



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%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></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:

ED Departure

- Home
- Return/transfer to jail/prison/law enforcement
- Referred to substance abuse treatment
- Referred to psychiatric/counseling treatment
- Referred to substance abuse treatment AND psychiatric/counseling treatment

Transferred

- Substance abuse treatment facility
- Psychiatric/counseling facility
- Combined substance abuse treatment and psychiatric/counseling treatment facility
- Other facility

Admitted

- ICU/critical care
- Substance abuse treatment unit
- Psychiatric unit
- Combined substance abuse treatment/psychiatric unit
- Other inpatient unit

Other

- Left against medical advice
- Died
- Other
- Not documented

18. Comments *Enter any questions or issues you have about this case. Do not include information that could identify the patient or hospital.*