

Variables
Jurisdiction
Year
Month
Sex
Age_Group
Race
Ethnicity
County_name
County_FIPS
Suspected_drug_OD_n
Suspected_opioid_OD_n
Suspected_heroin_OD_n
Suspected_stimulant_OD_n
Suspected_fentanyl_OD_n
Suspected_cocaine_OD_n
Suspected_methamphetamine_OD_n
Suspected_benzo_OD_n
Total_ED_visits

Definition

The two-digit state abbreviation (e.g., GA)

The four digit calendar year (e.g., 2019)

The full name of the month (e.g., January)

Three categories: male, female, missing

Eleven categories: 0-10 years, 11-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75-84 years, 85 years and up, missing

Five categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White

Two categories: Hispanic or Latino, not Hispanic or Latino

Exact name of the County within each jurisdiction (e.g., Adams). *Please exclude the word "county" after the county name (e.g., do not list "Adams County"). Note that county is county of patient residence.*

Five character FIPS code for the County within each jurisdiction where the first two digits are the state code and the last three digits are the county code (e.g., 12345). *Note that county is county of patient residence.*

The number of ED visits for each required month related to a suspected drug overdose.

The number of ED visits for each required month related to a suspected opioid overdose. Suspected_opioid_OD_n is nested within and should be a subset of suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected heroin overdose. Suspected_heroin_OD_n is nested within and should be a subset of suspected_opioid_OD_n and suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected stimulant overdose. Suspected_stimulant_OD_n is nested within and should be a subset of suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected fentanyl overdose. Suspected_fentanyl_OD_n is nested within and should be a subset of suspected_opioid_OD_n and suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected cocaine overdose. Suspected_cocaine_OD_n is nested within and should be a subset of suspected_stimulant_OD_n and suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected methamphetamine overdose. Suspected_methamphetamine_OD_n is nested within and should be a subset of suspected_stimulant_OD_n and suspected_drug_OD_n.

The number of ED visits for each required month related to a suspected benzodiazepine overdose. Suspected_benzo_OD_n is nested within and should be a subset of suspected_drug_OD_n.

The total number of ED visits for each required month that were included in the analysis.

Describe and provide metadata on this rapid report of ED visits involving suspected drug, opioid, heroin, fentanyl, all stimulant, cocaine, methamphetamine, and benzodiazepines

1. Approximately what percent of ED visits in your state or jurisdiction were included in your analysis? (Enter a percentage such as "75%")

2. Over 90% of hospitals report data within (Check appropriate response):

< 24 hours

< 1 week

< 1 month

< 3 months

> 3 months

Unknown

3. How many total facilities are included in your analysis for this data submission? (Enter a number such as "22")

4. Report the percent of all ED visits in this data submission missing chief complaint data. (Enter a percentage such as "10%")

5. Report the median string length of text from chief complaint data. (Enter a number such as "5 words")

6. Report the percent of all ED visits in this data submission that have no discharge diagnosis codes (e.g., ICD-10-CM). (Enter a percentage such as "15%")

7. What was the maximum number of discharge diagnosis codes (e.g., ICD-10-CM) entered for a single ED visit in this data submission? (Enter a number such "10")

8. What was the mean number of diagnosis codes (e.g., ICD-10-CM) that were entered for all ED visits in this data submissions? (Enter a number such as "8")

9. Please identify any major issues that impact the quality of data shared during this data submission time period:

10. Who should CDC contact with questions about this data report?

Name:

Email:

