

# SAMPLE

## National Hospital Ambulatory Medical Care Survey 2020 EMERGENCY DEPARTMENT PATIENT RECORD

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### PATIENT INFORMATION

<b>Patient medical record number</b>				<b>ZIP Code</b>				<b>Date of birth</b>				
								Month	Day	Year		
<b>Date and time of visit</b>				<b>Patient residence</b>				<b>Sex</b>		<b>Ethnicity</b>		<b>Age</b>
<b>Arrival</b>												
<b>First provider (physician/APRN/PA) contact</b>												
<b>ED departure</b>												
<b>Arrival by ambulance</b>				<b>Was patient transferred from another hospital or urgent care facility?</b>				<b>Expected source(s) of payment for THIS VISIT – Mark (X) all that apply.</b>				

### TRIAGE

<b>Initial vital signs</b>		Temperature <input type="text"/> 1 <input type="checkbox"/> °C 2 <input type="checkbox"/> °F		Heart rate <input type="text"/> Enter "998" for DOPP or DOPPLER. beats per minute		Respiratory rate <input type="text"/> breaths per minute		<b>Triage level (1-5)</b>		<b>Pain scale (0-10)</b>	
<b>Blood pressure</b>		Pulse oximetry <input type="text"/> %		<b>Was patient seen in this ED within the last 72 hours?</b>				Enter "0" if no triage. Enter "9" if unknown.		Enter "99" if unknown.	

### REASON FOR VISIT

<b>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.</b>								<b>Episode of care</b>			

### INJURY

<b>Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?</b>		<b>Did the injury/trauma, overdose/poisoning, or adverse effect occur within 72 hours prior to the date and time of this visit?</b>		<b>Is this injury/trauma or overdose/poisoning intentional or unintentional?</b>		<b>What was the intent of the injury/trauma or overdose/poisoning?</b>			

**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

<b>As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnosis first.</b>		<b>Does patient have – Mark (X) all that apply.</b>										

**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.**

	When given? <i>Mark (X) all that apply.</i>	
	Given in ED	Rx at discharge
<input type="checkbox"/> NONE		
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(30)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**VITALS AFTER TRIAGE**

**PROVIDERS**

**DISPOSITION**

**Does the chart contain vital signs taken after triage?**

- 1  Yes
- 2  No
- Temperature:  °C /  °F
- Heart rate: Enter "998" for DOPP or DOPPLER.  beats per minute
- Respiratory rate:  breaths per minute
- Blood pressure: Systolic  / Diastolic

*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

*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**

**Date and time of observation unit/care discharge order**

Month	Day	Year	Time	a.m.	p.m.	Military
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Month	Day	Year	Time	a.m.	p.m.	Military
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	Time	a.m.	p.m.	Military
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Admitting physician**

- 1  Hospitalist
- 2  Not hospitalist
- 3  Unknown

**Hospital discharge date**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Principal hospital discharge diagnosis**

- 1  Unknown

**Hospital discharge status/disposition**

- 1  Alive
- 2  Dead
- 3  Unknown
- 4  Home/Residence
- 5  Return/Transfer to nursing home
- 6  Transfer to another facility (not usual place of residence)
- 7  Other
- 8  Unknown