**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