Appendix F: Medical Chart Abstraction Form



Form Approved
OMB No. 0923-0051
Exp. Date 03/31/2018

Medical Chart Abstraction Form

□ Myocardial infarction _____

	Date of Review	v: / / Data er	ntered://
Patient Name:			
Address: Street: Telephone (Home	City:)(Cell)	State: Z (Work)(ip: Other)
Patient Demographics			
DOB://	Sex: □ Male □ Female □ N/A	Ethnicity: 🗆 Hispanic 🗆 Not Hi	spanic
	/Medicaid/Government program ther:	Race: (check all that apply) □ American Indian/ Alaskan Na □ Native Hawaiian/ Pacific Islan	
Visit Information			
Date of Visit://	Time of arrival::	□ am □ pm	
Chief Complaint:			
Mode of arrival: - Helicopter - Ambulance - POV - Public transportation (bus - On foot - Other:	, taxi, etc.)	Was the patient admitted? If yes, Admitted to monitor # Days: Admitted to unmoni # Days:	red ward or ICU _ tored ward
Initial Vital Signs: Height: _	cm 🗆 in Weight:	□ kg □ lb	
Temp (°F): Heart	Rate: Respiratory Rate:	BP (mmHg):/	
O ₂ sat:Suppleme	ental O_2 ? $\Box Y \Box N \Box N/A$ If yes, de	livery method:	
Medical History (check all th	nat apply)		
□ Asthma □ Co □ COPD □ Bi □ Depression □ Pi □ Diabetes □ To		Medications:	
□ Malignancy			

This information is collected under the authority Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 and the Public Health Service Act (42 USC Sec. 301 [241]). ATSDR estimates the average public reporting burden of this collection of information as 30 minutes per response, including the 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 currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

Signs and Symptoms

Check box if sign or symptom is present in the medical record (for this encounter). If date of onset is different from date of presentation, indicate in date column.

Sign/Symptom	рате	Sign/Symptom	Date
General		Gastrointestinal	
□ Chills	/	□ Abdominal pain	//
□ Fever (>100.4 °F)	/	□ Anorexia	//
□ Fatigue/Malaise		□ Constipation	/ /
☐ Hypothermia (<95.0 °F)	/	□ Diarrhea	/
□ Other:		□ Nausea	
□ Other:		□ Vomiting	
□ Other:			
		Nervous System	
Eye		□ Ataxia	//
□ Corneal abrasion	//	□ Confusion	
☐ Increased tearing	/	☐ Dizzy/Vertigo	
☐ Irritation/Pain	//	☐ Fainting	//
	//	☐ Fasciculations	/
□ Itching/Pruritis	//		//
□ Miosis	//	☐ Headache	/
□ Mydriasis	//	☐ Hyperactive/anxiety/irritable	//
□ Visual changes	//	□ Lightheaded	/
□ Other:	//	□ Loss of balance	/
		□ Memory loss	/
Cardiovascular		□ Muscle pain	//
□ Bradycardia	//	□ Muscle rigidity	//
□ Cardiac arrest/_	/	□ Muscle weakness	/
□ Chest pain	//	□ Paralysis	//
☐ Hypertension	//	□ Peripheral neuropathy	//
☐ Hypotension	//	□ Salivation	//
□ Palpitations	//	□ Tingling/Numbness	//
□ Tachycardia	//	□ Other:	//
□ Other:	/		
		Skin	
Respiratory		□ Burns	//
☐ Chest tightness	/ /	□ Edema/Swelling	//
□ Cough	/	□ Erythema/Redness/Flushing	//
☐ Cyanosis	/ /	☐ Hives/Welts	//
□ Dyspnea/ SOB		□ Irritation/Pain	//
☐ Hyperventilation/Tachypnea	//	□ Itching/Pruritis	//
□ Lower airway pain/irritation	//	□ Rash	//
□ Nose bleed		□ Other:	//
□ Pleuritic chest pain			
□ Phlegm/Congestion			
= = =	/		
□ Runny nose	//		
□ Stridor	//		
□ Upper airway pain/irritation	/		
□ Wheezing	/ /		

If yes, where was	econtaminated? □ Yes □ N the patient decontaminate eld/At site ital	How was the patient decontaminated? (check all that appl ☐ Clothing removed ☐ Water ☐ Soap and water ☐ N/A ☐ Other:			
Imaging			Contras	Acute	
Date	Type of Imaging	Location	t	Findings	Description of Acute Findings
//	□ X-ray □ CT □ MRI □ Other:		□ Y □ N	□ Y □ N	
//	□ X-ray □ CT □ MRI □ Other:		□ Y □ N	□Y □N	
//	□ X-ray □ CT □ MRI □ Other:		□ Y □ N	□Y □N	
//	□ X-ray □ CT □ MRI □ Other:		□ Y □ N	□Y □N	
		1	1		
EKG Date	Findings	Dogoria	tion of EKG F	indings	
Date//	Findings UNNL Abnl, consistent Abnl, new UNL Abnl, consistent	:	LIGIT OF ENG P	шишдэ	
	□ Abnl, new				

WNL- within normal limits

Abnl, consistent- Abnormal finding, consistent with medical history or previous disease

Abnl, new- Abnormal finding, may indicate the presence of new disease

Lab Values (See key below for check box explanations)

Lab	d actual value if it is in	Repeat Lab Values			
Na	□ WNL		Time::	патпрт	
	□ Abnl, CI	,,		[
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure			p	
	□ Abnl, other				
K	□ WNL	Date: / /	Time::	□ am □ pm	
	□ Abnl, CI	,,		[
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure			[
	□ Abnl, other				
Cl	□ WNL	Date: / /	Time::	□ am □ pm	
	□ Abnl, CI			•	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	□ Abnl, exposure			•	
	□ Abnl, other				
HCO ₃	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, exposure				
	□ Abnl, other				
BUN	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ 🗆 am 🗆 pm	
	□ Abnl, exposure				
	□ Abnl, other				
Cr	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, CI				
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	☐ Abnl, exposure				
01	☐ Abnl, other		—•		
Glu	□ WNL	Date: / /	Time::	_ □ am □ pm	
	□ Abnl, Cl	Data: / /	Time a.		
	□ Abnl, C Dz	Date: / /	Time::	_ □ am □ pm	
	□ AbnI, exposure □ AbnI, other				
Hgb		Date: / /	Time::	п эт п nm	
TIGO	□ Abnl, Cl	Datc / /	'''''.		
	□ Abnl, C Dz	Date: / /	Time::	□ am □ nm	
	☐ Abnl, exposure	Date: / /			
	□ Abnl, other				
Hct	□ WNL	Date: / /	Time::_	патпрт	
. 100	□ Abnl, Cl			a p	
	□ Abnl, C Dz	Date: / /	Time::	□ am □ pm	
	☐ Abnl, exposure		······-·	_ · · · · · · · · · · · · · · · · · · ·	
	□ Abnl. other				

WBC	□ WNL	Date: _	_/_	_/	Time: _	:	_ 🗆 am 🗆 pm	
	□ Abnl, CI							
	□ Abnl, C Dz	Date: _	_/_	_/	Time: _	:	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure							
	□ Abnl, other							
Plts	□ WNL	Date:	/	/	Time:	:	_ □ am □ pm	
	□ Abnl, CI						- ·	
	□ Abnl, C Dz	Date:	/	/	Time:	:	_ □ am □ pm	
	☐ Abnl, exposure	_					- '	
	☐ Abnl, other							
Ca ²⁺	□ WNL	Date:	/	/	Time:	•	_ 🗆 am 🗆 pm	
	□ Abnl, Cl	Buttor _		_ ′		·		
	□ Abnl, C Dz	Date	/	/	Time	•	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure	Date	_ ′	_′		·	_ 🗆 am 🗅 pm	
	☐ Abnl, other							
AST		Date		/	Time	•		
431	□ Abnl, Cl	Date	— ′ —	_ ′	1111C	•		
	□ Abnl, C Dz	Date	/	/	Timo	•	_ 🗆 am 🗆 pm	
	☐ Abnl, exposure	Date	_ /	_/	Tille	·		
	☐ Abnl, other							
ALT		Data		/	Times		am _ pm	
ALI	□ WNL	Date: _	_ /	_ /	nine: _	:		
	□ Abnl, Cl	Data	,	,	Timo		5 am 5 nm	
	□ Abnl, C Dz	Date: _	_ /	_ /	nine: _	·_	_ 🗆 am 🗆 pm	
	□ Abnl, exposure							
	☐ Abnl, other							
Tatal Dili	_ \A/\ II	Data		,	T:			
Total Bili	□ WNL	Date: _	_/_	_/	Time: _	:	_ 🗆 am 🗆 pm	
Total Bili	□ Abnl, CI							
Total Bili	□ Abnl, Cl □ Abnl, C Dz						_	
Total Bili	□ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure							
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: _	_/_	_/	Time: _	:	_ □ am □ pm	
Total Bili ——— Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL	Date: _	_/_	_/	Time: _	:		
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI	Date:	_/_	_/	Time: _	:	_	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz	Date:	_/_	_/	Time: _	:	_ □ am □ pm	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure	Date:	_/_	_/	Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other	Date: _ Date: _ Date: _	_/_	_/	Time: _ Time: _	:	_	
	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL	Date: _ Date: _ Date: _	_/_	_/	Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Other	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, Exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, c Dz □ Abnl, C Dz	Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, C Dz	Date: Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, Other	Date: Date: Date: Date:	_/_	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, Other	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, CI □ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, Other	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, Other	Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, Cl □ Abnl, Cl □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, exposure	Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other: Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, c Dz □ Abnl, c Dz □ Abnl, other	Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other: Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, CDz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, other □ WNL □ Abnl, Other □ WNL □ Abnl, C Dz □ Abnl, Other □ WNL	Date: Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _ Time: _	:	_	
Alk Phos Other: Other:	□ Abnl, CI □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, Cl □ Abnl, Cl □ Abnl, CDz □ Abnl, C Dz □ Abnl, C Dz □ Abnl, exposure □ Abnl, C Dz □ Abnl, exposure □ Abnl, other □ WNL □ Abnl, C Dz	Date: Date: Date: Date: Date: Date: Date:	_/	_/	Time: _ Time: _ Time: _ Time: _ Time: _ Time: _	:	_	

Urinalysis				
	Date: / /	Repeat Lab Values (if	necessary)	
pН	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ AbnI, other			
Specific Gravity	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ Abnl, other			
Protein	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ Abnl, other			
Glucose	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ Abnl, other			
Ketones	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	☐ Abnl, other			
WBC	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	□ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	☐ Abnl, other			
RBC	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	☐ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ Abnl, other			
Bilirubin	□ WNL			
	□ Abnl, CI	Date: / /	Time:: □ am □ pm	
	□ Abnl, C Dz			
	☐ Abnl, exposure	Date: / /	Time:: □ am □ pm	
	□ Abnl, other			

WNL- Within normal limits

Abnl, CI- Abnormal, Clinically insignificant (To be determined with NCEH Toxicologists)

 $\label{lem:consistent} \mbox{ AbnI, C Dz- Abnormal finding, consistent with documented chronic disease}$

Abnl, exposure- Abnormal finding, potentially associated with the exposure

Abnl, other- Clinically significant abnormality, related to other disease process

	Predicted Value	Measured Value	% Predicted			
Forced Vital Capacity						
Forced Expiratory Volume						
(FEV ₁)						
FEV ₁ /FVC						
Peak Expiratory Flow Rate						
Forced Inspiratory Vital						
Capacity						
Forced Expiratory Flow						
. ,	1		1			
Arterial Blood Gas (ABG) Flo	w Sheet					
Date	Date	Date	Date	Date		
Time	Time	Time	Time			
pH	pH	pH	pН			
pO_2	pO ₂	pO ₂	pO ₂			
pCO ₂	pCO ₂	pCO ₂	pCO ₂			
HCO₃ ⁻	HCO ₃	HCO ₃	HCO ₃			
O ₂ sat	O ₂ sat	O₂ sat	O ₂ sat			
Supplemental O ₂	Supplemental O ₂	Supplemental O ₂	Supplemental	O ₂		
□ Y □ N □ N/A	_ Y _ N _ N/A	□ Y □ N □ N/A				
If Yes,	If Yes,	If Yes,	If Yes,			
□ NC/FM	□ NC/FM	□ NC/FM	□ NC/F	M		
□ NRB	□ NRB	□ NRB	□ NRB			
□ CPAP	□ CPAP	□ CPAP	□ CPAP			
□ CFAF			□ Mechanical Ven			
□ Mechanical Vent.	□ Mechanical Vent.	□ Mechanical Vent.	1			
□ Mechanical Vent.	□ Mechanical Vent.		on)	hanical Vent. Continued		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent.	□ Mechanical Vent.	□ Mechanical Vent.	on)	hanical Vent. Continued		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medication) Name	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medicatio	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
Medications (new medication) Name Consults	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
Medications (new medication) Name Consults	□ Mechanical Vent. ns that were initiated or presc	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
Medications (new medication) Name Consults	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology:	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology:	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology:	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ □ Dermatology: □ □ Dermatology: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ns that were initiated or prescuring indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ □ Dermatology: □ □ Dermatology: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ Dermatology: □ ENT:	Indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ Dermatology: □ ENT:	Indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ Dermatology: □ ENT:	Indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		
□ Mechanical Vent. Medications (new medications) Name Consults □ Cardiology: □ Dermatology: □ ENT:	Indication	□ Mechanical Vent.	on) Given during	hanical Vent. Continued after		

□ Poison Control:
□ Psychiatry:
□ Social Work:
□ Surgery:
□ Other:
Outcomes
Primary Diagnosis:
Secondary Diagnosis:
ICD-9 Codes 1 2 3
4 5 6
Discharge
□ LWBS □ Discharged from ED: Date:/ Time:: □ am □ pm
□ Admitted: / Discharge information: Date: / / Time:: □ am □ pm
□ Died: / Cause of death:
□ Other:

LWBS- Left without being seen