Attachment J: Snapshots of NHAMCS ED PRF

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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

◆ Enter the patient's medical record number

a. Date and time of visit

(1) Date of Arrival
(2) Seen by MD/DO/PA/NP   ? [F1]
(3) Date of ED departure, if released or transferred   ? [F1]

Date (MM/DD/YYYY)   Time (HH:MM AM/PM/ML)

? [F1]
◆ Patient's Residence
- ○ 1. Private residence
- ○ 2. Nursing home
- ○ 3. Homeless
- ○ 4. Other
- ○ 5. Unknown

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

◆ Date of birth

◆ Age

◆ Enter time period
- ○ 1. Years   ○ 3. Days
- ○ 2. Months

◆ Sex
- ○ 1. Female
- ○ 2. Male

? [F1]   ◆ Ethnicity
- ○ 1. Hispanic or Latino
- ○ 2. Not Hispanic or Latino

? [F1]   ◆ Race
Enter all that apply, separate with commas
- □ 1. White
- □ 2. Black or African American
- □ 3. Asian
- □ 4. Native Hawaiian or Other Pacific Islander
- □ 5. American Indian or Alaska Native

? [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
- ○ 4. Not Applicable

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

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

Temperature in °C or °F

♦ Temperature

♦ Temperature type

- 1. Celsius
- 2. Fahrenheit

Heart and Respiratory rates

♦ Heart rate, **Enter 998 for DOPP or DOPPLER**
  (beats per minute)

♦ Respiratory rate
  (breaths per minute)

Blood pressure (Systolic and Diastolic)

♦ 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

Additional triage data

♦ 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

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

1 of 1 PRF's   MRN: 999999999   NHAMCS-100(ED) Reason

? [F1]   ♦ List the first 5 reasons for visit (i.e., symptoms, problems, issues, 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.

? [F1]   ♦ Enter the reason for visit in the look-up table.
    Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Enter the reason for visit in the look-up table.
    Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Enter the reason for visit in the look-up table.
    Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Enter the reason for visit in the look-up table.
    Enter XXX if reason cannot be found

? [F1]   ♦ Enter 0 for None/No more

? [F1]   ♦ Enter the reason for visit in the look-up table.
    Enter XXX if reason cannot be found

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

? [F1]

♦ Episode of care

- ○ 1. Initial visit to this ED for problem
- ○ 2. Follow-up visit to this ED for problem
- ○ 3. Unknown

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

? [F1]

♦ Is this visit related to an injury/trauma, overdose, poisoning, or adverse effect of medical treatment?

- ○ 1. Yes, injury/trauma   ○ 5. Unknown
- ○ 2. Yes, poisoning
- ○ 3. Yes, adverse effect of medical treatment
- ○ 4. No

♦ Did the injury/trauma, overdose, or poisoning occur within 72 prior to the date and time of this visit?

- ○ 1. Yes
- ○ 2. No
- ○ 3. Unknown
- ○ 4. Not Applicable

♦ Is this injury/overdose/poisoning intentional?

- ○ 1. Yes, self inflicted
- ○ 2. Yes, assault
- ○ 3. No, unintentional (e.g. accidental)
- ○ 4. Intent unclear

? [F1] **Cause of injury/trauma, overdose, poisoning, or adverse effect.**

♦ Describe the place and circumstances that preceded the injury, poisoning, or adverse effect.
Examples:
1. Injury (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider)
2. Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting)
3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

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1 of 1 PRF's   MRN: 999999999   NHAMCS-100(ED) Diagnosis

? [F1]
♦ As specifically as possible, list diagnoses related to this visit including chronic conditions.   List PRIMARY diagnosis first.

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1]
♦ Enter 0 if no other diagnoses

? [F1]
♦ As specifically as possible list diagnoses related to the visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

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

? [F1]
♦ Does patient have: (Enter all that apply, separate with commas)

☐ 1. Alcohol abuse
☐ 2. Alzheimer's disease/Dementia
☐ 3. Asthma
☐ 4. Cancer
☐ 5. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)
☐ 6. Chronic kidney disease (CKD)
☐ 7. Chronic obstructive pulmonary disease (COPD)
☐ 8. Congestive heart failure (CHF)

☐ 9. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
☐ 10. Depression
☐ 11. Diabetes mellitus (DM) - Type I
☐ 12. Diabetes mellitus (DM) - Type II
☐ 13. Diabetes mellitus (DM) - Type unspecified
☐ 14. End-stage renal disease (ESRD)
☐ 15. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)

☐ 16. HIV Infection/AIDS
☐ 17. Hyperlipidemia
☐ 18. Hypertension
☐ 19. Obesity
☐ 20. Obstructive sleep apnea (OSA)
☐ 21. Osteoporosis
☐ 22. Substance abuse
☐ 23. None of the above

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

? [F1]

♦ Diagnostic Services

Enter all Examinations/Screenings,
Laboratory tests, Imaging, Procedures,
Treatments, and Health education/Counseling
ORDERED or PROVIDED.

☐ 1. NONE

Blood tests:
☐ 2. Arterial blood gases
☐ 3. BAC (blood alcohol concentration)
☐ 4. Blood culture
☐ 5. BNP (brain natriuretic peptide)
☐ 6. BUN/Creatinine
☐ 7. Cardiac enzymes
☐ 8. CBC
☐ 9. D-dimer
☐ 10. Electrolytes

☐ 11. Glucose
☐ 12. Lactate
☐ 13. Liver function tests
☐ 14. Prothrombin time/INR
☐ 15. Other blood test

Other tests:
☐ 16. Cardiac monitor
☐ 17. EKG/ECG
☐ 18. HIV test
☐ 19. Influenza test
☐ 20. Pregnancy/HCG test
☐ 21. Toxicology screen

☐ 22. Urinalysis (UA)
☐ 23. Urine culture
☐ 24. Wound culture
☐ 25. Other test/service

Imaging:
☐ 26. X-ray
☐ 27. CT scan
☐ 28. MRI
☐ 29. Ultrasound
☐ 30. Other imaging

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

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

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

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

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? [F1]

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

☐ 1. NONE
☐ 2. BPAP/CPAP
☐ 3. Bladder catheter
☐ 4. Cast, splint, wrap
☐ 5. Central line
☐ 6. CPR
☐ 7. Endotracheal intubation
☐ 8. Incision & drainage (I&D)
☐ 9. IV fluids

☐ 10. Lumbar puncture
☐ 11. Nebulizer therapy
☐ 12. Pelvic exam
☐ 13. Skin adhesives
☐ 14. Suturing/Staples
☐ 15. Other

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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 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]			

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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 DOPPLER** (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

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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

- ☐ 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

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

- ☐ 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

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

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

? [F1] ♦ Date of observation unit discharge

♦ Time of observation unit discharge
Enter HH:MM AM/PM/ML

♦ Date of ED departure

♦ Time of ED departure
Enter HH:MM AM/PM/ML

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

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

? [F1] ♦ Admitted to

- ○ 1. Critical care unit
- ○ 2. Stepdown unit
- ○ 3. Operating room
- ○ 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