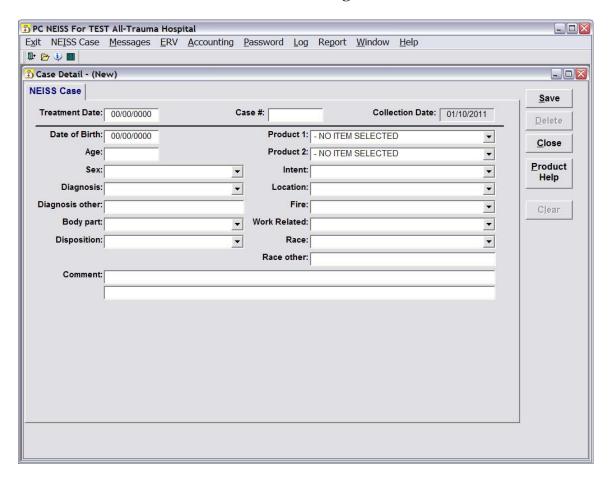**This is what the NEISS coder sees when entering a new case in PC-NEISS.**
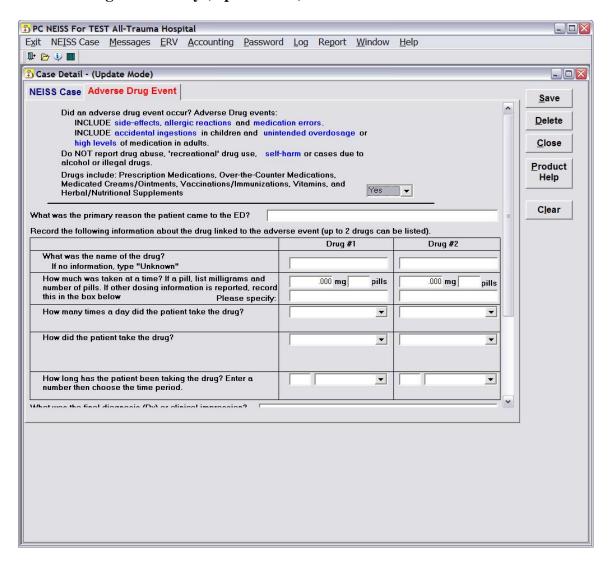
Adverse Drug Event Study (top of screen)

PC NEISS For TEST All-Trauma Hospital

Exit   NEISS Case   Messages   ERV   Accounting   Password   Log   Report   Window   Help

Case Detail - (Update Mode)

NEISS Case   **Adverse Drug Event**

Did an adverse drug event occur? Adverse Drug events:
   INCLUDE side-effects, allergic reactions and medication errors.
   INCLUDE accidental ingestions in children and unintended overdosage or
   high levels of medication in adults.
Do NOT report drug abuse, 'recreational' drug use,   self-harm or cases due to
alcohol or illegal drugs.

Drugs include: Prescription Medications, Over-the-Counter Medications,
Medicated Creams/Ointments, Vaccinations/Immunizations, Vitamins, and
Herbal/Nutritional Supplements

Yes

What was the primary reason the patient came to the ED?

Record the following information about the drug linked to the adverse event (up to 2 drugs can be listed).

	Drug #1	Drug #2
What was the name of the drug? If no information, type "Unknown"		
How much was taken at a time? If a pill, list milligrams and number of pills. If other dosing information is reported, record this in the box below Please specify:	.000 mg pills	.000 mg pills
How many times a day did the patient take the drug?		
How did the patient take the drug?		
How long has the patient been taking the drug? Enter a number then choose the time period.		

What was the final diagnosis (Dx) or clinical impression?

Save

Delete

Close

Product Help

Clear

Adverse Drug Event Study (scrolled to bottom)

PC NEISS For TEST All-Trauma Hospital

Exit   NEISS Case   Messages   ERV   Accounting   Password   Log   Report   Window   Help

Case Detail - (Update Mode)

NEISS Case   **Adverse Drug Event**

Record the following information about the drug linked to the adverse event (up to 2 drugs can be listed).

	Drug #1	Drug #2
What was the name of the drug? If no information, type "Unknown"		
How much was taken at a time? If a pill, list milligrams and number of pills. If other dosing information is reported, record this in the box below Please specify:	.000 mg pills	.000 mg pills
How many times a day did the patient take the drug?		
How did the patient take the drug?		
How long has the patient been taking the drug? Enter a number then choose the time period.		

What was the final diagnosis (Dx) or clinical impression?

What treatments were given in the ED?

If any special lab tests were ordered for the adverse drug event, which ones and what were the results?

Please record any other information describing the event

If the patient was taking other drugs, what were the names of these drugs? (May list up to 10)

Save

Delete

Close

Product Help

Clear

Child Poison Study

PC NEISS For TEST All-Trauma Hospital

Exit   NEISS Case   Messages   ERV   Accounting   Password   Log   Report   Window   Help

Case Detail - (Update Mode)

NEISS Case   Children's Poisoning

Children's Poisoning Study (Ages 0-4)

	Yes	No	Not Stated		Yes	No	Not Stated

Was Poison Control Center contacted:

prior to the ED visit?   Y   N   NS   during the ED visit?   Y   N   NS

Prior to ED visit was any other medical person or facility contacted?   Y   N   NS   Specify: _____

Any Symptom(s)?   Y   N   NS   Nausea/Vomiting?   Y   N   NS
Dizziness?   Y   N   NS   Drowsiness?   Y   N   NS
Difficulty Breathing?   Y   N   NS   Headaches?   Y   N   NS
Abdominal Pains?   Y   N   NS
Other Symptoms?   Y   N   NS   Specify: _____

Any ED Treatment(s)?   Y   N   NS   -No = observation only
Vomiting Induced?   Y   N   NS   Stomach Pump?   Y   N   NS
Char. Admn?   Y   N   NS   Art. Respiration?   Y   N   NS
Blood Transfusion?   Y   N   NS   Other Treatment?   Y   N   NS
Specify: _____

What happened to the container?   1-Thrown away   3-Not in any container
2-Kept by family/returned   0-Not stated

CRC Present?   Y   N   NS

Did the poisoning involve a drug that was administered for therapeutic use?   Y   N   NS

Save
Delete
Close
Product Help
Clear

Assault Study (top of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Assault Study**

Assault Study

		Save
1.	Time of arrival at ED (24 hour clock) [:]	**Delete**
2.	Is there evidence that the patient initiated the violent incident during which s/he was injured, e.g., started a fight, patient tried to rob someone?	**Close**
	[▼]	**Product Help**
3.	Was the patient injured while trying to intervene in a violent incident, e.g., trying to stop a fight, apprehending a purse snatcher?	**Clear**
	[▼]	

4. Was the patient a bystander or incidental victim in the assault, e.g., a child was hit while being held by his mother who was being assaulted by her boyfriend?

[▼]

5. How many individuals were involved in the assault (excluding the patient)?

[▼]

6. What was the sex of the other person(s) involved in the violent incident?   Code **Male**
    when terms such as 'he', 'man', 'boy', 'father', 'boyfriend' were used to describe the assailant.   Code **Female**
    when terms such as 'she', 'woman', 'girl', 'mother', 'girlfriend' were used to describe the assailant.

[▼]

9. Was a police report made or were the police at the scene of the incident or at the hospital?

[▼]

Assault Study (scrolled to bottom of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

NEISS Case **Assault Study**

Assault Study

6. What was the sex of the other person(s) involved in the violent incident?   Code *Male*
   when terms such as 'he', 'man', 'boy', 'father', 'boyfriend' were used to describe the assailant.   Code **Female**
   when terms such as 'she', 'woman', 'girl', 'mother', 'girlfriend' were used to describe the assailant.

9. Was a police report made or were the police at the scene of the incident or at the hospital?

10. Was a referral made to a community organization or a similar agency for some type of assistance or intervention
    (excluding CPS)?

11. Was the patient sexually assaulted?

Save

Delete

Close

Product
Help

Clear

Firearm Injury Study

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (New)

NEISS Case **Firearm Injury**

Firearm Injury Special Study

Date Injured: 00/00/000 Precision:

Marital Status:
- 1-Never Married
- 2-Married
- 3-Divorced
- 4-Separated
- 5-Widowed
- 6-Other
- 0-Not Stated

Marital Status Other:

Type of Firearm:
- 1-Handgun
- 2-Rifle
- 3-Shotgun
- 4-BB/Pellet Gun
- 5-Other
- 0-Not Stated

Firearm Other:

Manufacturer/Model:

Caliber of Firearm:

Who Caused Injury:
- 1-Self
- 2-Spouse
- 3-Ex-Spouse
- 4-Other Relative
- 5-Friend/Acquaint
- 6-Stranger
- 7-Victim Didn't See
- 8-Other
- 0-Not Stated

Other:

	Yes	No	Not Stated		Yes	No	Not Stated
Verbal Argument:	Y	N	NS	Physical Fight:	Y	N	NS
Illicit Drugs:	Y	N	NS	Other Crime:	Y	N	NS
Any Alcohol/Drug Tests:	Y	N	NS	Result (Alcohol/Drug Test):			

Transported to ER:
- 1-EMS
- 2-Ambulance
- 3-Fire/Rescue
- 4-Police Unit
- 5-Private Vehicle
- 6-Air Transport
- 7-Walk-in
- 8-Other
- 0-Not Stated

Other:

Save
Delete
Close
Product Help
Clear

NIOSH Work Study

PC NEISS For TEST All-Trauma Hospital

Exit   NEISS Case   Messages   ERV   Accounting   Password   Log   Report   Window   Help

Case Detail - (New)

NEISS Case   **NIOSH Work-Related Injury**

NIOSH Work-Related Injury

Victim's Job Title: [   ]

Kind of Business: [   ]

Name of Company: [   ]

City Where Employed: [   ]

State Where Employed: [▼]

Primary Payer Source: [▼]

Worker Employment Status: [▼]

Save

Delete

Close

Product Help

Clear

NHTSA Motor Vehicle Non-crash Study

PC NEISS For TEST All-Trauma Hospital

Exit   NEISS Case   Messages   ERV   Accounting   Password   Log   Report   Window   Help

Case Detail - (Update Mode)

NEISS Case   **NHTSA Motor Vehicle**

NHTSA Motor Vehicle Non-Crash Study

Was the victim injured in a collision or rollover?   [N - No ▾]

Please review the entire case record and provide the following information. Include all information from the ambulance run, nurse, physician, and any other source, even if some information is redundant or

Provide any additional locale information from ER record:

[   ]

Code the hazard pattern: [▾]

**Was the vehicle in motion
at the time of the incident?**   [▾]

**Was the victim in/on the vehicle
at the time of the incident?**   [▾]

Vehicle Body Type: [▾]

All information describing the vehicle from ER record (Type, make, model, year, etc.):

[   ]

Save

Delete

Close

Product
Help

Clear

Self-Inflicted Injury Study (top of screen)

PC NEISS For TEST All-Trauma Hospital

Exit NEISS Case Messages ERV Accounting Password Log Report Window Help

Case Detail - (Update Mode)

| NEISS Case | Self-inflicted Injury Study |

Self-inflicted Injury Study

1. Time of arrival at ED (24 hour clock) [:]

2. How did the patient describe his/her intent to the staff, other people, or in a (suicide) note?
(Please record most severe intent, e.g. intent to die before intent to harm oneself.)

[▼]

3. How did the staff describe or diagnose the injury event?
(Please record most severe diagnosis/description, e.g. attempt before gesture.)

[▼]

4. Were any of the listed risk factors mentioned in the ED notes?
(Please check all risk factors mentioned.)

Risk factor	Yes
One or more previous episodes of self-harm	☐
Depression	☐
Bipolar disorder	☐
Anxiety, panic attacks, post traumatic stress disorder	☐
Borderline personality disorder	☐
History of alcohol abuse	☐
History of other substance(s) abuse	☐
Other psychological/psychiatric problem, e.g. schizophrenia	☐
Other specified risk factor(s) (e.g. argument with loved one, abuse or neglect, death of a loved one, illness, money or legal problems, etc.)	☐

Buttons: Save Delete Close Product Help Clear

Self-Inflicted Injury Study (scrolled to bottom of screen)

PC NEISS For TEST All-Trauma Hospital

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Case Detail - (Update Mode)

NEISS Case   Self-inflicted Injury Study

Self-inflicted Injury Study

Anxiety, panic attacks, post-traumatic stress disorder	☐
Borderline personality disorder	☐
History of alcohol abuse	☐
History of other substance(s) abuse	☐
Other psychological/psychiatric problem, e.g. schizophrenia	☐
Other specified risk factor(s) (e.g. argument with loved one, abuse or neglect, death of a loved one, illness, money or legal problems, etc.)	☐
Please specify	

5. Was alcohol used by the patient at the time of the injury event?   [▼]

    If available: BAC level [   ]

6. Were recreational drugs (e.g. cocaine, heroin, marijuana, ecstasy) used by the patient at the time of the injury event?   [▼]

7. If the self-harm method was poisoning, please record up to four medications, drugs, or substances taken by the patient.

Name of substance involved	Amount taken (e.g. 20 tablets)
1.	
2.	
3.	
4.	

8. If the patient was admitted or transferred, please specify where s/he went.

[▼]

Save

Delete

Close

Product Help

Clear