="checkbox"/> 7. Endotracheal intubation	
<input type="checkbox"/> 8. Incision & drainage (I&D)	
<input type="checkbox"/> 9. IV fluids	

00020300 PROC\_PROV 3:30:54 PM 9-10-2013 RP: April 18 - May 8 SW: 0 TE: 0 2/2

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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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

? [F1]

- Enter drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

Enter XXX if medication cannot be found  
Enter 0 for None/No more

Drug	Drug Lookup	When given
[1]		
[2]		
[3]		
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		
[12]		
[13]		
[14]		
[15]		

00020300 VMED 11:30:59 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/2

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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) Vital Signs at ED Discharge**

? [F1] ♦ Were vitals taken at discharge?

1. Yes  2. No

♦ Temperature   1. Celsius  2. Fahrenheit ♦ Heart rate, Enter 998 for DOPP or .ER  (beats per minute) ♦ Respiratory rate  (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

00020300 VITALSD 11:31:26 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

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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) DISPOSITION**

? [F1] ♦ Enter all providers seen at this visit, separate with commas

? [F1] ♦ Visit Disposition (Enter all that apply, separate with commas)

1. ED attending physician  
 2. ED resident/Intern  
 3. Consulting physician  
 4. RN/LPN  
 5. Nurse practitioner  
 6. Physician assistant  
 7. EMT  
 8. Other mental health provider  
 9. Other

1. No follow-up planned  
 2. Return to ED  
 3. Return/Refer to physician/clinic for FU  
 4. Left before triage  
 5. Left after triage  
 6. Left AMA  
 7. DOA  
 8. Died in ED  
 9. Return/Transfer to nursing home  
 10. Transfer to psychiatric hospital  
 11. Transfer to other hospital  
 12. Admit to this hospital  
 13. Admit to observation unit then hospitalized  
 14. Admit to observation unit, then discharged  
 15. Other

00020300 PROV\_SEEN 11:31:43 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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NHAMCS FAQ Exit/F10 Patient Information Triage Reason for Visit Injury Diagnosis Diagnostics Medications Vitals Discharge Disposition Hospital Admission Observation Unit

**1 of 1 PRF's MRN: NHAMCS-100(ED) HOSPITAL**

? [F1] ♦ Admitted to

? [F1] ♦ Admitting physician

1. Critical care unit  
 2. Stepdown unit  
 3. Operating room  
 4. Mental health or detox unit

1. Hospitalist  
 2. Not hospitalist  
 3. Unknown

♦ Date bed was requested for hospital admission or transfer

♦ 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

♦ 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.

? [F1] ♦ Hospital discharge disposition

1. Alive  
 2. Dead  
 3. Unknown  
 1. Home/Residence  
 2. Return/Transfer to nursing home  
 3. Transfer to another facility (not usual place of residence)  
 4. Other  
 5. Unknown

00020300 ADMIT 11:32:45 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

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 Diagnosis Diagnostics Medications Vitals Discharge Disposition Hospital Admission Observation Unit

**1 of 1 PRF's MRN: NHAMCS-100(ED) HOSPITAL**

? [F1] ♦ Admitted to  4. Mental health or detox unit 5. Cardiac catheterization lab 6. Other bed/unit 7. Unknown

? [F1] ♦ Admitting physician  1. Hospitalist 2. Not hospitalist 3. Unknown

♦ 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

♦ 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.

1. Alive  2. Dead  3. Unknown

? [F1] ♦ Hospital discharge disposition  1. Home/Residence 2. Return/Transfer to nursing home 3. Transfer to another facility (not usual place of residence) 4. Other 5. Unknown

00020300 ADMIT 11:33:01 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

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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 Hospital Admission Observation Unit

**1 of 1 PRF's MRN: NHAMCS-100(ED) OBSERVATION UNIT**

? [F1] ♦ Date of observation unit discharge  ? [F1] ♦ Time of observation unit discharge Enter HH:MM AM/PM/ML

? [F1] ♦ Date of ED departure  ? [F1] ♦ Time of ED departure Enter HH:MM AM/PM/ML

00020300 EDDISDATE 11:33:25 AM 8-27-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1