NHAMCS-173
(11-8-2019)

Form Approved: OMB No. 0920-0278
Expiration date: 06/30/2021

SAMPLE

National Hospital Ambulatory Medical Care Survey
2020 EMERGENCY DEPARTMENT PATIENT RECORD

PATIENT INFORMATION

Patient medical record number

ZIP Code

Date of birth — Month | Day | Year

Date and time of visit

	Month	Day	Year	Time	a.m.	p.m.	Military
Arrival			2020	:	☐	☐	☐
First provider (physician/APRN/PA) contact			2020	:	☐	☐	☐
ED departure			2020	:	☐	☐	☐

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

Sex
1 ☐ Female
2 ☐ Male

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

Age
☐☐
1 ☐ Years
2 ☐ Months
3 ☐ Days

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

Arrival by ambulance
1 ☐ Yes → *SKIP to Expected source(s) of payment*
2 ☐ No
3 ☐ Unknown

Was patient transferred from another hospital or urgent care facility?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
4 ☐ Not applicable

Expected source(s) of payment for THIS VISIT – *Mark (X) all that apply.*
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 ☐☐.☐ 1 ☐ °C 2 ☐ °F

Heart rate ☐☐☐ *Enter "998" for DOPP or DOPPLER.* beats per minute

Respiratory rate ☐☐ breaths per minute

Blood pressure Systolic ☐☐☐ / Diastolic ☐☐☐

Pulse oximetry ☐☐ % Percent of oxyhemoglobin saturation; value is usually between 80–100%.

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

Triage level (1–5) *Enter "0" if no triage. Enter "9" if unknown.* ☐

Pain scale (0–10) *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.

(1) Most important:
(2) Other:
(3) Other:
(4) Other:
(5) Other:

Episode of care
1 ☐ Initial visit to this ED for problem
2 ☐ Follow-up visit to this ED for problem
3 ☐ Unknown

INJURY

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
→ *SKIP to Diagnosis*

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

For adverse effect SKIP to Cause

Is this injury/trauma or overdose/poisoning intentional or unintentional?
1 ☐ Intentional →
2 ☐ Unintentional (e.g., accidental)
3 ☐ Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?
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, or adverse effect of medical/surgical treatment – *Describe the place and circumstances that preceded the event. Examples:* **1 –** *Injury/trauma (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider);* **2 –** *Overdose/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)*

DIAGNOSIS

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

(1) Primary diagnosis:
(2) Other:
(3) Other:
(4) Other:
(5) Other:

Does patient have – *Mark (X) all that apply.*
1 ☐ Alcohol misuse, abuse, 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 1
12 ☐ Diabetes mellitus (DM), Type 2
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

Diagnostic Services – *Mark (X) all Laboratory tests, Other tests, and Imaging ORDERED or PROVIDED.*

1 ☐ NONE

Laboratory tests:

2 ☐ Arterial blood gases (ABG)
3 ☐ BAC (Blood alcohol concentration)
4 ☐ Basic metabolic panel (BMP)
5 ☐ BNP (brain natriuretic peptide)
6 ☐ Creatinine/Renal function panel
7 ☐ Cardiac enzymes
8 ☐ CBC
9 ☐ Comprehensive metabolic panel (CMP)
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
Was CT ordered/provided with intravenous (IV) contrast?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
What body site was scanned during the CT scan? *Mark (X) all that apply.*
1 ☐ Abdomen/Pelvis
2 ☐ Chest
3 ☐ Head
4 ☐ Other

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

33 ☐ Ultrasound
Who performed the ultrasound?
1 ☐ Emergency physician
2 ☐ Other provider

34 ☐ Other imaging

PROCEDURES

Procedures – *Mark (X) all PROVIDED at this visit. (Exclude medications.)*

1 ☐ NONE
2 ☐ BiPAP/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 (LP)
11 ☐ Nebulizer therapy
12 ☐ Pelvic exam
13 ☐ Skin adhesives
14 ☐ Suturing/Staples
15 ☐ Other

MEDICATIONS & IMMUNIZATIONS

List up to 30 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

☐ NONE

When given? *Mark (X) all that apply.*

		Given in ED	Rx at discharge
(1)		1 ☐	2 ☐
(2)		1 ☐	2 ☐
(3)		1 ☐	2 ☐
(4)		1 ☐	2 ☐
(5)		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
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		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
(30)		1 ☐	2 ☐

VITALS AFTER TRIAGE

Does the chart contain vital signs taken after triage?

1 ☐ Yes
2 ☐ No

Temperature
1 ☐ °C
2 ☐ °F

Heart rate *Enter "998" for DOPP or DOPPLER.*
beats per minute

Respiratory rate
breaths per minute

Blood pressure
Systolic / Diastolic

PROVIDERS

Mark (X) all providers seen at this visit.

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

DISPOSITION

Mark (X) all that apply.

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 non-psychiatric hospital
12 ☐ Admit to this hospital
13 ☐ Admit to observation unit then hospitalized
14 ☐ Admit to observation unit, then discharged
15 ☐ Other

OBSERVATION UNIT STAY

Date and time of observation unit/care initiation order

Month | Day | Year 2 0 2 | Time : | a.m. p.m. Military

1 ☐ Unknown

Date and time of observation unit/care discharge order

Month | Day | Year 2 0 2 | Time : | a.m. p.m. Military

1 ☐ Unknown

HOSPITAL ADMISSION

Complete if the patient was admitted to this hospital at this ED visit. – *Mark (X) "Unknown" in each item, if efforts have been exhausted to collect the data.*

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

Date and time of admit order

Month | Day | Year 2 0 2 | Time : | a.m. p.m. Military

1 ☐ Unknown

Admitting physician

1 ☐ Hospitalist
2 ☐ Not hospitalist
3 ☐ Unknown

Hospital discharge date

Month | Day | Year 2 0 2

1 ☐ Unknown

Principal hospital discharge diagnosis

1 ☐ Unknown

Hospital discharge status/disposition

1 ☐ Alive →
2 ☐ Dead
3 ☐ Unknown

If Alive:
1 ☐ Home/Residence
2 ☐ Return/Transfer to nursing home
3 ☐ Transfer to another facility (not usual place of residence)
4 ☐ Other
5 ☐ Unknown