**Attachment M**

**Changes to 2015 NHAMCS Emergency Department Patient Record Form (PRF)**

Proposed changes are indicated in **RED**; variable names are in [ ].

* Modified-Injury/Poisoning/Adverse Effect Questions [INJURY]

|  |  |
| --- | --- |
| **Old**   * Is this visit related to an injury, poisoning, or adverse effect of medical treatment?  1. Yes, injury 2. Yes, poisoning 3. Yes, adverse effect of medical/surgical care or adverse effect of medicinal drug 4. No 5. Unknown | **New**   * Is this visit related to an injury/**trauma**, **overdose**/poisoning, or adverse effect of medical/**surgical** treatment?  1. Yes, injury**/trauma** 2. Yes, **overdose/**poisoning 3. Yes, adverse effect of medical **or** surgical **treatment** or adverse effect of medicinal drug 4. No 5. Unknown |
| **Old**   * Did this injury or poisoning occur within 72 hours priors to the date and time of this visit?  1. Yes 2. No 3. Unknown 4. Not applicable | **New**   * Did the injury/**trauma,** **overdose**/ poisoning, **or adverse effect** occur within 72 hours prior to the date and time of this visit?  1. Yes 2. No 3. Unknown 4. Not applicable |
| **Old**   * Is this injury or poisoning intentional or unintentional?   + - 1. Intentional       2. Unintentional (e.g., accidental)       3. Intent unclear | **New**   * Is this injury/**trauma,** **overdose**/ poisoning, **or adverse effect** intentional or unintentional?  1. Intentional 2. Unintentional (e.g., accidental) 3. Intent unclear |
|  | **New**   * **Was the intent of the injury:**  1. **Suicide attempt with intent to die** 2. **Intentional self-harm without intent to die** 3. **Unclear if suicide attempt or intentional self-harm without intent to die** 4. **Intentional harm inflicted by another person (e.g., assault, poisoning)** |
| **Old**  Cause of injury/trauma, overdose, poisoning, or adverse effect. | **New**  Cause of injury/trauma, overdose**/**poisoning, or adverse effect **of medical/surgical treatment** |

* Modified-Checkbox list of patient’s underlying chronic conditions [PAT\_HAVE]

|  |  |
| --- | --- |
| **Regardless of the diagnoses previously entered, does the patient now have** - | |
| *Mark all that apply.* |  |
| **Old** | **New** |
| Alcohol abuse | Alcohol **misuse, abuse, or dependence** |
| Alzheimer's disease/Dementia | Alzheimer's disease/Dementia |
| Asthma | Asthma |
| Cancer | Cancer |
| Cerebrovascular disease/stroke (CVA) 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 (CHF) | 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) |
| Depression | Depression |
| End-stage renal disease (ESRD) | End-stage renal disease (ESRD) |
| Diabetes mellitus (DM), Type I | Diabetes mellitus (DM), Type I |
| Diabetes mellitus (DM), Type II | Diabetes mellitus (DM), Type II |
| Diabetes mellitus (DM), Type Unspecified | Diabetes mellitus (DM), Type Unspecified |
| History of pulmonary embolism (PE) 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 |
| Obesity | Obesity |
| Obstructive sleep apnea (OSA) | Obstructive sleep apnea (OSA) |
| Osteoporosis | Osteoporosis |
| Substance abuse | Substance abuse **or dependence** |
| None of the above | None of the above |

* Modified-Diagnostic Services Ordered or Provided [DIAG\_SERVICES]

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

* NONE

**Blood tests:**

* Arterial blood gases
* BAC (blood alcohol concentration)
* **Basic metabolic panel (BMP)**
* Blood culture
* BNP (brain natriuretic peptide)
* BUN/Creatinine
* Cardiac enzymes
* CBC
* **Comprehensive metabolic panel (CMP)**
* D-dimer
* Electrolytes
* Glucose
* Lactate
* Liver function tests
* Prothrombin time/INR
* Other blood test

**Other tests:**

* Cardiac monitor
* EKG/ECG
* HIV test
* Influenza test
* Pregnancy/HCG test
* **Throat culture**
* Toxicology screen
* Urinalysis
* Urine culture
* Wound culture
* **Other culture**
* Other test/service

**Imaging:**

* X-ray
* CT scan  
  - Abdomen/Pelvis  
  - Chest  
  - Head  
  - Other

Was CT ordered/provided with intravenous (IV) contrast?  
- Yes  
- No  
- Unknown

* MRI  
  Was MRI ordered/provided with intravenous (IV) contrast   
  (also written as “with gadolinium” or “with gado”)?  
  - Yes  
  - No  
  - Unknown
* Ultrasound  
  Who performed the ultrasound?  
  - Emergency physician  
  - Other provider
* Other imaging