Attachment F: Emergency Department Patient Record

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2016 EMERGENCY DEPARTMENT PATIENT RECORD

OMB No. 0920-0278; Expiration date 02/28/2018

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PATIENT INFORMATION

Patient medical record number	PATIENT_NUMBER	**Zip Code**	PATZIP

	Date of Visit	Time	a.m.	p.m.	Mil.
Arrival	☐☐ - ☐☐ - ☐☐ Mm VDATE dd yy	☐☐ : ☐☐ A_TIME	☐	☐	☐
First provider (physician/APRN/PA) contact	☐☐ - ☐☐ - ☐☐ mmTSDATEdd yy	☐☐ : ☐☐ TS_TIME	☐	☐	☐
ED Departure	☐☐ - ☐☐ - ☐☐ mmEDDATEdd yy	☐☐ : ☐☐ ED_TIME	☐	☐	☐

Patient Residence RESIDNCE
1 ☐ Private residence
2 ☐ Nursing home
3 ☐ Homeless/Homeless shelter
4 ☐ Other
5 ☐ Unknown

Date of Birth BDATE

Month		Day		Year		

Age AGE / AGET

☐

1 ☐ Years
2 ☐ Months
3 ☐ Days

Sex SEX
1 ☐ Female
2 ☐ Male

Ethnicity ETHNIC
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Race – *Mark (X) all that apply.*
1 ☐ White MULTIRACE
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

Arrival by ambulance ARRIVE
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Was patient transferred from another hospital or freestanding emergency/urgent care facility? AMBTRANSFER
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Expected source(s) of payment for this visit. Mark (X) all that apply. PAY_SOURCE
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

TRIAGE

Initial vital signs

Temperature	Heart rate/Pulse	Respiratory rate	Blood Pressure (Systolic / Diastolic)
TEMP	PULSE beats per minute 998 = DOPP, DOPPLER	RESPR breaths per minute	BPSYS / BPDIAS

Pulse oximetry	Triage level (1-5)	Pain scale (0-10)
POPCT	IMMED	PAIN

PREVIOUS CARE

Was patient seen in *this* ED in the last 72 hours? SEEN72
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

(%)	Enter 0 if No triage Enter 99 if Unknown	Enter 99 if Unknown

REASON FOR VISIT

List the first 5 reasons for visit (i.e., complaint(s), symptom(s), problem(s), concern(s) of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history or history of present illness (HPI) for additional reasons. (Enter 0 for None/No more.) For each reason, use the lookup list to code the entry.

(1) Most important:	VRFV1/VRFV1_LKUP
(2) Other:	VRFV1/VRFV1_LKUP
(3) Other:	VRFV1/VRFV1_LKUP
(4) Other:	VRFV1/VRFV1_LKUP
(5) Other:	VRFV1/VRFV1_LKUP

Episode of care EPISODE

1 ☐ Initial visit to this ED for problem

2 ☐ Follow-up visit to this ED for problem

3 ☐ Unknown

INJURY/TRAUMA/OVERDOSE/POISONING/ADVERSE EFFECT

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

1 ☐ Yes, injury/trauma
2 ☐ Yes, poisoning/overdose
3 ☐ Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
4 ☐ No
5 ☐ Unknown

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

INJURY72

1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Is this injury/trauma or overdose/poisoning intentional or unintentional? INTENTO

1 ☐ Intentional
2 ☐ Unintentional (e.g., accidental)
3 ☐ Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?
INTENTYP

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)
5 ☐ Intent unclear

Cause of injury/trauma; overdose/poisoning by drug or non-drug toxic substance; or adverse effect of medical/surgical treatment – Describe the place and circumstances that preceded the injury/trauma, overdose/poisoning, or adverse effect. The following are examples of each: injury (e.g., pedestrian struck by car driven on a highway by drunk driver— indicate location of occurrence, e.g., street, highway, driveway, parking lot); overdose/poisoning by drug (e.g., patient injected heroin in nightclub restroom and overdosed); non-drug toxic substance (e.g., child swallowed bleach at home); adverse effect (e.g., patient developed swelling of the throat after taking their medication). Enter the primary cause on the first line, followed by the contributing causes. Up to 5 causes may be entered.

(1) VCAUSE

DIAGNOSIS

As specifically as possible, list all diagnoses related to this visit, including chronic conditions. List primary diagnosis first.

ICD-9-CM Code	

(1) Primary diagnosis:	VDIAG1 / VDIA1G_LKUP	DIAG1	●
(2) Other:	VDIAG2 / VDIAG2_LKUP	DIAG2	●
(3) Other:	VDIAG3 / VDIAG3_LKUP	DIAG3	●
(4) Other:	VDIAG4 / VDIAG4_LKUP	DIAG4	●
(5) Other:	VDIAG5 / VDIAG5_LKUP	DIAG5	●

Regardless of the diagnoses previously entered, does the patient now have: Mark (X) all that apply.
PAT_HAVE

1 ☐ Alcohol abuse, misuse, or dependence
2 ☐ Alzheimer's disease/Dementia
3 ☐ Asthma
4 ☐ Cancer
5 ☐ Cerebrovascular disease/History of 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), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
16 ☐ HIV infection/AIDS
17 ☐ Hyperlipidemia
18 ☐ Hypertension
19 ☐ Obesity
20 ☐ Obstructive sleep apnea (OSA)
21 ☐ Osteoporosis
22 ☐ Substance abuse or dependence
23 ☐ None of the above

DIAGNOSTIC SERVICES

Mark (X) all ORDERED or PROVIDED at this visit. DIAG_SERVICES1-34

1 ☐ NONE

Laboratory tests:

2 ☐ ABG (Arterial blood gases)
3 ☐ BAC (Blood alcohol concentration)
4 ☐ BMP (Basic metabolic panel)
5 ☐ BNP (Brain natriuretic peptide)
6 ☐ CBC (Complete blood count)
7 ☐ CE (Cardiac enzymes)
8 ☐ CMP (Comprehensive metabolic panel)
9 ☐ Creatinine/Renal function panel
10 ☐ Culture, blood
11 ☐ Culture, throat
12 ☐ Culture, urine
13 ☐ Culture, wound
14 ☐ Culture, other
15 ☐ D-dimer
16 ☐ Electrolytes
17 ☐ Glucose, serum
18 ☐ Lactate
19 ☐ Liver enzymes / Hepatic function panel
20 ☐ Prothrombin time (PT/PTT/INR)
21 ☐ Other blood test

Other tests:

22 ☐ Cardiac monitor
23 ☐ EKG/ECG
24 ☐ HIV test
25 ☐ Influenza test
26 ☐ Pregnancy/HCG test
27 ☐ Toxicology screen
28 ☐ Urinalysis (UA) or urine dipstick
29 ☐ Other test/service

Imaging:

30 ☐ X-ray
31 ☐ CT scan

What body site was scanned during the CT scan? CT_SCAN
Mark (X) all that apply
1. ☐ Abdomen/Pelvis
2. ☐ Chest
3. ☐ Head
4. ☐ Other

Was CT ordered or provided with intravenous (IV) contrast? CT_SCANIV
1. ☐ Yes
2. ☐ No
3. ☐ Unknown

32 ☐ MRI

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

33 ☐ Ultrasound

Who performed the ultrasound? ULTRASOUND
1. ☐ Emergency physician
2. ☐ Other
3. ☐ Unknown

34 ☐ Other Imaging

PROCEDURES

Mark (X) all procedures PROVIDED at this visit. Exclude medications. PROC_PROV

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

MEDICATION(S) & IMMUNIZATION(S)

Enter drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.			Given in ED	Rx at discharge	Both given in ED and Rx at discharge
(1)	VMED1 VMEDOTH1	GPMED1 →	1 ☐	2 ☐	3 ☐
(2)	VMED2 VMEDOTH2	GPMED2 →	1 ☐	2 ☐	3 ☐
(3)	VMED3 VMEDOTH3	GPMED3 →	1 ☐	2 ☐	3 ☐
(4)	VMED4 VMEDOTH4	GPMED4 →	1 ☐	2 ☐	3 ☐
(5)	VMED5 VMEDOTH5	GPMED5 →	1 ☐	2 ☐	3 ☐
(6)	VMED6 VMEDOTH6	GPMED6 →	1 ☐	2 ☐	3 ☐
(7)	VMED7 VMEDOTH7	GPMED7 →	1 ☐	2 ☐	3 ☐
(8)	VMED8 VMEDOTH8	GPMED8 →	1 ☐	2 ☐	3 ☐
(9)	VMED9 VMEDOTH9	GPMED9 →	1 ☐	2 ☐	3 ☐
(10)	VMED10 VMEDOTH10	GPMED10 →	1 ☐	2 ☐	3 ☐
(…)	…		1 ☐	2 ☐	3 ☐
(30)	VMED30 VMEDOTH30	GPMED30 →	1 ☐	2 ☐	3 ☐

LAST VITAL SIGNS TAKEN

Does the e chart contain vital signs taken after triage

1. ☐ Yes
2. ☐ No
3. ☐ Unknown VITALS2

Temperature	Heart rate/Pulse	Respiratory rate	Blood Pressure
Temp2	Pulse2 beats per minute 998= DOPP, DOPPLER	Respr2 breaths per minute	Systolic BPSYS2 / Diastolic BPDIAS2

PROVIDERS

Mark (X) all providers seen at this visit. PROV_SEEN

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

VISIT DISPOSITION

Mark (X) all that apply. VISIT_DISP

1 ☐ No follow-up planned
2 ☐ Return to ED
3 ☐ Return/Refer to physician/clinic for FU
4 ☐ Left without being seen (LWBS)
5 ☐ Left before treatment complete (LBTC)
6 ☐ Left AMA
7 ☐ DOA
8 ☐ Died in ED
9 ☐ Return/Transfer to nursing home
10 ☐ Transfer to psychiatric hospital
11 ☐ Transfer to other non-psychiatric hospital
12 ☐ Admit to this hospital
13 ☐ Admit to observation unit then hospitalized
14 ☐ Admit to observation unit then discharged
15 ☐ Other

HOSPITAL ADMISSION

Admitted to: ADMIT

1 ☐ Critical care unit
2 ☐ Stepdown unit
3 ☐ Operating room

Date and time of admit order

Month	Day	Year				Time	a.m.	p.m.	Military
ADMDATE		2	0	1			☐	☐	☐

4 ☐ Mental health or detox unit
5 ☐ Cardiac catheterization lab
6 ☐ Other bed/unit
7 ☐ Unknown

Date and time of hospital discharge

Month	Day	Year				Time	a.m.	p.m.	Military
DDATE		2	0	1			☐	☐	☐

Admitting physician: ADMTPHYS

1 ☐ Hospitalist
2 ☐ Not hospitalist
3 ☐ Unknown

Hospital discharge status HDSTAT

1 ☐ Alive
2 ☐ Dead
3 ☐ Unknown

OBSERVATION UNIT STAY

Hospital discharge disposition ADISP

1 ☐ Home/Residence
2 ☐ Return/Transfer to nursing home
3 ☐ Return/Transfer to jail/prison/law enforcement
4 ☐ Transfer to another facility (not usual place of residence)
5 ☐ Other
6 ☐ Unknown

Date and time of observation unit/ care initiation order

Month	Day	Year				Time	a.m.	p.m.	Military
OBINDATE		2	0	1			☐	☐	☐

Date and time of observation unit/ care discharge order

Month	Day	Year				Time	a.m.	p.m.	Military
OBINDATE		2	0	1			☐	☐	☐