SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2017 EMERGENCY DEPARTMENT PATIENT RECORD

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| organ | nitor" means "to acquire, ized for the collection, p rabilities of an information | rocessing, main | itenance, us | e, sharing | , disseminat | tion or di | isposition of | informa | ation"; "cyber thre | at indicat | tor" i | means | "info | mation th | | | | | | | | | es |
|--|---|---------------------------|---------------------------------|--------------------------|--------------------------------------|---|--|------------------|---|--|--------------------------------|---|------------------------|--------------------|----------------|---|----------------------|----------------------------|---|----------------|--------|--------|----|
| | | | | | | PA | TIENT | NFO | RMATION | | | | | | | | | | | | | | |
| Patient medical record number | | | | | | | ZIP Code | | | | | | Date of birth | | | | | | | | | | |
| | | | | | | | | | | Enter "1" if homeless. | | | | | Mon | th | Day Year | | | · | | | |
| | | | | | | | | | | ╛ | | | | | | | | | | | | | |
| Date and time of visit | | | | | | | | | | nt r | esidence Se | | | ex | | Eti | Ethnicity | | Age | 9 | | | |
| Arrival Month Day Year Time 2 0 1 : | | | | |]:[| a.m. p.m. Military | | | 2 🗆 | | | | ☐ Female ☐ Hispa or La | | | tino | no l Years | | | | | | |
| (physician/APRN/PA) contact 201 | | | | | <u>_:</u> _ | | | | 4 Other or Latin | | | | | | 3 | | | | | | | | |
| ED departure 201 : | | | | |]:[| | | | Race - Mark (X) all that apply. 1 ☐ White 2 ☐ Black or African American 3 ☐ Asian Alaska Native 4 ☐ Native Hawaiian or Other Pacific Island 5 ☐ American Indian or Alaska Native | | | | | | | er | | | | | | | |
| 1 ☐ Ye | 1 | Expected | → anoti | her hos ity? 'es 3 | t transfespital of | r urge own | ent care | 1 2 3 | xpected so Private in Medicare Medicaid other state | surance or CHIP | e or | | | ent for 4 | orkei If-pa | rs' cor ıy | nper | nsati | on | 7 🗆 C | | | |
| Blood | 1 _ ° C | | | beats minute on; | s per | | | | is E | biratory rate breaths per minute D within the | | | | Enter | (1- "0" | e level 5) if no triage. if unknown. | | э. <u>Е</u> | Pain scale (0-10) Enter "99" if unknown. | | | | |
| | | | | | | F | REASON | 1 FOI | R VISIT | | | | | | | | | | | | | | |
| List the first 5 reasons for visit (i.e., complaint(s), symptom(s they appear. Start with the chief complaint and then move to additional reasons. (1) Most important: (2) Other: (3) Other: (4) Other: (5) Other: | | | | | | om(s), ve to t | , problem(s), concern(s) of the patient) in the ord the patient history or history of present illness (H | | | | | er ir IPI) 1 | r in which for | | | | | | | | | | |
| (0) | Culon | | | | | | IN | JUR | Y | | | | | | | | | | | | | | |
| Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment? 1 Yes, injury/trauma 2 Yes, overdose/poisoning 3 Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug 4 No 5 Unknown Did the injury/trauma overdose/poisoning adverse effect occ 72 hours prior to the and time of this vise 1 Yes 2 No 3 Unknown For adverse effect Sk | | | | | oning, occur to the s visit | overdose/poisoning intentional or unintentional? conditional or unintentional? limitentional or unintentional or unintentional? limitentional or unintentional or unintentional? limitentional or unintentional or | | | | | inj 1? 1 2 2 2 3 3 4 4 1 | What was the intent of the ijury/trauma or overdose/poisoning? Suicide attempt with intent to die Intentional self-harm without intent to di Unclear if suicide attempt or intentiona self-harm without intent to die Intentional harm inflicted by another person (e.g., assault, poisoning) Intent unclear | | | | | | | o die onal | | | | |
| that pro | e of injury/trauseceded the event. ceeded the event. c; 2 – Overdose/po cleanser and bega | Examples: pisoning (e. | ' 1 – Injui g., 4 yea | ry/traum r old ch | ia (e.g., pild was g | patient given a | t fell while adult colo | e wali I/coug | lking down st gh medicatio | airs at and b | hor oeca | me a ame | nd s letha | praine argic; c | d he hild | r ankl swalld | e; pa owed | atien: Harg | t was ge am | bitter ount | n by a | 3 A | |
| | | | | | | | DIA | GNO: | SIS | | | | | | | | | | | | | | |
| As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnosis first. (1) Primary | | | | | | Does patient have - Mark 1 ☐ Alcohol misuse, abuse, dependence 2 ☐ Alzheimer's disease/De 3 ☐ Asthma | | | | e, or 11 Diabetes r 12 Diabetes r ementia 13 Diabetes r 14 End-stage | | | | | | litus litus nal c | (DM (DN) disea | l)-Typ l)-Typ ıse (E | e 2 e un SRD |) | fied | | |
| | diagnosis: (2) Other: | | | | | \dashv | 4 ☐ Cancer 5 ☐ Cerebrovascular disease/History of stroke (CVA) or transient ischemic 15 ☐ History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE) | | | | | | | | | | | | | | | | |
| | (3) Other: | | | | | \dashv | attack (TIA) 6 ☐ Chronic kidney disease (CKD) 7 ☐ Chronic obstructive pulmonary disease (COPD) 16 ☐ HIV infection/AIDS 17 ☐ Hyperlipidemia 18 ☐ Hypertension 19 ☐ Obesity | | | | | | | | | | | | | | | | |
| (4) | (4) Other: | | | | | | 8 Congestive heart failure (CHF) 9 Coronary artery disease (CAD), ischemic heart disease (IHD) or 8 Obstructive sleep apnea (OSA) 20 Obstructive sleep apnea (OSA) 21 Osteoporosis 22 Substance abuse or dependence | | | | | | | | | | | | | | | | |
| (5) Other: | | | | | | | history of myocardial infarction (MI) 23 None of the above | | | | | | | | | | | | | | | | |

| 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. 1 □NONE Other tests: 32 □ MRI | Include Rx and OTC drugs, immunizations, and anesthetics. | | | | | | | | | | |
| Laboratory tests: 22 ☐ Cardiac monitor Was MRI | When given? Mark (X) all that apply. | | | | | | | | | | |
| 2 ☐ Arterial blood gases 23 ☐ EKG/ECG ordered/provided with intravenous (I | V) Civer Diver | | | | | | | | | | |
| 3 ☐ BAC (Blood alcohol 25 ☐ Influenza test contrast (also write | or Given Rx at in ED discharge | | | | | | | | | | |
| concentration) 26 □ Pregnancy/HCG test Basic metabolic 27 □ Toxicology screen 1 □ Yes | 1 2 | | | | | | | | | | |
| panel (BMP) 28 Urinalysis (UA) or 2 No | 1 2 | | | | | | | | | | |
| 5 □ BNP (brain urine dipstick 3 □ Unknown natriuretic peptide) | 1 2 | | | | | | | | | | |
| 6 ☐ Creatinine/Renal Imaging: Who performed | (3) 1 □ 2 □ | | | | | | | | | | |
| function panel 7 □ Cardiac enzymes 30 □ X-ray the ultrasound? 1 □ Emergency | 1 2 | | | | | | | | | | |
| 8 CBC Was CT physician | or (5) | | | | | | | | | | |
| metabolic panel (CMP) intravenous (IV) contrast? | | | | | | | | | | | |
| 10 ☐ Culture, blood 11 ☐ Culture, throat 2 ☐ No | 1 2 | | | | | | | | | | |
| 12 Culture, urine 13 Culture, wound | 1 2 | | | | | | | | | | |
| 14 Culture, other scanned during the CT | 1 2 | | | | | | | | | | |
| 15 □ D-dimer scan? Mark (X) all that 16 □ Electrolytes apply. | | | | | | | | | | | |
| 17 ☐ Glucose, serum 1 ☐ Abdomen/Pelvis | 1 2 | | | | | | | | | | |
| 18 ☐ Lactate 2 ☐ Chest 19 ☐ Liver enzymes/Hepatic 3 ☐ Head | 1 2 | | | | | | | | | | |
| function panel 4 \(\sum_{\text{Other}}\) | 1 2 | | | | | | | | | | |
| 20□ Prothrombin time (PT/PTT/INR) | | | | | | | | | | | |
| 21 ☐ Other blood test | 1 2 | | | | | | | | | | |
| PROCEDURES | 1 2 | | | | | | | | | | |
| Procedures - Mark (X) all PROVIDED at this visit. (Exclude medications.) | | | | | | | | | | | |
| 1 NONE 6 CPR 11 Nebulizer therapy 2 BiPAP/CPAP 7 Endotracheal intubation 12 Pelvic exam | 1 2 | | | | | | | | | | |
| 3 ☐ Bladder catheter 8 ☐ Incision & drainage (I&D) 13 ☐ Skin adhesives | 1 2 | | | | | | | | | | |
| 4 ☐ Cast, splint, wrap 9 ☐ IV fluids 14 ☐ Suturing/Staples 5 ☐ Central line 10 ☐ Lumbar puncture (LP) 15 ☐ Other | (30) 1 □ 2 □ | | | | | | | | | | |
| VITALS AFTER TRIAGE PROVIDERS | DISPOSITION | | | | | | | | | | |
| Does the chart contain vital signs | | | | | | | | | | | |
| | (X) all that apply. | | | | | | | | | | |
| 1 □ ED attending physician 1 □ I | No follow-up planned 12 Admit to this hospital | | | | | | | | | | |
| Temperature 2 ED resident/Intern 2 3 | Return to ED 13 Admit to observation unit Return/Refer to physician/clinic for FU then hospitalized | | | | | | | | | | |
| | Left without being seen (LWBS) 14 Admit to observation unit, | | | | | | | | | | |
| Heart rate Enter "998" for DOPP or 5 \(\subseteq \text{Nurse practitioner} \) \(6 \subseteq \) | Left AMA | | | | | | | | | | |
| DOPPLER. beats per minute 6 Physician assistant 7 EMT | DOA Died in ED | | | | | | | | | | |
| Respiratory rate 8 Other mental 9 1 | Return/Transfer to nursing home | | | | | | | | | | |
| | Transfer to psychiatric hospital Transfer to non-psychiatric hospital | | | | | | | | | | |
| Blood pressure | | | | | | | | | | | |
| Systolic Diastolic | | | | | | | | | | | |
| | | | | | | | | | | | |
| | ION UNIT STAY | | | | | | | | | | |
| Date and time of observation unit/care initiation order | Date and time of observation unit/care discharge order | | | | | | | | | | |
| Month Day Year Time a.m. p.m. Military | Month Day Year Time a.m. p.m. Military | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 Unknown | 1 Unknown | | | | | | | | | | |
| 7.7 | LADMISSION | | | | | | | | | | |
| | X) "Unknown" in each item, if efforts have been exhausted to collect the data. | | | | | | | | | | |
| Admitted to: Date and time of admit order Month Day Year | Time a.m. p.m. Military | | | | | | | | | | |
| 1 Critical care unit 2 Stepdown unit | | | | | | | | | | | |
| 3 Deperating room | | | | | | | | | | | |
| 4 ☐ Mental health or detox unit 5 ☐ Cardiac catheterization lab | | | | | | | | | | | |
| 6 ☐ Other bed/unit | | | | | | | | | | | |
| 7 ☐ Unknown | | | | | | | | | | | |
| Admitting physician 1 Hospitalist Hospital discharge date Month Day Year | | | | | | | | | | | |
| 2 Not hospitalist 2 Not hospitalist 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 residue) | dence) | | | | | | | | | | |
| 3 ☐ Unknown | | | | | | | | | | | |