



Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration • Center for Behavioral Health Statistics and Quality

Hospital Emergency Department ID XXXXX

1. Date of Visit <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; font-size: small;">MONTH</td> <td style="text-align:center; font-size: small;">DAY</td> <td style="text-align:center; font-size: small;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">20</td> </tr> </table>	MONTH	DAY	YEAR			20	2. Time of Visit <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; font-size: small;">HOUR</td> <td style="text-align:center; font-size: small;">MINUTE</td> <td></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> military </td> </tr> </table>	HOUR	MINUTE				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> military	3. Age <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> 4 weeks (28 days) or younger <input type="checkbox"/> Between 4 weeks and one year old (>4 weeks, <1 year) <input type="checkbox"/> Not documented
MONTH	DAY	YEAR												
		20												
HOUR	MINUTE													
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> military												

4. Patient's County of Residence

Enter the patient's ZIP Code to identify their county of residence. (ZIP Code will not be saved).
 Select one if living situation applies or county of residence cannot be determined.

No fixed address (e.g., homeless) Outside U.S.
 Institution (e.g., shelter/jail/hospital) Unable to determine county

5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not documented	6. Gender Identity <div style="border: 1px solid black; padding: 2px; width: 100%;">[free text]</div> <input type="checkbox"/> Facility does not collect gender identity <input type="checkbox"/> Facility collects gender identity, but it is not documented	7. Sexual Orientation <div style="border: 1px solid black; padding: 2px; width: 100%;">[free text]</div> <input type="checkbox"/> Facility does not collect sexual orientation <input type="checkbox"/> Facility collects sexual orientation, but it is not documented
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8. Ethnicity (select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not documented <input type="checkbox"/> Not available	9. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Not documented <input type="checkbox"/> Not available
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10. Case Description Beginning with the presenting complaint, describe how the substance(s) was related to the ED visit. Copy verbatim from the patient's record when possible. Do not include information that could identify the patient or hospital.

11. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand (trade) name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.	Route of Administration Select One Oral Injected Inhaled, sniffed, snorted Smoked Transdermal Vaped Other Not documented																				
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>																				

12. Diagnosis List all diagnoses in the patient's record. (Do not list ICD codes.)

13. Type of Case *Select the first category that applies.*

- Suicide attempt
- Seeking detox and/or substance abuse treatment only
- Alcohol only
- Adverse reaction
- Overmedication
- Malicious poisoning
- Accidental ingestion
- Other

14. Was naloxone administered to the patient in the ED?

- Yes
- No
- Not documented

15. Was buprenorphine administered to the patient in the ED?

- Yes
- No
- Not documented

If yes, was buprenorphine administered to the patient for: *(Select all that apply.)*

- To alleviate opioid withdrawal symptoms
- Treatment of pain
- To initiate medication assisted treatment (MAT)
- Not documented

16. Was methadone administered to the patient in the ED?

- Yes
- No
- Not documented

If yes, was methadone administered to the patient for: *(Select all that apply.)*

- To alleviate opioid withdrawal symptoms
- Treatment of pain
- To initiate medication assisted treatment (MAT)
- Not documented

17. Disposition—Select one:

<p>ED Departure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Return/transfer to jail/prison/law enforcement <input type="checkbox"/> Referred to substance abuse treatment <input type="checkbox"/> Referred to psychiatric/counseling treatment <input type="checkbox"/> Referred to substance abuse treatment AND psychiatric/counseling treatment 	<p>Transferred</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Psychiatric/counseling facility <input type="checkbox"/> Combined substance abuse treatment and psychiatric/counseling treatment facility <input type="checkbox"/> Other facility 	<p>Admitted</p> <ul style="list-style-type: none"> <input type="checkbox"/> ICU/critical care <input type="checkbox"/> Substance abuse treatment unit <input type="checkbox"/> Psychiatric unit <input type="checkbox"/> Combined substance abuse treatment/psychiatric unit <input type="checkbox"/> Other inpatient unit 	<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left against medical advice <input type="checkbox"/> Died <input type="checkbox"/> Other <input type="checkbox"/> Not documented
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18. Comments *Enter any questions or issues you have about this case. Do not include information that could identify the patient or hospital.*

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078. Public reporting burden for this collection of information is estimated to average 81.5 hours per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland, 20857.