SAMPLE NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2018 EMERGENCY DEPARTMENT PATIENT RECORD Form Approved: OMB No. 0920-0278; Expiration date 06/30/2021

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¹"Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system."

| | PAT | IENT INFO | ORMATION | | | | | | | | | | | |
|--|---|--|----------------------|---|--|------------------------|---|-------------|---|------------|---------|-------------------------|---------|--|
| Patient medical record number | | | | | | ZIP Code Date of birth | | | | | | | | |
| | | | | Enter | Enter "1" if homeless. | | | Mont | ih Da | Day Year | | | | |
| Date and time of visit | | | | Deti | | vaaidar | | | | the side | | | | |
| Month Day | Year Time | a.m. | p.m. Military | Patient reside | | | | Sex | Ethnicity | | | Age | | |
| Arrival 2 | 01 | | | 1 Private residence 1 Female 1 His 2 Nursing home 2 Male or | | | | atino | | | | | | |
| First provider | | | | | 3 ☐ Homeless/ Homeless shelter 4 ☐ Other | | | | | Hispanic 2 | | 1 🗌 Y 2 🗌 N 3 🗌 🖸 | /lonths | |
| PA) contact | | | | | | | | | | | | 3 | Jays | |
| ED departure 201 : | | | | | | | | | | er | | | | |
| Arrival by ambulance Was patient transferred from Expected source(s) of payment for THIS VISIT - Mark (X) all that apply. | | | | | | | | | | | ly. | | | |
| 1 □ Yes another hospital or urgent care 1 □ Private ins 2 □ No SKIP to Expected I □ Private ins | | | | | Irance 4 Workers' compensation 7 Other 5 Self-pay 8 Unknown | | | | | | | | | |
| 3 Unknown <i>source(s)</i> of payment | Yes 3 Unknown | | Medicaid or 0 | CHIP or 6 No charge/Charity | | | | | | | | | | |
| 2 No 4 Not applicable other state-based program | | | | | | | | | | | | | | |
| Initial vital signs Temperature | Heart rate Enter "9 | TRIA(98" for DOF | ae PP or DOPPLER. | Bes | spirat | ory rate | | Tr | iage l | evel | | Pain s | scale | |
| | □°C beats per minute | | | | opnat | | ths per | · | (1-5) | | | (0–1 | 0) | |
| Blood pressure Pulse oximeti | | Wa | is patient seen i | n this | ED w | | | | "0" if n "9" if u | | | Enter " unknov | | |
| Systolic Diastolic | hemoglobin saturation: | | it 72 hours? | | | | | [| | | | | | |
| | / between 80–100%. | 11 | Yes 2 N | 10 | 3 🔲 (| Unknow | n | l | | | | | | |
| REASON FOR VISIT | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| (1) Most important: for problem | | | | | | | | | | | | | | |
| (2) Other: 2 Follow-up visit to this ED | | | | | | | | | | | | | | |
| (3) Other: for problem | | | | | | | | | | | | | | |
| (4) Other: 3 Unknown | | | | | | | | | | | | | | |
| (5) Other: | | | | | | | | | | | | | | |
| INJURY Is this visit related to an Did the injury/trauma, Is this injury/trauma or What was the intent of the | | | | | | | | | | | | | | |
| injury/trauma, overdose/poisoning, or adverse effect of | | j, or overdose/po | | | isoning inju | | | | ury/trauma or overdose/poisoning? | | | | | |
| medical/surgical treatment? 72 hours prior to th | | e date | | | $1 \square S$ | | | | Suicide attempt with intent to die Intentional self-harm without intent to die | | | | | |
| Yes, injury/trauma Yes, overdose/poisoning | and time of this visit? | | | | | | 3 Unclear if suicide attempt or intentional | | | | | | | |
| 3 Yes, adverse effect of medical or 2 No | | | 3 🗆 Intent unclear | | | | | | f-harm without intent to die entional harm inflicted by another | | | | | |
| surgical treatment or adverse effect 3 Unknown | | | | person (e.g., assault, poisoning) | | | | | | | | | | |
| 4 □ No 5 □ Unknown SKIP to Diagnosis For adverse effect SKIP to Cause Z | | | | | | | | | | | | | | |
| 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 | t developed | a rash on his a | rm 2 c | days a | after tak | ing per | nicillin fo | or an ea | ar infe | ection) |) | | |
| | | | | | | | | | | | | | _ | |
| DIAGNOSIS As specifically as possible, list diagnoses Does patient have – Mark (X) all that apply. | | | | | | | | | | | | | | |
| related to this visit including chronic | | | | | | | | | | | | | | |
| conditions. List PRIMARY diagnosis first. dependence | | | | | tia | 12 🗌 | Diabet | tes mell | itus ÌDI | M)-Tv | pe 2 | enecifi | od | |
| (1) Primary | | 3 🗌 Asthma 14 🛄 End-stage renal disease (ESRD) | | | | | | |)) | ou | | | | |
| diagnosis: | 4 Cancer 15 History of pulmonary embolism (PE), 5 Cerebrovascular disease/History deep vein thrombosis (DVT), or venous | | | | | | | | | | | | | |
| (2) Other: | of stroke (CVA) or transient ischemic thromboembolism (VTE) attack (TIA) 16 IIV infection/AIDS | | | | | | | | | | | | | |
| | | 6 Chronic kidney disease (CKD) 17 Hyperlipidemia 7 Chronic obstructive pulmonary 18 Hypertension | | | | | | | | | | | | |
| (3) Other: | | | e (COPD) | 19 🗌 Obesity | | | | | | | | | | |
| (4) Other: | 8 Congestive heart failure (CHF) 9 Coronary artery disease (CAD), 20 Obstructive sleep apnea (OSA) 21 Osteoporosis | | | | | | | | | | | | | |
| | | ischemic heart disease (IHD) or 22 Substance abuse or dependence history of myocardial infarction (MI) 23 None of the above | | | | | | | | | | | | |
| (5) Other: | | 10 Depres | | | . () | | | | | | | | | |
| 2018 ED | | | | | | | | | | | | | | |

| DIAGNOSTIC SERVICES | MEDICATIONS & IMMUNIZATIONS | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| Diagnostic Services – Mark (X) all Laboratory tests, Other tests, | List up to 30 drugs given at this visit or prescribed at ED discharge. | | | | | | | | | |
| and Imaging ORDERED or PROVIDED. | Include Rx and OTC drugs, immunizations, and anesthetics. | | | | | | | | | |
| 1 NONE Other tests: 32 MRI Laboratory tests: 22 Cardiac monitor Was MRI | When given? Mark (X) all that apply. | | | | | | | | | |
| a Arterial blood gases 23 FKG/FCG ordered/provided | | | | | | | | | | |
| (ABG) 24 HIV test with intravenous (IV | I NONE Given Kx at | | | | | | | | | |
| 3 BAC (block alcohol 25 Influenza test as "with gadolinium | in ED discharge | | | | | | | | | |
| 4 Basic metabolic 27 Toxicology screen 1 Voc | (1)1 2 | | | | | | | | | |
| panel (BMP) 28 Urinalysis (UA) or 2 No | (2) 1 □ 2 □ | | | | | | | | | |
| natriuretic peptide) | | | | | | | | | | |
| 6 Creatinine/Renal Who performed | (3) 1 2 I | | | | | | | | | |
| function panel 30 X-ray the ultrasound? | (4) 1 □ 2 □ | | | | | | | | | |
| 8 CBC Was CT physician | | | | | | | | | | |
| 9 Comprehensive ordered/provided with 2 Other provide | er (5) 1 2 1 | | | | | | | | | |
| 10 Culture, blood | 1 2 2 | | | | | | | | | |
| 11 \square Culture, throat 2 \square No | | | | | | | | | | |
| 13 Culture, wound | | | | | | | | | | |
| scanned during the CT | 1 🗆 2 🗆 | | | | | | | | | |
| 15 \Box D-dimerscan? Mark (\hat{X}) all that16 \Box Electrolytesapply. | | | | | | | | | | |
| 17 Glucose, serum | | | | | | | | | | |
| 18 Lactate 2 Chest 19 Liver enzymes/Hepatic 3 Head | 1 🗆 2 🗆 | | | | | | | | | |
| 19 Liver enzymes/Hepatic 3 ☐ Head function panel 4 ☐ Other | | | | | | | | | | |
| 20 Prothrombin time | | | | | | | | | | |
| (PT/PTT/INR) 21 □ Other blood test | 1 2 2 | | | | | | | | | |
| PROCEDURES | | | | | | | | | | |
| Procedures – Mark (X) all PROVIDED at this visit. (Exclude medications.) | | | | | | | | | | |
| Procedures – Mark (X) all PROVIDED at this visit. (Exclude medications.) $1 \square \text{ NONE}$ 6 $\square \text{ CPR}$ 11 \square Nebulizer therapy | 1 2 2 | | | | | | | | | |
| 2 BiPAP/CPAP 7 Endotracheal intubation 12 Pelvic exam | | | | | | | | | | |
| 3 □ Bladder catheter 8 □ Incision & drainage (I&D) 13 □ Skin adhesives 4 □ Cast, splint, wrap 9 □ IV fluids 14 □ Suturing/Staples | | | | | | | | | | |
| 4 Cast, splint, wrap 9 IV fluids 14 Suturing/Staples 5 Central line 10 Lumbar puncture (LP) 15 Other | (30) 1 2 1 | | | | | | | | | |
| VITALS AFTER TRIAGE PROVIDERS | DISPOSITION | | | | | | | | | |
| Does the chart contain vital signs | | | | | | | | | | |
| | (X) all that apply. | | | | | | | | | |
| 1 🗆 Yes – | | | | | | | | | | |
| | lo follow-up planned 12 Admit to this hospital Return to ED 13 Admit to observation unit | | | | | | | | | |
| Temperature 2 D tesident/intern | then hospitalized | | | | | | | | | |
| | eft without being seen (LWBS) 14 Admit to observation unit, eft before treatment complete (LBTC) then discharged | | | | | | | | | |
| Heart rate Enter "998" for DOPP or 5 Invise practitioner 6 IL | eft AMA | | | | | | | | | |
| DOPPLER. 6 Physician assistant 7 C beats per minute 7 EMT 8 C | | | | | | | | | | |
| Bespiratory rate 8 Other mental 9 F | ied in ED teturn/Transfer to nursing home | | | | | | | | | |
| | ransfer to psychiatric hospital | | | | | | | | | |
| | ransfer to non-psychiatric hospital | | | | | | | | | |
| Blood pressure Systolic Diastolic | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Date and time of observation unit/care initiation order | ON UNIT STAY Date and time of observation unit/care discharge order | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 🗌 Unknown | 1 🗌 Unknown | | | | | | | | | |
| 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: Date and time of admit order | | | | | | | | | | |
| | fimea.m. p.m. Military | | | | | | | | | |
| 2 Stepdown unit | | | | | | | | | | |
| 3 Operating room 1 Unknown | | | | | | | | | | |
| s Cardiac catheterization lab | | | | | | | | | | |
| 6 🗌 Other bed/unit | | | | | | | | | | |
| 7 🗆 Unknown | | | | | | | | | | |
| Admitting physician Hospital discharge date | | | | | | | | | | |
| 1 Hospitalist Month Day Year | | | | | | | | | | |
| 2 Not hospitalist 3 Unknown | | | | | | | | | | |
| 1 🗌 Unknown | | | | | | | | | | |
| Principal hospital discharge diagnosis | | | | | | | | | | |
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| | | | | | | | | | | |
| 1 🗌 Unknown | | | | | | | | | | |
| Hospital discharge status/disposition | | | | | | | | | | |
| | | | | | | | | | | |
| 1 Alive 2 Return/Transfer to nursing home 2 Dead 3 Transfer to another facility (not usual place of resided) | ence) | | | | | | | | | |
| 3 Unknown 4 Other | | | | | | | | | | |
| 5 Unknown | | | | | | | | | | |