



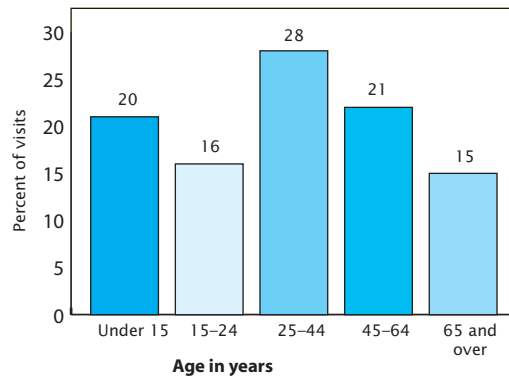
# Factsheet

## EMERGENCY DEPARTMENT



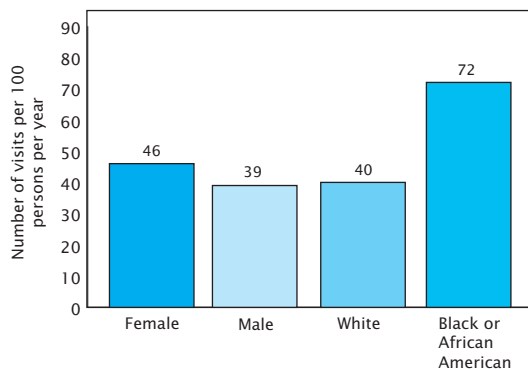
**In 2010, there were an estimated 129.8 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 42.8 ED visits per 100 persons. More than one-third of the visits were made by persons under 25 years of age.**

Percent distribution of ED visits by patient age: 2010



**The visit rate was higher for Black or African American persons compared with White persons. Females had a higher visit rate compared with males.**

Annual rate of ED visits by patient sex and race: 2010

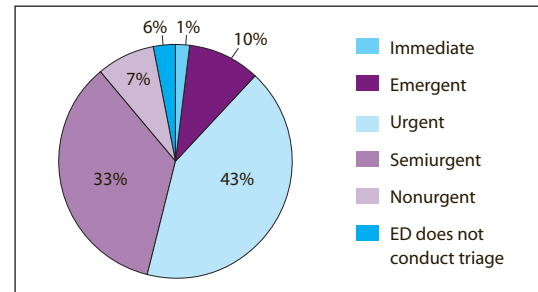


### Expected sources of payment:

- Private insurance (37%)
- Medicaid or Children's Health Insurance Program (31%)
- Medicare (18%)
- No insurance (16%)
- Other (4%)
- Unknown (3%)

NOTE: More than one source may be reported per visit.

**Immediacy with which patient should be seen:**



### Common reasons for visit:

- Stomach and abdominal pain (10.4 million)
- Chest pain (7.0 million)
- Fever (5.0 million)
- Headache (4.0 million)
- Back symptoms (3.5 million)
- Shortness of breath (3.5 million)
- Cough (3.4 million)
- Pain, unspecified (3.2 million)
- Vomiting (2.5 million)
- Throat symptoms (2.4 million)

### Common diagnoses:

- Abdominal pain (6.4 million)
- Chest pain (5.4 million)
- Contusion with intact skin surface (4.8 million)
- Acute upper respiratory infection, excluding pharyngitis (4.1 million)
- Spinal disorders (4.0 million)
- Open wound, excluding head (3.6 million)
- Cellulitis and abscess (3.4 million)
- Fractures, excluding lower limb (2.7 million)
- UTI (2.4 million)
- Sprains and strains, excluding ankle and back (2.4 million)

**Medications were provided or prescribed at 79 percent of ED visits for a total of 271 million drugs.**

**Common drug categories:**

- Analgesics (94.7 million)
- Antiemetic or antivertigo agents (33.5 million)
- Minerals and electrolytes (14.7 million)
- Anxiolytics, sedatives, and hypnotics (12.0 million)
- Miscellaneous respiratory agents (10.9 million)
- Antihistamines (10.7 million)
- Bronchodilators (8.8 million)
- Cephalosporins (8.7 million)
- Penicillins (8.4 million)
- Adrenal cortical steroids (8.2 million)

**Leading principal hospital discharge diagnosis groups:**

- Nonischemic heart disease (1.1 million)
- Chest pain (1.0 million)
- Pneumonia (784,000)
- Ischemic heart disease (505,000)
- Cerebrovascular disease (457,000)

***For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <[www.cdc.gov/nhamcs](http://www.cdc.gov/nhamcs)>.***

## **IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA**

**NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including *JAMA*, *Annals of Emergency Medicine*, and *Academic Emergency Medicine*. Here are a few examples of recent publications.**

Cho CS, Shapiro DJ, Cabana MD, Maselli JH, Hersh AL. A National Depiction of Children With Return Visits to the Emergency Department Within 72 Hours, 2001-2007. *Pediatr Emerg Care*. 2012 Jun 28. [Epub ahead of print]

Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed Transition of Care: A National Study of Visits to Pediatricians by Young Adults. *Acad Pediatr*. 2012 Jun 17. [Epub ahead of print]

Monuteaux MC, Lee L, Fleegler E. Children injured by violence in the United States: emergency department utilization, 2000-2008. *Acad Emerg Med*. 2012 May; 19(5):535-40. doi: 10.1111/j.1553-2712.2012.01341.x.

Platts-Mills TF, Hunold KM, Esserman DA, Sloane PD, McLean SA. Motor Vehicle Collision-related Emergency Department Visits by Older Adults in the United States. *Acad Emerg Med*. 2012 Jun 22. doi: 10.1111/j.1553-2712.2012.01383.x. [Epub ahead of print]

Johnson PJ, Ghildayal N, Ward AC, Westgard BC, Boland LL, Hokanson JS. Disparities in Potentially Avoidable Emergency Department (ED) Care: ED Visits for Ambulatory Care Sensitive Conditions. *Med Care*. 2012 Sep 29. [Epub ahead of print]

Soler ZM, Mace JC, Litvack JR, Smith TL. Chronic rhinosinusitis, race, and ethnicity. *Am J Rhinol Allergy*. 2012 Mar; 26(2):110-6.

Sonnenfeld N, Pitts SR, Schappert SM, Decker SL. Emergency Department Volume and Racial and Ethnic Differences in Waiting Times in the United States. *Med Care*. 2012 Jan 19. [Epub ahead of print]

Mannix R, Stack AM, Chiang V. Insurance Status and the Care of Adult Patients 19 to 64 Years of Age Visiting the Emergency Department. *Acad Emerg Med*. 2012 Jun 22. doi: 10.1111/j.1553-2712.2012.01394.x. [Epub ahead of print]