Validation of Enhanced Algorithms to Identify Opioid Use and Co-Occurring Disorders in National Hospital Care Survey (NHCS)

Abstraction Form

OMB No. 0920-0212; Expiration date 03/31/2022

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Use the below prepopulated information to locate the full medical record for the selected encounter in the hospital's EHR system. Verify that the correct medical record was selected before proceeding with abstraction.	
Hospital_ID	**XXXXXXXXXX**
Encounter_ID	**XXXXXXXXXX**
Medical Record Number (MRN)	**XXXXXXXXXXXXXXXXXX**
Setting	☐ **Emergency Department (ED)** ☐ **Inpatient (IP)**
Encounter Start Date	**DD MON YYYY**
Encounter End Date	**DD MON YYYY**
Patient Date of Birth	**DD MON YYYY**
Patient Name	**LAST, FIRST MI**
Patient Sex	**XXXXXXXXXXX**
Patient Address	**XXXXXXXXXXX**

Attachment A - Sample Abstraction Form

Answer all the following questions using only information found in the medical record for the above referenced encounter. <u>Exclude</u> encounters that occurred before or after the referenced encounter.

Question 1.	**Response**
Did the patient have at least one diagnosis related to past or present opioid use? (Select one)	☐ **Yes** ☐ **No (Skip to Question 2)**

Question 1a.	**Response**	
Which diagnosis related to past or present opioid use did the patient have? (Select all that apply) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	**<u>Opioid related disorders</u>** ☐ **Opioid abuse** ☐ **Opioid dependence** ☐ **Opioid use** **<u>Poisoning by:</u>** ☐ **Opium** ☐ **Heroin** ☐ **Other opioids** ☐ **Methadone** ☐ **Other synthetic narcotics** ☐ **Unspecified narcotics** ☐ **Other narcotics** **<u>Adverse Effect of:</u>** ☐ **Opium** ☐ **Other opioids** ☐ **Methadone** ☐ **Other synthetic narcotics** ☐ **Unspecified narcotics** ☐ **Other narcotics**	**<u>Underdosing of:</u>** ☐ **Opium** ☐ **Other opioids** ☐ **Methadone** ☐ **Other synthetic narcotics** ☐ **Unspecified narcotics** ☐ **Other narcotics** **<u>Miscellaneous Opioid Use:</u>** ☐ **Long term current use of opiate analgesic** ☐ **Finding of opiate in blood** ☐ **Newborn affected by maternal use of opiates** ☐ **Neonatal withdrawal symptoms from maternal use of drugs of addiction** ☐ **Other (please specify) _____**

Attachment A - Sample Abstraction Form

Question 1b.	Response	
Where did you find evidence of a diagnosis related to past or present opioid use? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 2.	Response
Did the patient have at least one written indication of past or present opioid use stated by the patient or provider other than the diagnosis(es) indicated in question 1? (Select one)	☐ Yes ☐ No (Skip to Question 3)

Question 2a.	Response
Describe the written indication of past or present opioid use, copy verbatim from chart when possible. (Enter up to three) ***NOTE: Excludes diagnosis(es) indicated in Question 1. Include information regarding the intent of the opioid use if documented in the record (e.g., unintentional/accidental, suicide attempt & intentional self-harm, assault).***	☐ Written indication 1 _____ ☐ Written indication 2 _____ ☐ Written indication 3 _____

Question 2b.	Response	
Where did you find evidence of the written indication of past or present opioid use? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 3.	Response
Was any drug testing performed during the encounter? (Select one)	☐ Yes ☐ No (Skip to Question 4)

Question 3a.	Response
Were any drug tests positive? (Select one)	☐ Yes ☐ No, negative for all tested substance (Skip to 3c) ☐ Don't know/No results provided (Skip to 4)

Question 3b.	Response	
Which substance(s) had positive test results? (Select all that apply)	☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Buprenorphine/ Norbuprenorphine ☐ Cannabis/Marijuana (THC) ☐ Cocaine ☐ Codeine ☐ Ethanol/Alcohol ☐ Fentanyl/Fentanyl Analogs ☐ Heroin (6-AM & 6-MAM) ☐ Hydrocodone ☐ Hydromorphone ☐ Levorphanol	☐ Methadone ☐ Methamphetamine ☐ Mitragynine (Kratom) ☐ Morphine ☐ Naloxone ☐ Naltrexone ☐ Opiates ☐ Oxycodone ☐ Oxymorphone ☐ Phencyclidine (PCP) ☐ Tramadol ☐ Tricyclic antidepressants (TCA) ☐ Other (please describe) _____

Question 3c.	Response	
Where did you find evidence of drug testing? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 4.	Response
Was at least one prescription opioid administered and/or prescribed to the patient during the encounter or listed on Past or Current Medication Lists? (Select one)	☐ Yes ☐ No (Skip to Question 5)

Question 4a.	Response	
Which prescription opioid(s) was administered and/or prescribed to the patient? (Select all that apply)	☐ Buprenorphine ☐ Codeine ☐ Fentanyl ☐ Hydrocodone ☐ Hydromorphone ☐ Levorphanol ☐ Meperidine	☐ Methadone ☐ Morphine ☐ Oxycodone ☐ Oxymorphone ☐ Tramadol ☐ Other (please describe): _____

Question 4b.	Opioid	Response		
		Prior to Encounter	Given during Encounter	Prescribed upon Discharge
When was the prescription opioid(s) administered and/or prescribed to the patient? (Select all that apply) *NOTE: Opioids administered prior to encounter include those listed on Past and Current Medication Lists*	Buprenorphine	☐	☐	☐
	Codeine	☐	☐	☐
	Fentanyl	☐	☐	☐
	Hydrocodone	☐	☐	☐
	Hydromorphone	☐	☐	☐
	Methadone	☐	☐	☐
	Morphine	☐	☐	☐
	Oxycodone	☐	☐	☐
	Oxymorphone	☐	☐	☐
	Tramadol	☐	☐	☐
	Other (please describe): _____	☐	☐	☐

Question 4c.	Response	
Where did you find evidence of opioid(s) administered and/or prescribed to the patient? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 5.	Response
Was naloxone (Narcan) administered to the patient either during the encounter or shortly before arrival? (Select one)	☐ Yes ☐ No (Skip to Question 6) ☐ Unknown (Skip to Question 6)

Question 5a.	Response
Who administered naloxone (Narcan)? (Select all that apply)	☐ EMS ☐ Firefighter ☐ Law enforcement ☐ Hospital provider ☐ Family/friend/bystander ☐ Other ☐ Unknown

Question 5b.	Response
How many doses of naloxone (Narcan) were administered? (Select one)	☐ Single ☐ Multiple ☐ Unknown

Question 5c.	Response
Did naloxone (Narcan) administration result in a positive response (e.g., increased respiration and/or increased alertness)? (Select one)	☐ Yes ☐ No ☐ Unknown

Question 5d.	Response	
Where did you find evidence of naloxone (Narcan) administration? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 6.	Response
Did the patient have at least one diagnosis related to a past or present substance use disorder? (Select one) *NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.*	☐ Yes ☐ No (Skip to Question 7)

Question 6a.	Response
Which diagnosis related to a past or present substance use disorder did the patient have? (Select all that apply) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	☐ Alcohol related disorders ☐ Opioid related disorders ☐ Cannabis related disorders ☐ Sedative, hypnotic or anxiolytic related disorders ☐ Cocaine related disorders ☐ Other stimulant related disorders ☐ Hallucinogen related disorders ☐ Nicotine dependence ☐ Inhalant related disorders ☐ Other psychoactive substance related disorders ☐ Other (please describe): _____

Question 6b.	Response	
Where did you find evidence of a diagnosis related to past or present substance use disorder? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 7.	Response
Was there at least one written indication of past or present substance use disorder stated by the patient or provider other than the diagnosis(es) indicated in question 6? (Select one)	☐ Yes ☐ No (Skip to Question 8)

Question 7a.	Response
Describe the written indication of a past or present substance use disorder, copy verbatim from chart when possible. (Enter up to three) ***NOTE: Excludes diagnosis(es) indicated in Question 6.***	☐ Written indication 1 _____ ☐ Written indication 2 _____ ☐ Written indication 3 _____

Question 7b.	Response	
Where did you find evidence of a written indication of a past or present substance use disorder? **(Select all that apply)** ***NOTE: Excludes diagnosis(es) indicated in Question 6.***	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 8.	Response
Did the patient have at least one diagnosis related to a past or present anxiety disorder? (Select one) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	☐ Yes ☐ No (Skip to Question 9)

Question 8a.	Response
Which diagnosis related to a past or present anxiety disorder did the patient have? (Select all that apply) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	☐ Social phobias ☐ Panic disorder ☐ Generalized anxiety disorder ☐ Other anxiety disorders ☐ Obsessive-compulsive disorder ☐ Acute stress reaction ☐ Post-traumatic stress disorder (PTSD) ☐ Other (please describe): _____

Question 8b.	Response	
Where did you find evidence of a diagnosis related to a past or present anxiety disorder? (Select all that apply)	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 9.	Response
Was there at least one written indication of past or present anxiety disorder stated by the patient or provider other than the diagnosis indicated in question 8? (Select one)	☐ Yes ☐ No (Skip to Question 10)

Question 9a.	Response
Describe the written indication of a past or present anxiety disorder, copy verbatim from chart when possible. (Enter up to three) *NOTE: Excludes diagnosis(es) indicated in Question 8.*	☐ Written indication 1 _____ ☐ Written indication 2 _____ ☐ Written indication 3 _____

Question 9b.	Response	
Where did you find evidence of a written indication of a past or present anxiety disorder? (Select all that apply) *NOTE: Excludes diagnosis(es) indicated in Question 8.*	☐ Allergies ☐ Assessment & Plan ☐ Chief Complaint ☐ Diagnoses ☐ Discharge Summary ☐ EMS Report ☐ Family History ☐ History of Present Illness (HPI) ☐ Lab/Toxicology ☐ Medication List ☐ Nurses Notes	☐ Past Medical History ☐ Physical Examination ☐ Problem List ☐ Progress Note ☐ Reason for Visit ☐ Review of Systems ☐ Services ☐ Social History ☐ Other (please describe): _____

Question 10.	Response
Was there at least one diagnosis related to a past or present depressive disorder? (Select one) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	☐ **Yes** ☐ **No (Skip to Question 11)**

Question 10a.	Response
Which diagnosis related to a past or present depressive disorder did the patient have? (Select all that apply) ***NOTE: Includes a diagnosis code or a diagnostic phrase, such as a label or description for a diagnosis code.***	☐ **Major depressive disorder, single episode** ☐ **Major depressive disorder, recurrent** ☐ **Personal history of self-harm** ☐ **Suicidal ideations** ☐ **Suicide attempt** ☐ **Other (please describe):** _____

Question 10b.	Response	
Where did you find evidence of a diagnosis related to a past or present depressive disorder? **(Select all that apply)**	☐ **Allergies** ☐ **Assessment & Plan** ☐ **Chief Complaint** ☐ **Diagnoses** ☐ **Discharge Summary** ☐ **EMS Report** ☐ **Family History** ☐ **History of Present Illness (HPI)** ☐ **Lab/Toxicology** ☐ **Medication List** ☐ **Nurses Notes**	☐ **Past Medical History** ☐ **Physical Examination** ☐ **Problem List** ☐ **Progress Note** ☐ **Reason for Visit** ☐ **Review of Systems** ☐ **Services** ☐ **Social History** ☐ **Other (please describe):** _____

Question 11.	Response
Was there at least one written indication of past or present depressive disorder as stated by the patient or provider other than the diagnosis indicated in question 10? (Select one)	☐ **Yes** ☐ **No (Skip to Question 12)**

Question 11a.	Response
Describe the written indication of a past or present depressive disorder, copy verbatim from chart when possible. (Enter up to three) ***NOTE: Excludes diagnosis(es) indicated in Question 10. For written indications of self-harm thoughts and behaviors, include whether they were related to a comorbidity of schizophrenia if documented in the record.***	☐ **Written indication 1 _____** ☐ **Written indication 2 _____** ☐ **Written indication 3 _____**

Question 11b.	Response	
Where did you find evidence of a written indication of a past or present depressive disorder? (Select all that apply) ***NOTE: Excludes diagnosis(es) indicated in Question 10.***	☐ **Allergies** ☐ **Assessment & Plan** ☐ **Chief Complaint** ☐ **Diagnoses** ☐ **Discharge Summary** ☐ **EMS Report** ☐ **Family History** ☐ **History of Present Illness (HPI)** ☐ **Lab/Toxicology** ☐ **Medication List** ☐ **Nurses Notes**	☐ **Past Medical History** ☐ **Physical Examination** ☐ **Problem List** ☐ **Progress Note** ☐ **Reason for Visit** ☐ **Review of Systems** ☐ **Services** ☐ **Social History** ☐ **Other (please describe):** **_____**

Question 12.	Response
Was any treatment initiated for the patient's substance use disorder (SUD), anxiety disorder and/or depressive disorder during this encounter? (Select one)	☐ **Yes** ☐ **No (Skip to Question 13)** ☐ **N/A, patient does not have a substance use disorder, anxiety disorder or depressive disorder (Skip to 13)**

Question 12a.	Response	
What treatment was initiated during this encounter? (Select all that apply)	☐ **Buprenorphine, Methadone or Naltrexone** ☐ **Admitted to a chemical dependency/detoxification unit at the hospital** ☐ **Psychotropic medication**	☐ **Admitted to a psychiatric inpatient unit at this hospital** ☐ **Brief intervention counseling** ☐ **Transferred/referred to another facility** ☐ **Other (please describe):** **_____**

Question 12b.	Response	
Where did you find evidence of treatment initiated during this encounter? **(Select all that apply)**	☐ **Allergies** ☐ **Assessment & Plan** ☐ **Chief Complaint** ☐ **Diagnoses** ☐ **Discharge Summary** ☐ **EMS Report** ☐ **Family History** ☐ **History of Present Illness (HPI)** ☐ **Lab/Toxicology** ☐ **Medication List** ☐ **Nurses Notes**	☐ **Past Medical History** ☐ **Physical Examination** ☐ **Problem List** ☐ **Progress Note** ☐ **Reason for Visit** ☐ **Review of Systems** ☐ **Services** ☐ **Social History** ☐ **Other (please describe):** **_____**

Question 13.	Response
Abstractor Notes ***Use this space to describe any issues with abstracting information for this encounter or any other pertinent information.***	