

National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary

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Abstract

Objective—This report presents the most current (2005) nationally representative data on visits to hospital emergency departments (ED) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in ED utilization from 1995 through 2005 are also presented.

Methods—Data are from the 2005 National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest continuously running nationally representative survey of hospital ED and outpatient department (OPD) utilization. The NHAMCS collects data on visits to emergency and outpatient departments of nonfederal, short-stay, and general hospitals in the United States. Sample data are weighted to produce annual national estimates.

Results—During 2005, an estimated 115.3 million visits were made to hospital EDs, about 39.6 visits per 100 persons. This represents on average roughly 30,000 visits per ED in 2005, a 31 percent increase over 1995 (23,000). Visit rates have shown an increasing trend since 1995 for persons 22–49 years of age, 50–64 years of age, and 65 years of age and over. In 2005, about 0.5 million (0.4 percent) of visits were made by homeless individuals. Nearly 18 million patients arrived by ambulance (15.5 percent). At 1.9 percent of visits, the patient had been discharged from the hospital within the previous 7 days. Abdominal pain, chest pain, fever, and cough were the leading patient complaints, accounting for nearly one-fifth of all visits. Abdominal pain was the leading illness-related diagnosis at ED visits. There were an estimated 41.9 million injury-related visits or 14.4 visits per 100 persons.

Diagnostic and screening services were provided at 71.1 percent of visits, and procedures were performed at 47.3 percent of visits. Medications were either given in the ED or prescribed at discharge at 76.7 percent of visits, resulting in 204.9 million drug mentions. On average, patients spent 56.3 minutes waiting to see a physician, and 3.3 hours for the full duration of their ED visit. About 12 percent of ED visits resulted in hospital admission. The average total length of stay for those admitted was 5.2 days, and the leading principal hospital discharge diagnosis was nonischemic heart disease.

Keywords: emergency department visits • diagnoses • injury • medications • ICD-9-CM

Introduction

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was inaugurated in 1992 to gather, analyze, and disseminate information about the health care provided by hospital EDs and OPDs. NHAMCS is part of the ambulatory component of the National Health Care Survey, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the National Center for Health Statistics (NCHS) website: www.cdc.gov/nchs.

Ambulatory medical care is the predominant method of providing health care services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory care services occurs in physician offices, but approximately 10 percent of all ambulatory medical care visits in the United States occur in the ED (1). EDs provide unscheduled care for a wide variety of persons for reasons that range from life-threatening conditions to problems that could be treated in a primary care setting. Although in any given year most people do not use an ED, some subgroups, such as infants, persons 75 years of age and older,



Medicaid beneficiaries, Asian or Pacific Islanders, and African Americans, have higher utilization rates than others (1). In 2005, approximately one-fifth of the U.S. population made one or more ED visits within the past 12 months (2).

EDs are under increasing pressure to provide care for more patients, resulting in crowding and ambulance diversions. ED crowding has multiple effects, including placing the patient at risk for poor outcomes, long waits, and decreased physician productivity (3). Information on ambulance transports and diversions (4) and ED staffing and capacity (5) has been published using NHAMCS data.

This report presents data on selected trends and data on ED visits in terms of hospital, patient, and visit characteristics. More detailed information on data collection, sampling and nonsampling errors, estimation, and definition of terms may be found in the 2003 ED *Advance Data From Vital and Health Statistics* report (6). There are several new survey items for 2005, as well as some modifications of old variables.

- **Patient information:** Residence has been expanded to include not only nursing homes and other institutions, but also private residences, other residences, and homelessness.
- **Triage:** The “less than 15 minutes” category has been split into new “immediate” and “1–14 minutes” categories.
- **Previous care:** A new item has been added on having been discharged from a hospital within the 7 days preceding the ED visit.
- **Source of payment:** Beginning in 2005, more than one payment source may be reported.
- **Diagnostic and screening services:** Cardiac enzymes, liver function tests, and arterial blood gases have been added. Magnetic resonance imaging (MRI) and computed tomography (CT) have been separated into individual items. Blood urea nitrogen (BUN) and creatinine have been combined into one item, as have chest, extremity, and other x rays.
- **Medications:** There are now checkboxes to differentiate whether a medication was given in the ED, or

prescribed at discharge.

- **Hospital admission:** A new section has been added for visits to the ED that result in hospital admission. The items include where the patient was admitted (critical care unit, operating room, etc.), admission time, hospital discharge date, principal hospital discharge diagnosis, and discharge mortality.

Other *Advance Data From Vital and Health Statistics* reports highlight visits to OPDs (7) and physician offices (8). A detailed report on medication therapy in U.S. ambulatory medical care settings, including EDs, has recently been published (9). NHAMCS data have been used in articles examining important topics in public health and health services research (10–20) and for a variety of activities by governmental, scientific, academic, and commercial institutions.

Additional information about ED utilization is available from the NCHS Ambulatory Health Care website: <http://www.cdc.gov/nchs/nhamcs.htm>. Individual-year reports and public-use data files are available for download from the website. Data from the 2005 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information

Dissemination Staff at 1-800-232-4636 or the Ambulatory Care Statistics Branch at 301-458-4600 or by e-mail at NCHSquery@cdc.gov.

Highlights

ED utilization

- From 1995 through 2005, the annual number of ED visits increased from 96.5 million to 115.3 million visits (up by 20%) (Figure 1). This represents an average increase of more than 1.7 million visits per year. There were, on average, about 219 visits to U.S. EDs every minute during 2005.
- From 1995 through 2005, the number of hospital EDs decreased from 4,176 to 3,795 (21) (Figure 1), therefore increasing the annual number of visits per ED from 23,119 in 1995 to 30,388 in 2005.
- From 1995 through 2005, the overall ED utilization rate increased by 7%, from 36.9 (22) to 39.6 visits per 100 persons (Table 1).
- Almost three-quarters (72.2 percent) of ED visits were made to voluntary nonprofit hospitals (Table 1).
- EDs located in metropolitan statistical areas (MSAs) experienced 85.5 percent of the annual ED encounters (Table 1).

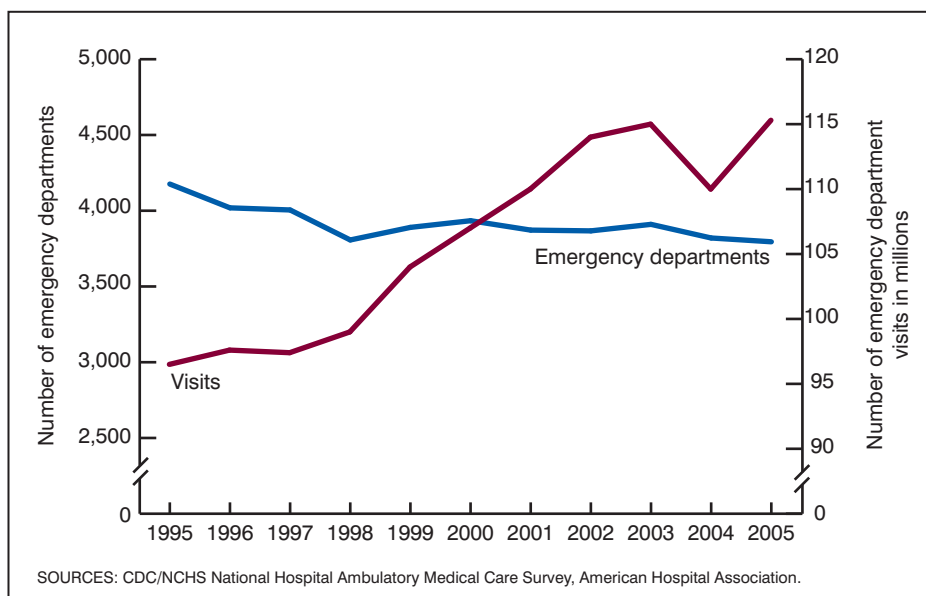


Figure 1. Trends in numbers of emergency departments and related visits: United States, 1995–2005

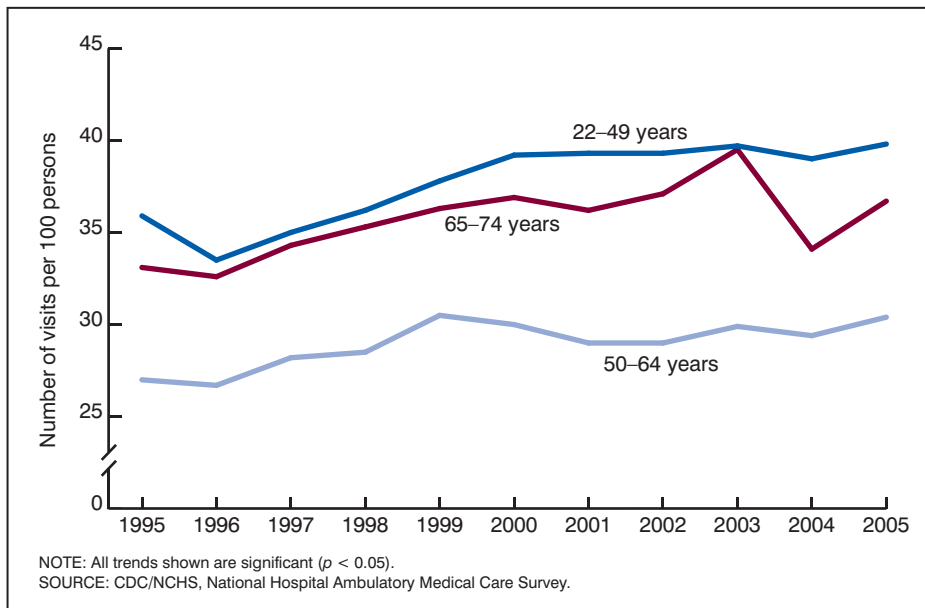


Figure 2. Trends in emergency department visit rates by patient age: United States, 1995–2005

- About 36.9 percent of ED visits were made to hospitals designated as trauma centers (Table 1).

Patient characteristics

- The age group with the highest annual per capita ED visit rate was infants under 12 months of age, who made 91.3 visits per 100 infants. This represents about 3.8 million visits (Table 2).
- Increasing trends in ED visit rates since 1995 were found for persons 22–49 years of age (up by 11%), 50–64 years of age (up by 13%), and 65–74 years of age (up by 11%) (Figure 2).
- The ED utilization rate for non-Hispanic black persons was higher than for non-Hispanic white persons, regardless of age (Figure 3).
- The ED utilization rates for Asians and American Indian or Alaska Native persons was less than for white persons (Table 2).
- Persons living in nursing homes made 147.2 ED visits per 100 residents. This represents about 2.2 million visits (1.9 percent) (Table 2).
- Homeless people made 62.7 ED visits per 100 homeless persons. This represents just under 0.5 million visits (0.4 percent) (Table 2).

Payment source

- Private insurance was the most frequent expected source of payment, accounting for 39.9 percent of all ED visits (Table 3).
- Other sources included Medicaid or State Children’s Health Insurance Program (CHIP) (24.9 percent) and Medicare (16.6 percent) (Table 3).

- No insurance (including self-pay, no charge, and charity where no other payment source was reported) represented 16.7 percent of visits (Table 3).
- The visit rate for Medicaid patients (89.4 per 100 persons with Medicaid) was higher than the rate for those with Medicare (51.0 per 100 persons with Medicare), no insurance (45.9 per 100 persons with no insurance), and private insurance (23.8 per 100 persons with private insurance) (Figure 4).

Mode of arrival

- At 15.5 percent of visits, the patient arrived at the ED by ambulance (Table 4). This represents 17.9 million ambulance transports, which has increased about 25% from 14.3 million ambulance transports in 1997 (Figure 5).
- More than one-third (36.4 percent) of patients 65 years of age and over arrived at the ED by ambulance (Table 4).

Patient acuity level

- Patients were triaged as needing to be seen immediately at 5.5 percent of ED visits, and within 1 to 14 minutes

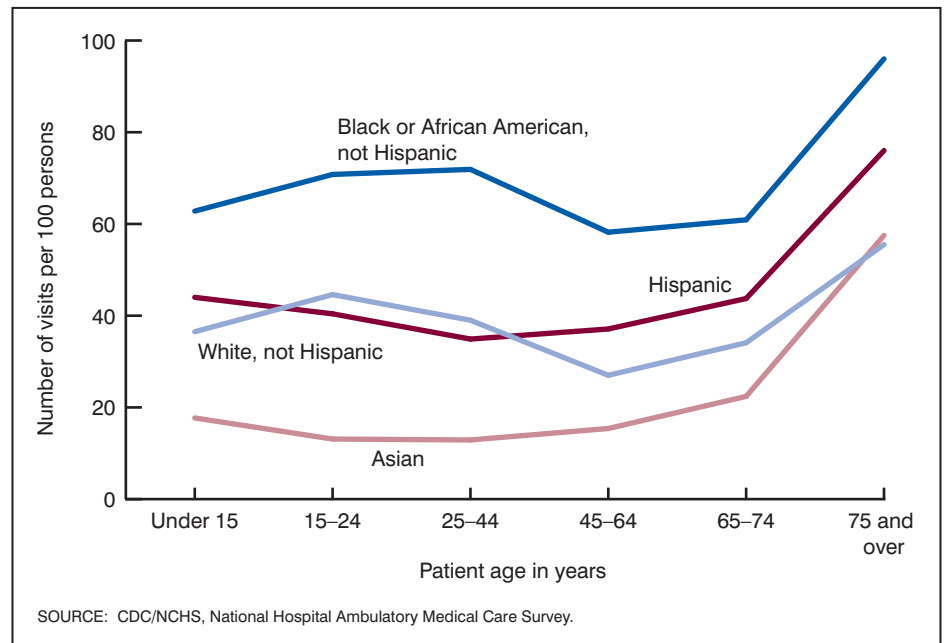


Figure 3. Annual rate of emergency department visits by patient age, race, and ethnicity: United States, 2005

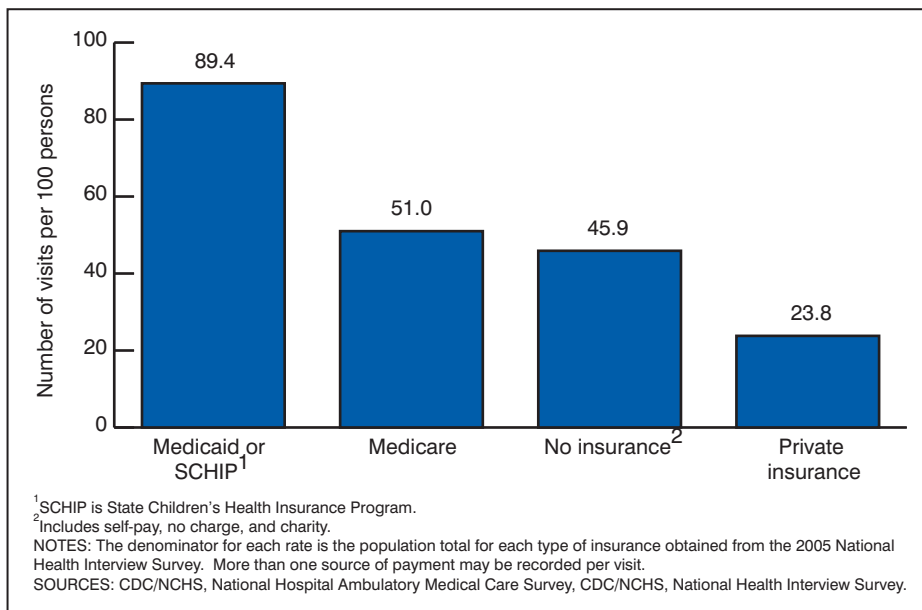


Figure 4. Annual rate of emergency department visits by expected source of payment: United States, 2005

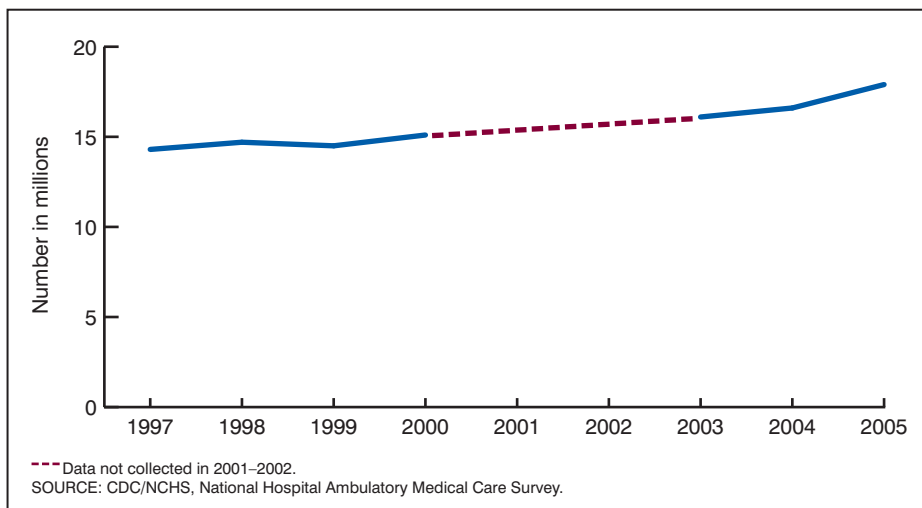


Figure 5. Number of ambulance transports to emergency departments: United States, 1995–2005

(emergent) at 9.8 percent of visits. The “immediate” category was subsetting from the “emergent” category for the first time in 2005, so combining both categories represents an overall increase of 2.4 percent since 2004 in visits from patients needing to be seen within 15 minutes. Patients were triaged as needing to be seen within 15 to 60 minutes (urgent) at 33.3 percent, 1 to 2 hours (semiurgent) at 20.7 percent, and 2 to 24 hours (nonurgent) at 13.9 percent of visits. For the remaining 16.7 percent of visits, the triage status was

not known or no triage system was used (Table 5, Figure 6).

- A higher proportion of visits by patients 65 years of age and over were triaged as immediate or emergent compared with all other age groups (Table 5).
- Patients presented with severe pain at 19.5 percent of visits, and with moderate pain at 23.2 percent of visits (Table 6).
- About 1.9 percent of ED visits were made by patients who had been discharged from a hospital within the previous 7 days (Table 6).

Conditions seen

- For adults 18 years of age or older, blood pressures (BP) were in the moderately high range (140–159 mm Hg systolic or 90–99 mm Hg diastolic) in 25.3 percent, and in the severely high range (160 mm Hg or greater systolic or 100 mm Hg or greater diastolic) in 15.2 percent of ED visits. Patients aged 45 years or older had moderate to severe BP elevations more frequently than younger patients (Table 7).
- Symptoms accounted for 3 out of 4 principal reason for visit modules including general symptoms (15.7 percent), musculoskeletal symptoms (13.9 percent), digestive symptoms (13.6 percent), and respiratory symptoms (11.5 percent) (Table 8).
- The most frequently reported specific principal reasons given by patients for visiting the ED were stomach and abdominal pain (6.8 percent), chest pain (5.0 percent), and fever (4.4 percent) (Table 9).
- The most frequently diagnosed major disease categories were injuries and poisonings (24.9 percent); symptoms, signs, and ill-defined conditions (19.3 percent); and diseases of the respiratory system (11.0 percent) (Table 10).
- The most frequently reported primary diagnoses were contusion with intact skin surface (4.2 percent); abdominal pain (4.0 percent); chest pain (3.8 percent); acute upper respiratory infections, excluding pharyngitis (3.7 percent); and open wounds, excluding head (3.5 percent) (Table 11).
- The leading diagnoses by age group were as follows: acute upper respiratory infection, excluding pharyngitis (infants and children 0–12 years of age); contusion with intact skin surface (adolescents 13–21 years of age); abdominal pain (adults 22–49 years of age); chest pain (middle-aged persons 50–64 years of age); and nonischemic heart disease (seniors 65 years of age and over) (Table 12).
- Many primary ED diagnoses are related to chronic conditions. (See “Methods” section for a listing of those chronic diseases that were

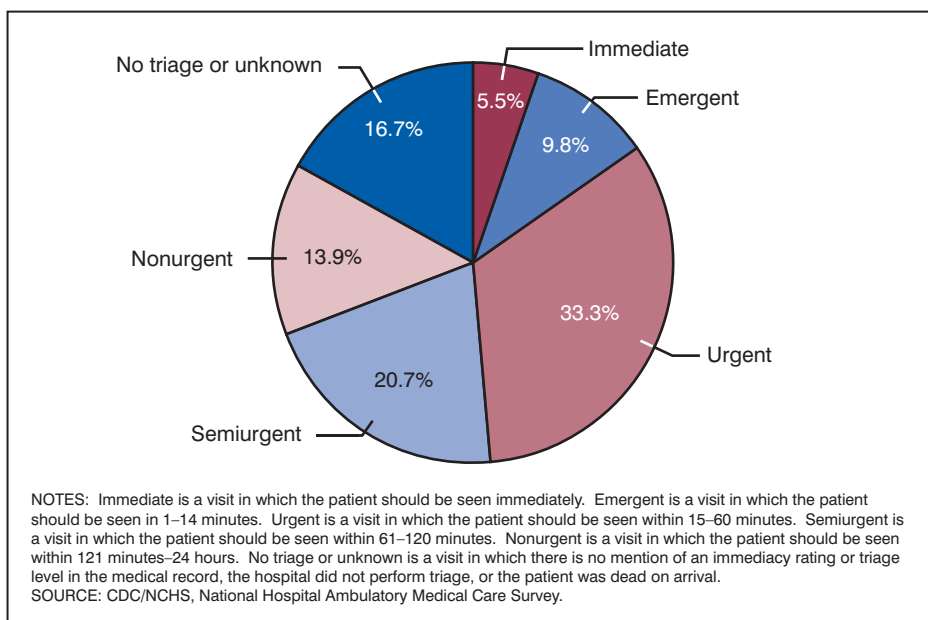


Figure 6. Percent distribution of emergency department visits, by immediacy with which the patient should be seen: United States, 2005

included in this analysis.) Overall, the percentage of visits related to these illnesses for adults (18 years and over) have decreased in the last 10 years (Figure 7). Specific diagnoses that have shown a statistically significant decrease include chronic obstructive pulmonary disease, ischemic heart disease, asthma, congestive heart failure, cerebrovascular disease, and cancer. However, the percentage of visits

related to hypertension and depression have increased significantly (Figure 7).

Injury, poisoning, and adverse effects of medical treatment

- Taking both reasons for visit and diagnoses into account, visits for injury, poisoning, and adverse effects of medical treatment accounted for 41.9 million visits (36.4 percent), or

14.4 visits per 100 persons. More injury visits were made by males (15.8 per 100) than females (13.0 per 100), and by black persons (21.1 per 100) than white persons (14.0 per 100). The most affected age groups included young adults 15–24 years of age (19.0 per 100), elderly adults 75 years of age or older (17.9 per 100), and children 1 to 4 years of age (17.9 per 100) (Table 13).

- The most frequent injury mechanisms were unintentional falls (20.8 percent) and motor vehicle traffic accidents (10.1 percent), based on first-listed cause of injury (Table 14).
- At 1.8 million visits, the patient presented with adverse effects of medical treatment, including complications of medical and surgical procedures (2.6 percent of injury visits) and adverse effects of medication (1.8 percent of injury visits) (Table 14).
- At 1.2 million visits, the patient presented with poisoning, either unintentional (2.2 percent of injury visits) or self-inflicted (0.7 percent of injury visits) (Table 14).
- The most commonly mentioned body sites for injuries were wrist, hand, and fingers (10.4 percent); vertebral column (4.8 percent); lower leg and ankle (4.5 percent); and face (4.1 percent) (Table 15).

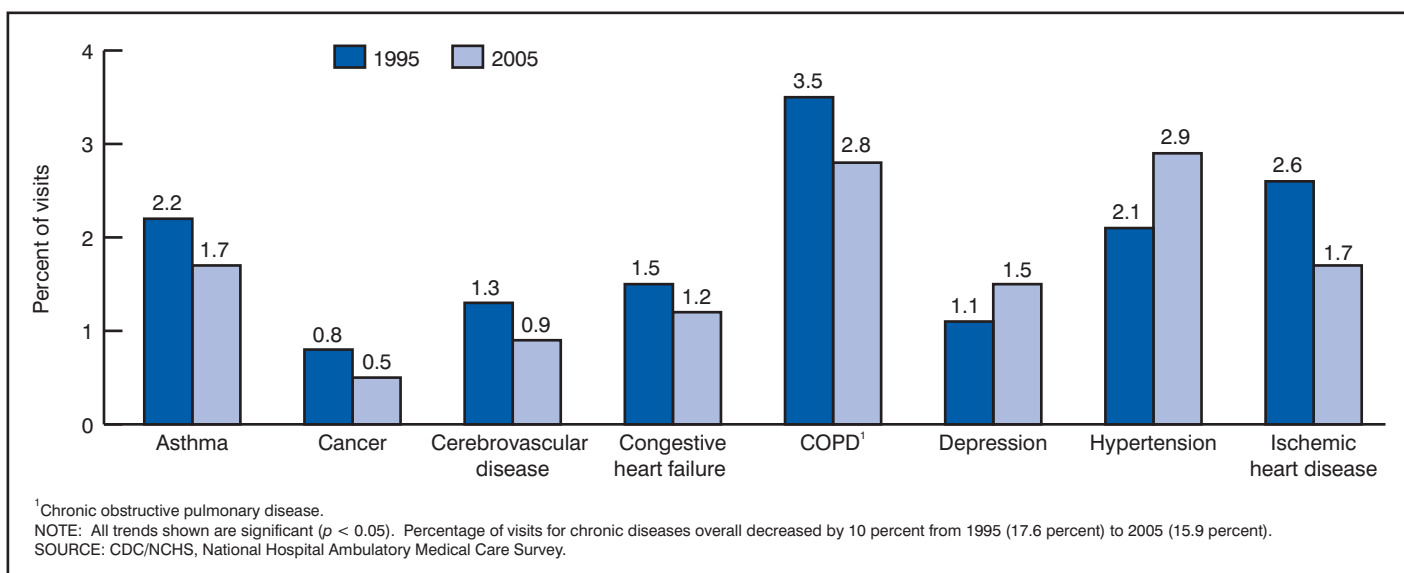


Figure 7. Percentage of visits for selected chronic diseases in adults (18 years and over): United States, 1995 and 2005

Services provided

- Diagnostic and screening services (not including medical screening and mental status exams) were provided at 71.1 percent of visits (Table 16).
- Blood tests were ordered at 37.8 percent of visits. Complete blood counts were the most frequent (34.0 percent), followed by blood urea nitrogen or creatinine (20.1 percent), electrolytes (19.1 percent), glucose (19.0 percent), cardiac enzymes (11.5 percent), liver function tests (5.4 percent), and arterial blood gases (2.3 percent) (Table 16).
- Imaging was ordered at 43.7 percent of visits. X rays were done at 35.3 percent, CT scans at 10.7 percent, ultrasounds at 2.6 percent, and MRI scans at 0.5 percent of ED visits (Table 16).
- Other tests frequently recorded were pulse oximetry (26.3 percent) and urinalysis (20.2 percent of ED visits) (Table 16).
- Procedures were performed at 47.3 percent of ED visits. The most frequently mentioned procedures were the administration of intravenous fluids (23.7 percent), wound care (10.3 percent), orthopedic care (5.6 percent), nebulizer therapy (2.8 percent), and bladder catheterization (2.7 percent) (Table 17).

Clinicians providing services

- Physicians were seen at 90.7 percent, registered nurses (RN) or licensed practical nurses (LPN) at 88.7 percent, and nurse practitioners at only 3.8 percent of visits (Table 18).
- Emergency medical technicians were involved in patient care during 8.9 percent of visits (Table 18).

Medications

- Medications were either given in the ED or prescribed at discharge at 76.7 percent of visits. This represents about 204.9 million drug mentions, or 1.8 drug mentions per visit (Table 19).
- The leading therapeutic drug classes mentioned during ED visits were narcotic analgesics (16.1 percent), nonsteroidal anti-inflammatory drugs

(12.7 percent), and nonnarcotic analgesics (7.3 percent) (Table 20).

- Among the generic equivalents of the medications most frequently given in the ED or prescribed at discharge, ibuprofen (3.8 percent of drug mentions), promethazine (3.3 percent), and ketorolac tromethamine (3.2 percent), were the most frequent given in the ED (Table 21). Ibuprofen (4.9 percent of drug mentions), acetaminophen with hydrocodone (4.4 percent), and acetaminophen alone (2.6 percent) were the most frequently prescribed at discharge (Table 21).

Disposition

- Patients were referred to an outside physician or clinic for follow-up at 62.8 percent, advised to return to the ED as needed at 34.9 percent, and referred to social services at 0.8 percent of ED visits.
- Over 2.1 million patients were transferred to other hospitals (1.9 percent). Nearly one-half of these patients (47.1 percent) were transferred for higher level or specialized care, and about one-quarter (25.7 percent) were transferred for psychiatric, mental health, or substance abuse care (Table 22).
- Patients were admitted to the hospital at 12.0 percent of visits overall. Among those admitted, 41.6 percent were 65 years of age and older, and 40.6 percent arrived by ambulance. Patients were admitted to a critical care unit at 16.2 percent of all admission visits. The average length of stay for patients admitted from the ED was 5.2 days (Table 23). The leading principal hospital discharge diagnoses were nonischemic heart disease (7.6 percent of admission visits), chest pain (5.7 percent), and pneumonia (4.4 percent) (Table 24).

ED patient flow indicators

- About 63.3 percent of patients waited less than 1 hour to see a physician. The mean waiting time to see a physician was 56.3 minutes (Table 25). Although this is an increase compared with 2004 (47.7 minutes), a

more accurate method of calculating wait times that exceeded a certain threshold was introduced in 2005. Specifically, wait times are no longer capped, resulting in an increase in lengthy wait times. This new method accounts for roughly one-half of the increase in mean wait time from 2004 to 2005.

- Nearly 7 out of 10 patients spent less than 4 hours in the ED. The mean patient care time was 2.4 hours, not including waiting time (Table 25).
- Two percent of patients left without being seen by a health care provider (Table 22).

Methods

Data source

The data in this report are from the 2005 NHAMCS, a national probability sample survey of nonfederal, general, and short-stay hospitals conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), Division of Health Care Statistics. The survey was conducted from December 27, 2004, through December 25, 2005. The NHAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code, 242k). Participation is voluntary.

Data collected in the NHAMCS are consistent with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). No personally identifying information, such as patient's name, address, or Social Security number, is collected in the NHAMCS. All information collected is held in the strictest confidence according to law and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). Approval for the NHAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2005. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of the NHAMCS is in-person visits made in the United States to EDs and OPDs of

nonfederal, short-stay hospitals (hospitals with an average stay of less than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate fewer than 24 hours are included in the OPD component of the NHAMCS (6). The hospital sampling frame consists of hospitals listed in the 1991 Verispan Hospital Database (VHD) updated using hospital data from Verispan, L.L.C., specifically their "Healthcare Market Index, Updated May 15, 2003" and their "Hospital Market Profiling Solution, Second Quarter, 2003." These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the sample allowed for the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2005, a multistage probability sample was used to collect information on visits to emergency departments. The NHAMCS has a four-stage design that involves: 1) geographic primary sampling units (PSU), 2) hospitals that have EDs or OPDs within PSUs, 3) emergency service areas (ESA) within EDs and clinics within OPDs, and 4) patient visits within ESAs and clinics (23). The PSU sample consisted of 112 PSUs that comprise a probability subsample of the PSUs used in the 1985–1994 National Health Interview Survey (NHIS). A sample of 458 hospitals was selected for the 2005 NHAMCS, 386 of which were in scope and had eligible EDs. Hospital staff were asked to complete a Patient Record form (PRF) for a sample of visits during the 4-week reporting period (see "Technical Notes"). Of the in-scope EDs, 352 participated in the study, for an unweighted ED response rate of 91.2 percent. A sample of 442 ESAs was selected from the EDs, of which 426 provided 33,605 Patient Record forms (PRFs) and 417 responded fully or adequately. The resulting unweighted ESA sample response rate was 94.3 percent. The overall unweighted two-stage sampling response rate was 86.0 percent.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by Constella Group, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.3 and 4.2 percent for various survey items.

Medical data collected in the survey were coded as follows:

- *Patient's reason for visit*—The patient's main complaint, symptom, or other reason for visiting the ED was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (24). Up to three reasons could be coded per visit.
- *Blood pressure*—Blood pressures (BP) were coded into six bands (low, normal, mildly high, moderately high, severely high, and missing). Normal BP was defined as both systolic BP between 100–119 mm Hg and diastolic BP between 60–79 mm Hg. Low BP was defined as either measurement below normal (25). Mildly high BP was defined as either systolic BP between 120–139 mm Hg or diastolic BP between 80–89 mm Hg, corresponding to the seventh Joint National Committee (JNC–7) pre-hypertension category. Moderately high BP was defined as either systolic BP between 140–159 mm Hg or diastolic BP between 90–99 mm Hg, corresponding to the JNC–7 stage 1 hypertension category. Severely high BP was defined as either systolic BP 160 mm Hg or greater, or diastolic BP 100 mm Hg or greater, corresponding to the JNC–7 stage 2 hypertension category (26). Patients were classified hierarchically according to the more severely elevated measurement starting with severely high, followed by moderately high, mildly high, low, and normal, respectively. Since the diagnosis of hypertension is not made with isolated elevated BP readings, these results are reported in terms of high blood pressure rather than hypertension.
- *Physician's diagnosis*—Respondents were asked to record the primary diagnosis associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three ED diagnoses and the principal hospital discharge diagnosis were coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (27).
- *Chronic diseases*—The chronic diseases selected for use in these analyses may not include all chronic illnesses that might present to the ED. They were selected based on the checkboxes used in the National Ambulatory Medical Care Survey. The list includes arthritis, asthma, cancer, cerebrovascular disease, congestive heart failure, chronic renal failure, chronic obstructive pulmonary disease, depression, diabetes, hyperlipidemia, hypertension, ischemic heart disease, obesity, and osteoporosis.
- *Causes of injury*—For injury-related visits, up to three external causes of injury were coded according to the *Supplementary Classification of External Causes of Injury and Poisoning* (ICD–9–CM) (27). The *Barell Injury Diagnosis Matrix: Classification of Region of Body and Nature of the Injury* was used to determine the distribution of injury-related visits by body site of primary diagnosis (28).
- *Injury, poisoning, or adverse effect of medical treatment*—Although there was a separate item on the PRF to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit was specified or an injury diagnosis was recorded without the injury item being checked. Therefore, the visit is counted as an injury visit and the checkbox is coded to "Yes" if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD–9–CM or any external cause of injury was recorded (27).

• **Medications**—Hospital staff were instructed to record up to eight medications given at this visit or prescribed at ED discharge. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (29).

As used in the NHAMCS, the term “drug” is interchangeable with the term “medication.” The term “prescribing” is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed “drug visits” in the NHAMCS. Therapeutic classification of drugs is based on the four-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (30). Because drugs may have more than one therapeutic application, up to three therapeutic drug classes are included for each drug in the NHAMCS. In addition, for each drug listed, respondents were asked to indicate whether the drug was given in the ED, at discharge, or both.

Estimation

Using the complex multistage design of the NHAMCS, a weight is computed for each visit that takes all sampling stages into account. This weight is used to inflate the data to produce unbiased national annual estimates and includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Starting in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. Detailed information

on NHAMCS estimation procedures can be found elsewhere (31).

Standard errors

The standard error (SE) is primarily a measure of the sampling variability that occurs by chance because only a sample, rather than an entire universe, is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. A description of the software and its approach has been published (32). The SEs of statistics presented in this report are included in each of the tables.

Tests of significance and rounding

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

Nonsampling errors

Item nonresponse rates in the NHAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the tables include a combined entry of “Unknown or blank” to display missing data. For items where combined item nonresponse is 30–50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases

for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0 percent or less for data items with the following exceptions: systolic blood pressure (13.4 percent); diastolic blood pressure (13.7 percent); oriented to time, place, and person (19.0 percent); presenting level of pain (24.2 percent); discharged within the last 7 days (24.2 percent); intentionality of injury (14.6 percent of injury visits); cause of injury (17.8 percent of injury visits); type of unit admitted to (11.7 of hospital admission visits); and hospital discharge status (12.7 of hospital admission visits).

For some items, missing values were imputed by randomly assigning a value from PRFs with similar characteristics. Imputed items include birth year (1.7 percent), sex (1.7 percent), race (12.2 percent), ethnicity (18.1 percent), and immediacy (3.2 percent). Imputation for birth year, sex, race, and ethnicity was based on ED volume, geographic region, immediacy with which patient should be seen, and three-digit ICD–9–CM code for primary diagnosis. Imputation for immediacy was based on ED volume, region, and primary diagnosis. Ethnicity values were imputed using state in place of geographic region, because states that mandate its collection represent four-fifths of the U.S. Hispanic population. Blank or missing responses are noted in the data.

Use of tables

First-listed reason for visit, diagnosis, and cause of injury are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly different from each other. For items related to expected source of payment, diagnostic and screening services, procedures,

providers seen, and disposition, hospital staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases include an asterisk (*) if the relative standard error (RSE) of the estimate exceeds 30 percent. The RSE of an estimate is obtained by dividing the standard error by the estimate itself.

In the tables, estimates of ED visits have been rounded to the nearest thousand. Thus, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Several of the tables in this report present rates of ED visits per population. The population figures used in calculating these rates are special tabulations produced by the Population Division, U.S. Census Bureau, from the July 1, 2005, set of state population estimates by age, sex, race, and Hispanic origin. Denominators used in computing estimates of visit rates for nursing home residents are based on the 2004 National Nursing Home Survey (33). Visit rates for the homeless are based on a report by the National Alliance to End Homelessness (34). Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2005 NHIS. Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, except for Medicaid and SCHIP, which were combined into a single category.

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Table 1. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by selected hospital characteristics: United States, 2005

Selected hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ^{1,2}	Standard error of rate
All visits	115,323	5,296	100.0	...	39.6	1.8
Ownership						
Voluntary	83,288	5,012	72.2	3.0	28.6	1.7
Government	19,576	3,322	17.0	2.7	6.7	1.1
Proprietary	12,459	2,601	10.8	2.2	4.3	0.9
Geographic region						
Northeast	22,245	2,042	19.3	1.7	41.3	3.8
Midwest	28,771	2,909	24.9	2.1	44.3	4.5
South	43,871	3,768	38.0	2.4	41.7	3.6
West	20,436	1,473	17.7	1.3	30.4	2.2
Metropolitan status						
MSA ³	98,622	5,433	85.5	1.8	40.2	2.2
Not MSA ³	16,700	2,002	14.5	1.8	36.5	4.4
Medical school affiliation						
Yes	47,728	4,308	41.4	3.0	16.4	1.5
No	65,424	4,195	56.7	3.0	22.5	1.4
Unknown or blank	2,172	1,370	1.9	1.2	0.7	0.5
Trauma center						
Yes	42,606	4,407	36.9	3.3	14.6	1.5
No	71,292	4,744	61.8	3.4	24.5	1.6
Unknown or blank	1,425	1,313	1.2	1.1	0.5	0.5

... Category not applicable.

¹Visit rates for region are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

²Population estimates of metropolitan statistical area status are based on data from the 2005 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See <http://www.census.gov/population/www/estimates/metrodef.html> for more about metropolitan statistical area definitions.

³MSA is metropolitan statistical area.

NOTE: Numbers may not add to totals because of rounding.

Table 2. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by selected patient characteristics: United States, 2005

Selected patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All visits	115,323	5,296	100.0	...	39.6	1.8
Age						
Under 15 years	24,497	1,895	21.2	1.0	40.4	3.1
Under 1 year	3,754	297	3.2	0.2	91.3	7.2
1–4 years	9,253	815	8.0	0.5	57.1	5.0
5–14 years	11,500	883	10.0	0.5	28.5	2.2
15–24 years	18,682	920	16.2	0.3	45.5	2.2
25–44 years	33,232	1,548	28.8	0.5	40.5	1.9
45–64 years	22,182	998	19.2	0.4	30.7	1.4
65 years and over	16,730	756	14.5	0.4	47.6	2.1
65–74 years	6,756	345	5.9	0.2	36.7	1.9
75 years and over	9,974	483	8.6	0.3	59.5	2.9
Sex and age						
Female	62,109	2,888	53.9	0.4	41.8	1.9
Under 15 years	11,149	890	9.7	0.5	37.6	3.0
15–24 years	10,765	582	9.3	0.2	53.0	2.9
25–44 years	18,479	926	16.0	0.4	44.6	2.2
45–64 years	12,152	598	10.5	0.3	32.7	1.6
65–74 years	3,506	212	3.0	0.2	35.1	2.1
75 years and over	6,059	295	5.3	0.2	59.4	2.9
Male	53,213	2,480	46.1	0.4	37.4	1.7
Under 15 years	13,349	1,039	11.6	0.6	43.0	3.3
15–24 years	7,916	394	6.9	0.2	38.2	1.9
25–44 years	14,753	700	12.8	0.3	36.3	1.7
45–64 years	10,030	484	8.7	0.3	28.5	1.4
65–74 years	3,250	196	2.8	0.1	38.6	2.3
75 years and over	3,915	225	3.4	0.2	59.8	3.4
Race and age ²						
White	86,149	4,400	74.7	1.3	36.8	1.9
Under 15 years	17,475	1,453	15.2	0.8	37.7	3.1
15–24 years	13,710	764	11.9	0.3	43.0	2.4
25–44 years	24,435	1,257	21.2	0.5	37.5	1.9
45–64 years	16,684	833	14.5	0.4	27.7	1.4
65–74 years	5,477	307	4.7	0.2	34.7	1.9
75 years and over	8,368	431	7.3	0.3	56.3	2.9
Black or African American	25,223	1,772	21.9	1.2	69.0	4.8
Under 15 years	6,019	649	5.2	0.5	64.7	7.0
15–24 years	4,425	346	3.8	0.3	73.5	5.7
25–44 years	7,746	579	6.7	0.4	74.6	5.6
45–64 years	4,742	359	4.1	0.3	60.2	4.6
65–74 years	1,057	119	0.9	0.1	62.0	7.0
75 years and over	1,235	142	1.1	0.1	98.3	11.3
Asian	2,173	390	1.9	0.3	17.2	3.1
Native Hawaiian or Other Pacific Islander	*609	269	*0.5	0.2	*120.1	53.1
American Indian or Alaska Native	786	227	0.7	0.2	28.0	8.1
Multiple races	*382	145	*0.3	0.1	*8.4	3.2
Ethnicity						
Hispanic or Latino	16,872	2,017	14.6	1.5	40.0	4.8
Not Hispanic or Latino	98,451	4,519	85.4	1.5	39.5	1.8
Patient residence						
Private residence	105,228	4,852	91.2	0.9	36.1	1.7
Nursing home	2,196	166	1.9	0.1	147.2	11.1
Other institution	1,104	109	1.0	0.1	43.4	4.3
Other residence	612	100	0.5	0.1	0.2	0.0
Homeless	473	73	0.4	0.1	62.7	9.7
Unknown or blank	5,710	1,037	5.0	0.8	...	...

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, ethnicity, private residence, and other residence are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for nursing home residents are based on the 2004 CDC/NCHS National Nursing Home Survey. Visit rates for the homeless are based on The Annual Homeless Assessment Report to Congress by the U.S. Department of Housing and Urban Development. See "Methods" for more details.

²The race groups, White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races, include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than is typically found for self-reported race in household surveys.

NOTE: Numbers may not add to totals because of rounding.

Table 3. Number and percentage of emergency department visits with corresponding standard errors, by expected source of payment: United States, 2005

Expected source(s) of payment	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	115,323	5,296	...	...
Private insurance	45,999	2,304	39.9	1.2
Medicaid/SCHIP ²	28,661	1,895	24.9	1.0
Medicare	19,184	979	16.6	0.5
Medicare and Medicaid	3,140	295	2.7	0.2
No insurance ³	19,267	1,398	16.7	0.8
Self-pay	18,426	1,330	16.0	0.8
No charge/charity	*1,227	420	*1.1	0.4
Worker's compensation	1,977	149	1.7	0.1
Other	2,732	349	2.4	0.3
Unknown or blank	7,462	1,215	6.5	1.0

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "All visits" because more than one source of payment may be reported per visit.

²SCHIP is State Children's Health Insurance Program.

³"No insurance" is defined as having only self-pay, no charge, or charity as payment sources.

Table 4. Percent distribution of emergency department visits with corresponding standard errors, by patient's mode of arrival according to patient age: United States, 2005

Patient age	Number of visits in thousands	Patient's mode of arrival				
		Total	Walk-in ¹	Ambulance	Public service ²	Unknown or blank
Percent distribution						
All visits	115,323	100.0	78.5	15.5	1.6	4.4
Age						
Under 15 years	24,497	100.0	87.2	6.1	*1.1	5.6
Under 1 year	3,745	100.0	84.4	7.1	*1.2	*7.3
1-4 years	9,253	100.0	88.6	5.4	*0.9	5.1
5-14 years	11,500	100.0	87.1	6.4	1.2	5.3
15-24 years	18,682	100.0	82.9	11.0	1.9	4.2
25-44 years	33,232	100.0	81.9	12.2	2.1	3.8
45-64 years	22,182	100.0	75.0	18.8	1.7	4.6
65 years and over	16,730	100.0	58.4	36.4	1.1	4.1
65-74 years	6,756	100.0	68.3	25.9	*1.4	4.5
75 years and over	9,974	100.0	51.7	43.5	1.0	3.8
Standard error of percent						
All visits . . . . .	...	...	0.7	0.6	0.3	0.5
Age						
Under 15 years . . . . .	...	...	1.6	0.9	0.4	1.2
Under 1 year . . . . .	...	...	2.9	1.3	0.6	2.4
1-4 years . . . . .	...	...	1.7	1.2	0.4	1.2
5-14 years . . . . .	...	...	1.4	0.9	0.3	1.3
15-24 years . . . . .	...	...	0.9	0.7	0.4	0.6
25-44 years . . . . .	...	...	0.9	0.7	0.3	0.5
45-64 years . . . . .	...	...	0.9	0.8	0.2	0.6
65 years and over . . . . .	...	...	1.2	1.1	0.3	0.7
65-74 years . . . . .	...	...	1.5	1.2	0.6	0.8
75 years and over . . . . .	...	...	1.4	1.5	0.3	0.8

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Includes patients arriving by car, taxi, bus, or foot.

²Includes patients arriving in a police car, social service vehicle, beach patrol, etc., or escorted or carried by a public service official.

NOTE: Numbers may not add to totals because of rounding.

Table 5. Number and percent distribution of emergency department visits with corresponding standard errors, by immediacy with which patient should be seen, according to selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Number of visits in thousands	Total	Percent distribution						Standard error of percent					
			Immediate ¹	Emergent ²	Urgent ³	Semiurgent ⁴	Nonurgent ⁵	Unknown or no triage ⁶	Immediate ¹	Emergent ²	Urgent ³	Semiurgent ⁴	Nonurgent ⁵	Unknown or no triage ⁶
All visits	115,323	100.0	5.5	9.8	33.3	20.7	13.9	16.7	0.7	0.6	1.6	1.3	1.5	1.6
Age														
Under 15 years	24,497	100.0	4.5	7.6	30.4	24.6	16.1	16.8	1.0	0.8	2.2	2.2	1.9	2.3
Under 1 year	3,745	100.0	5.6	9.1	29.2	22.4	18.6	15.1	1.1	1.5	2.7	2.4	2.7	2.6
1–4 years	9,253	100.0	5.4	7.6	28.9	25.1	14.7	18.3	1.4	0.9	2.2	2.5	2.0	2.7
5–14 years	11,500	100.0	3.4	7.2	31.9	24.9	16.4	16.2	0.8	0.8	2.4	2.2	2.0	2.1
15–24 years	18,682	100.0	4.2	8.1	33.2	22.3	15.6	16.6	0.6	0.7	2.0	1.5	1.8	1.7
25–44 years	33,232	100.0	4.5	8.7	33.8	21.8	15.4	15.9	0.8	0.7	1.6	1.3	1.6	1.6
45–64 years	22,182	100.0	5.9	11.0	34.6	18.0	12.4	18.0	0.8	0.8	1.6	1.2	1.4	1.9
65 years and over	16,730	100.0	10.1	15.5	35.3	14.6	7.9	16.6	1.1	1.0	1.8	1.2	1.0	1.7
65–74 years	6,756	100.0	9.3	14.5	34.7	16.5	8.7	16.3	1.3	1.3	2.3	1.5	1.3	1.8
75 years and over	9,974	100.0	10.7	16.1	35.7	13.4	7.4	16.7	1.2	1.2	2.0	1.3	1.0	1.8
Sex														
Female	62,109	100.0	5.4	9.2	34.0	20.8	14.0	16.6	0.8	0.6	1.6	1.2	1.5	1.7
Male	53,213	100.0	5.7	10.5	32.5	20.6	13.8	16.8	0.7	0.7	1.6	1.3	1.4	1.6
Race ⁷														
White	86,149	100.0	6.2	9.7	32.2	19.7	14.4	17.8	0.9	0.6	1.6	1.3	1.5	1.7
Black or African American	25,223	100.0	3.4	10.1	37.0	24.0	13.6	12.0	0.4	0.9	2.5	1.9	1.9	1.8
Other	3,950	100.0	5.8	10.2	33.7	22.0	6.4	22.0	1.5	1.6	2.1	1.8	1.3	3.8
Ethnicity														
Hispanic or Latino	16,872	100.0	4.4	8.6	30.3	20.1	15.4	21.3	1.2	1.1	3.0	2.1	1.8	3.4
Not Hispanic or Latino	98,451	100.0	5.7	10.0	33.8	20.8	13.7	15.9	0.8	0.6	1.6	1.2	1.5	1.6
Expected source of payment														
Private insurance	45,999	100.0	5.6	9.8	33.7	21.3	13.3	16.7	0.8	0.7	1.6	1.3	1.5	1.6
Medicaid/SCHIP ⁸	28,661	100.0	5.3	8.9	33.6	22.5	14.6	15.1	1.1	0.9	2.1	1.8	1.8	2.1
Medicare	19,184	100.0	9.7	14.4	35.9	15.9	8.6	15.4	1.2	1.1	1.7	1.2	1.0	1.5
Medicare and Medicaid	3,140	100.0	8.6	12.6	36.9	16.4	10.0	15.5	1.3	1.6	2.9	1.8	1.9	2.6
No insurance ⁹	19,267	100.0	4.3	8.4	32.0	21.2	18.5	15.5	0.7	0.9	2.4	1.6	2.2	2.0
Worker's compensation	1,977	100.0	4.6	8.4	23.3	22.5	16.9	24.3	1.6	1.8	2.8	2.8	2.5	4.2
Other	2,732	100.0	6.3	9.6	29.3	19.8	16.4	18.6	1.9	1.6	3.6	2.9	3.5	4.2
Unknown or blank	7,462	100.0	3.2	9.9	33.5	16.2	8.7	28.6	0.7	1.7	3.5	2.5	1.9	6.1

¹A visit in which the patient should be seen immediately.²A visit in which the patient should be seen in 1–14 minutes.³A visit in which the patient should be seen within 15–60 minutes.⁴A visit in which the patient should be seen within 61–120 minutes.⁵A visit in which the patient should be seen within 121 minutes–24 hours.⁶A visit in which there is no mention of an immediacy rating or triage level in the medical record, the hospital did not perform triage, or the patient was dead on arrival.⁷Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons of multiple races. All race categories include visits by persons of Hispanic origin and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than is typically found for self-reported race.⁸SCHIP is State Children's Health Insurance Program.⁹"No insurance" is defined as having only self-pay, no charge, or charity as payment sources.

NOTE: Numbers may not add to totals because of rounding.

Table 6. Number and percent distribution of emergency department visits with corresponding standard errors, by selected visit characteristics: United States, 2005

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Oriented to time, place, and person				
Yes	90,368	4,714	78.4	1.5
No	3,051	312	2.6	0.3
Unknown or blank	21,903	1,901	19.0	1.5
Presenting level of pain				
None	22,013	1,427	19.1	0.8
Mild	16,225	947	14.1	0.7
Moderate	26,773	1,460	23.2	0.8
Severe	22,438	1,465	19.5	0.7
Unknown or blank	27,874	2,095	24.2	1.4
Work related ¹				
Yes	2,989	204	2.6	0.2
No	103,787	4,918	90.0	0.7
Unknown or blank	8,547	814	7.4	0.6
Patient seen in this ED ² within the last 72 hours				
Yes	4,066	310	3.5	0.2
No	100,338	4,657	87.0	1.7
Unknown or blank	10,919	2,168	9.5	1.8
Patient discharged from any hospital within the last 7 days				
Yes	2,198	168	1.9	0.1
No	85,241	4,538	73.9	2.3
Unknown or blank	27,884	3,130	24.2	2.4

. . . Category not applicable.

¹4.1 percent (SE=0.3) of visits made by persons 18–64 years of age were work related.²ED is emergency department.

NOTE: Numbers may not add to totals because of rounding.

Table 7. Percent distribution of initial blood pressure measurements at emergency department visits, with corresponding standard errors by adults, according to selected patient and visit characteristics: United States, 2005

Patient and visit characteristics	Number of visits in thousands	Total	Percent distribution						Standard error of percent					
			Low	Normal	Mildly high	Moderately high	Severely high	Blank	Low	Normal	Mildly high	Moderately high	Severely high	Blank
All visits (18 years and over).	86,408	100.0	6.5	14.6	33.8	25.3	15.2	4.6	0.3	0.4	0.5	0.4	0.4	0.8
Age														
18–24 years	14,264	100.0	8.1	22.0	42.4	18.6	4.0	4.8	0.7	1.0	1.2	0.9	0.5	0.9
25–44 years	33,232	100.0	5.1	17.6	38.3	23.9	10.6	4.4	0.3	0.5	0.7	0.6	0.4	0.8
45–64 years	22,182	100.0	5.3	10.5	29.2	29.5	20.5	5.0	0.4	0.5	0.7	0.8	0.7	1.0
65–74 years	6,756	100.0	8.8	7.7	24.9	31.9	23.7	3.0	0.7	0.9	1.3	1.4	1.2	0.7
75 years and over	9,974	100.0	10.1	7.9	22.7	25.4	28.8	5.1	0.7	0.7	1.1	1.1	1.2	1.3
Sex														
Female	48,541	100.0	7.3	17.0	33.3	22.8	15.1	4.5	0.4	0.5	0.6	0.5	0.4	0.8
Male	37,866	100.0	5.4	11.6	34.4	28.4	15.3	4.8	0.3	0.4	0.6	0.7	0.5	1.0
Race ¹														
White	65,394	100.0	6.5	14.5	33.9	25.4	14.9	4.7	0.3	0.4	0.5	0.5	0.4	0.9
Black	18,149	100.0	6.4	14.8	33.2	24.9	16.5	4.1	0.5	0.7	0.9	0.8	0.7	0.8
Asian	1,662	100.0	8.3	14.1	29.4	26.2	16.4	*	1.3	1.7	2.2	2.0	1.9	*
Other	1,203	100.0	*	18.0	40.0	23.4	9.2	*	*	3.0	3.1	2.2	1.4	*
Ethnicity														
Hispanic or Latino	10,779	100.0	7.3	16.9	35.9	23.1	11.7	4.9	0.8	0.9	1.1	1.0	0.7	0.8
Not Hispanic or Latino.	75,628	100.0	6.4	14.3	33.5	25.6	15.7	4.6	0.3	0.4	0.5	0.5	0.4	0.9

* Figure does not meet standards of reliability or precision.

¹“Other” race includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons of multiple races. All race categories may include visits by persons of Hispanic origin and not Hispanic origin. Starting with data year 1999, race- and ethnicity-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than is typically found for self-reported race.

NOTE: Numbers may not add to totals because of rounding. Blood pressure levels were categorized using the following hierarchical definitions: Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic.

Table 8. Number and percent distribution of emergency department visits with corresponding standard errors, by principal reason for visit module: United States, 2005

Principal reason for visit module and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Symptom module S001–S999	84,773	3,978	73.5	0.5
General symptoms S001–S099	18,160	948	15.7	0.3
Symptoms referable to psychological and mental disorders S100–S199	2,654	200	2.3	0.1
Symptoms referable to the nervous system (excluding sense organs) S200–S259	7,015	361	6.1	0.2
Symptoms referable to the cardiovascular and lymphatic system S260–S299	743	70	0.6	0.1
Symptoms referable to the eyes and ears S300–S399	3,861	284	3.3	0.2
Symptoms referable to the respiratory system S400–S499	13,270	675	11.5	0.3
Symptoms referable to the digestive system S500–S639	15,716	824	13.6	0.3
Symptoms referable to the genitourinary system S640–S829	4,476	287	3.9	0.2
Symptoms referable to the skin, hair, and nails S830–S899	2,879	202	2.5	0.1
Symptoms referable to the musculoskeletal system S900–S999	16,001	822	13.9	0.4
Disease module D001–D999	4,742	322	4.1	0.2
Diagnostic, screening, and preventive module X100–X599	934	94	0.8	0.1
Treatment module T100–T899	2,488	197	2.2	0.1
Injuries and adverse effects module J001–J999	20,622	1,058	17.9	0.5
Test results module R100–R700	390	47	0.3	0.0
Administrative module A100–A140	197	42	0.2	0.0
Other ² U990–U999	1,177	162	1.0	0.1

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (24).²Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 9. Number and percent distribution of emergency department visits with corresponding standard errors, by the 20 leading principal reasons for visit: United States, 2005

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Stomach and abdominal pain, cramps, and spasms S545	7,833	444	6.8	0.2
Chest pain and related symptoms S050	5,812	337	5.0	0.2
Fever S010	5,042	449	4.4	0.3
Cough S440	3,359	239	2.9	0.2
Headache, pain in head S210	3,104	199	2.7	0.1
Back symptoms S905	2,918	187	2.5	0.1
Shortness of breath S415	2,802	200	2.4	0.1
Pain, site not referable to a specific body system S055	2,554	158	2.2	0.1
Vomiting S530	2,535	217	2.2	0.1
Symptoms referable to throat S455	2,178	162	1.9	0.1
Lacerations and cuts - upper extremity J225	1,843	129	1.6	0.1
Accident, not otherwise specified J810	1,808	162	1.6	0.1
Earache or ear infection S355	1,707	176	1.5	0.1
Leg symptoms S920	1,568	114	1.4	0.1
Skin rash S860	1,548	135	1.3	0.1
Injury, other and unspecified type—head, neck, and face J505	1,538	127	1.3	0.1
Labored or difficult breathing (dyspnea) S420	1,530	139	1.3	0.1
Nausea S525	1,525	118	1.3	0.1
Vertigo-dizziness S225	1,524	115	1.3	0.1
Motor vehicle accident, type of injury unspecified J805	1,494	149	1.3	0.1
All other reasons	61,101	2,751	53.0	0.4

. . . Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (24).

NOTE: Numbers may not add to totals because of rounding.

Table 10. Number and percent distribution of emergency department visits with corresponding standard errors, by physician's primary diagnosis: United States, 2005

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Infectious and parasitic diseases 001-139	3,514	259	3.0	0.2
Neoplasms 140-239	218	32	0.2	0.0
Endocrine, nutritional and metabolic diseases, and immunity disorders 240-279	1,765	126	1.5	0.1
Mental disorders 290-319	4,002	294	3.5	0.2
Diseases of the nervous system and sense organs 320-389	5,936	398	5.1	0.2
Diseases of the circulatory system 390-459	4,036	220	3.5	0.2
Diseases of the respiratory system 460-519	12,740	684	11.0	0.3
Diseases of the digestive system 520-579	6,949	430	6.0	0.2
Diseases of the genitourinary system 580-629	5,326	311	4.6	0.2
Diseases of the skin and subcutaneous tissue 680-709	4,561	330	4.0	0.2
Diseases of the musculoskeletal system and connective tissue 710-739	6,350	342	5.5	0.2
Symptoms, signs, and ill-defined conditions 780-799	22,206	1,199	19.3	0.5
Injury and poisoning 800-999	28,739	1,392	24.9	0.5
Fractures 800-829	3,470	218	3.0	0.1
Sprains and strains 840-848	6,293	396	5.5	0.2
Intracranial injury 850-854	261	43	0.2	0.0
Open wounds 870-897	6,217	345	5.4	0.2
Superficial injury 910-919	1,600	144	1.4	0.1
Contusion with intact skin surface 920-924	4,880	297	4.2	0.2
Foreign bodies 930-939	589	69	0.5	0.1
Burns 940-949	545	61	0.5	0.0
Trauma complications and unspecified injuries 958-959	1,787	162	1.5	0.1
Poisoning and toxic effects 960-989	907	77	0.8	0.1
Surgical and medical complications 996-999	500	59	0.4	0.0
Other injuries	1,689	135	1.5	0.1
Supplementary classification V01-V82	2,978	233	2.6	0.2
All other diagnoses ²	2,803	255	2.4	0.2
Unknown ³	3,199	254	2.8	0.2

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (27).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-677); congenital anomalies (740-759); certain conditions originating in perinatal period (760-779); diagnoses that were uncodable or illegible, patient left before being seen, patient was transferred to another facility, health maintenance organization did not authorize treatment, and entries of "none," "no diagnosis," "no disease," or "healthy."

³Includes blank diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 11. Number and percent distribution of emergency department visits with corresponding standard errors, by the 20 leading primary diagnosis groups: United States, 2005

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Contusion with intact skin surface 920-924	4,880	297	4.2	0.2
Abdominal pain 789.0	4,628	305	4.0	0.2
Chest pain 786.5	4,438	289	3.8	0.2
Acute upper respiratory infection, excluding pharyngitis 460-461,463-466	4,316	299	3.7	0.2
Open wound, excluding head 874-897	4,031	248	3.5	0.2
Spinal disorders 720-724	2,903	161	2.5	0.1
Cellulitis and abscess 681-682	2,663	221	2.3	0.1
Sprains and strains, excluding ankle and back 840-844,845.1,848	2,541	204	2.2	0.1
Sprains and strains of neck and back 846,847	2,493	183	2.2	0.1
Fractures, excluding lower limb 800-819	2,299	147	2.0	0.1
Otitis media and eustachian tube disorders 381-382	2,216	237	1.9	0.2
Open wound of head 870-873	2,186	154	1.9	0.1
Rheumatism, excluding back 725-729	1,840	137	1.6	0.1
Urinary tract infection, site not specified 599.0	1,813	134	1.6	0.1
Asthma 493	1,770	126	1.5	0.1
Chronic and unspecified bronchitis 490-491	1,657	143	1.4	0.1
Superficial injuries 910-919	1,600	144	1.4	0.1
Unspecified viral and chlamydial infections 079.9	1,598	130	1.4	0.1
Acute pharyngitis 462	1,596	148	1.4	0.1
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	1,572	132	1.4	0.1
All other diagnoses	62,280	2,900	54.0	0.5

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (27). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.

Table 12. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by patient age and the five leading primary diagnosis groups: United States, 2005

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ²	Standard error of rate
All visits	115,323	5,296	100.0	...	39.6	1.8
Under 1 year						
All visits	3,745	297	100.0	...	91.3	7.2
Acute upper respiratory infection, excluding pharyngitis 460-461,463-466	770	84	20.6	1.8	18.8	2.1
Pyrexia of unknown origin 780.6	361	61	9.6	1.4	8.8	1.5
Otitis media and eustachian tube disorders 381-382	346	49	9.2	1.2	8.4	1.2
Unspecified viral and chlamydial infections 079.9	208	34	5.6	0.8	5.1	0.8
Noninfectious enteritis and colitis 555-558	*109	33	2.9	0.8	2.7	0.8
All other diagnoses	1,950	180	52.1	2.2	47.5	4.4
1-12 years						
All visits	18,304	1,518	100.0	...	38.1	3.2
Acute upper respiratory infection, excluding pharyngitis 460-461,463-466	1,570	158	8.6	0.6	3.3	0.3
Otitis media and eustachian tube disorders 381-382	1,370	153	7.5	0.5	2.9	0.3
Open wound of head 870-873	913	97	5.0	0.4	1.9	0.2
Contusion with intact skin surface 920-924	869	97	4.7	0.4	1.8	0.2
Pyrexia of unknown origin 780.6	777	115	4.2	0.5	1.6	0.2
All other diagnoses	12,804	1,105	70.0	0.9	26.7	2.3
13-21 years						
All visits	14,892	774	100.0	...	40.0	2.1
Contusion with intact skin surface 920-924	1,010	107	6.8	0.6	2.7	0.3
Open wound, excluding head 874-897	769	93	5.2	0.6	2.1	0.3
Abdominal pain 789.0	714	75	4.8	0.5	1.9	0.2
Fractures, excluding lower limb 800-819	500	60	3.4	0.4	1.3	0.2
Acute upper respiratory infection, excluding pharyngitis 460-461,463-466	442	55	3.0	0.4	1.2	0.2
All other diagnoses	11,457	625	76.9	1.0	30.7	1.7
22-49 years						
All visits	46,420	2,114	100.0	...	39.8	1.8
Abdominal pain 789.0	2,175	179	4.7	0.3	1.9	0.2
Chest pain 786.5	1,987	157	4.3	0.3	1.7	0.1
Spinal disorders 720-724	1,827	114	3.9	0.2	1.6	0.1
Contusion with intact skin surface 920-924	1,766	127	3.8	0.2	1.5	0.1
Open wound, excluding head 874-897	1,759	122	3.8	0.2	1.5	0.1
All other diagnoses	36,905	1,701	79.5	0.5	31.7	1.5
50-64 years						
All visits	15,232	705	100.0	...	30.4	1.4
Chest pain 786.5	1,220	111	8.0	0.6	2.4	0.2
Abdominal pain 789.0	671	70	4.4	0.4	1.3	0.1
Spinal disorders 720-724	503	50	3.3	0.3	1.0	0.1
Contusion with intact skin surface 920-924	494	52	3.2	0.3	1.0	0.1
Open wound, excluding head 874-897	489	53	3.2	0.3	1.0	0.1
All other diagnoses	11,854	579	77.8	0.8	23.7	1.2
65 years and over						
All visits	16,730	756	100.0	...	47.6	2.2
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	983	91	5.9	0.4	2.8	0.3
Chest pain 786.5	907	85	5.4	0.4	2.6	0.2
Contusion with intact skin surface 920-924	707	66	4.2	0.3	2.0	0.2
Abdominal pain 789.0	615	72	3.7	0.4	1.8	0.2
Pneumonia 480-486	571	63	3.4	0.3	1.6	0.2
All other diagnoses	12,947	587	77.4	0.8	36.8	1.7

... Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (27). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

²Visit rates by age are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

NOTE: Numbers may not add to totals because of rounding.

Table 13. Number, percent distribution, and annual rate of injury-related emergency department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2005

Selected patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All injury-related visits ²	41,937	1,961	100.0	...	14.4	0.7
Patient characteristic						
Age						
Under 15 years	8,568	649	20.4	1.0	14.1	1.1
Under 1 year	472	61	1.1	0.1	11.5	1.5
1–4 years	2,906	282	6.9	0.5	17.9	1.7
5–14 years	5,190	393	12.4	0.6	12.9	1.0
15–24 years	7,781	398	18.6	0.5	19.0	1.0
25–44 years	12,850	693	30.6	0.7	15.7	0.8
45–64 years	7,810	368	18.6	0.6	10.8	0.5
65 years and over	4,927	252	11.7	0.4	14.0	0.7
65–74 years	1,923	111	4.6	0.2	10.5	0.6
75 years and over	3,003	186	7.2	0.4	17.9	1.1
Sex and age						
Female	19,389	914	46.2	0.6	13.0	0.6
Under 15 years	3,575	296	8.5	0.5	12.1	1.0
15–24 years	3,283	194	7.8	0.3	16.2	1.0
25–44 years	5,820	349	13.9	0.5	14.1	0.8
45–64 years	3,899	212	9.3	0.4	10.5	0.6
65–74 years	996	75	2.4	0.2	10.0	0.8
75 years and over	1,816	120	4.3	0.3	17.8	1.2
Male	22,547	1,120	53.8	0.6	15.8	0.8
Under 15 years	4,993	403	11.9	0.6	16.1	1.3
15–24 years	4,498	250	10.7	0.4	21.7	1.2
25–44 years	7,030	394	16.8	0.5	17.3	1.0
45–64 years	3,911	205	9.3	0.4	11.1	0.6
65–74 years	928	75	2.2	0.2	11.0	0.9
75 years and over	1,187	104	2.8	0.2	18.1	1.6
Race and age: ³						
White	32,838	1,654	78.3	1.2	14.0	0.7
Under 15 years	6,555	528	15.6	0.8	14.2	1.1
15–24 years	6,053	336	14.4	0.4	19.0	1.1
25–44 years	9,922	565	23.7	0.7	15.2	0.9
45–64 years	6,094	315	14.5	0.5	10.1	0.5
65–74 years	1,557	102	3.7	0.2	9.9	0.6
75 years and over	2,656	175	6.3	0.3	17.9	1.2
Black or African American	7,724	587	18.4	1.1	21.1	1.6
Under 15 years	1,706	190	4.1	0.4	18.3	2.0
15–24 years	1,527	136	3.6	0.3	25.4	2.3
25–44 years	2,503	245	6.0	0.5	24.1	2.4
45–64 years	1,463	131	3.5	0.3	18.6	1.7
65–74 years	293	50	0.7	0.1	17.2	2.9
75 years and over	233	45	0.6	0.1	18.5	3.6
Other	1,374	234	3.3	0.6	6.7	1.1
Ethnicity						
Hispanic or Latino	5,523	649	13.2	1.4	13.1	1.5
Not Hispanic or Latino	36,413	1,733	86.8	1.4	14.6	0.7
Hospital characteristic						
Ownership						
Voluntary	30,180	1,813	72.0	3.2	10.4	0.6
Government	7,463	1,347	17.8	3.0	2.6	0.5
Proprietary	4,293	912	10.2	2.1	1.5	0.3
Geographic region						
Northeast	8,354	815	19.9	1.8	15.5	1.5
Midwest	10,292	967	24.5	2.0	15.8	1.5
South	15,323	1,410	36.5	2.5	14.6	1.3
West	7,967	632	19.0	1.5	11.9	0.9

See footnotes at end of table.

Table 13. Number, percent distribution, and annual rate of injury-related emergency department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2005—Con.

Selected patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
Metropolitan status ⁴						
MSA ⁵	35,417	2,011	84.5	1.9	14.4	0.8
Not MSA ⁵	6,520	757	15.5	1.9	14.3	1.7

. . . Category not applicable.

¹Visit rates for age, sex, race, ethnicity, and region are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

²36.4 percent (SE=0.5) of all visits were injury related.

³Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than is typically found for self-reported race.

⁴Population estimates of metropolitan statistical status are based on data from the 2005 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See <http://www.census.gov/population/www/estimates/metrodef.html> for more about metropolitan statistical area definitions.

⁵MSA is metropolitan statistical area.

NOTE: Numbers may not add to totals because of rounding.

Table 14. Number and percent distribution of injury-related emergency department visits with corresponding standard errors, by intent and mechanism of external cause: United States, 2005

Intent and mechanism ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	41,937	1,961	100.0	. . .
Unintentional injuries	28,375	1,396	67.7	0.9
Falls	8,728	455	20.8	0.6
Motor vehicle traffic	4,241	279	10.1	0.4
Struck against or struck accidentally by objects or persons	3,327	206	7.9	0.3
Cutting or piercing instruments or objects	2,522	187	6.0	0.3
Natural and environmental factors	2,033	201	4.8	0.4
Overexertion and strenuous movements	1,821	137	4.3	0.3
Poisoning	913	78	2.2	0.2
Foreign body	912	104	2.2	0.2
Fire and flames, hot substances or object, caustic or corrosive material and steam	593	64	1.4	0.1
Caught accidentally in or between objects	433	53	1.0	0.1
Pedal cycle, nontraffic	405	50	1.0	0.1
Motor vehicle, nontraffic and other	342	52	0.8	0.1
Machinery	278	36	0.7	0.1
Other transportation	127	27	0.3	0.1
Suffocation	*	. . .	*	. . .
Other mechanism ²	1,552	119	3.7	0.2
Mechanism unspecified	*	. . .	*	. . .
Intentional injuries	2,198	163	5.2	0.3
Assault	1,744	139	4.2	0.3
Unarmed fight or brawl, striking by blunt or thrown object	1,134	105	2.7	0.2
Cutting or piercing instrument	138	29	0.3	0.1
Other and unspecified mechanism ³	473	60	1.1	0.1
Self-inflicted	420	53	1.0	0.1
Poisoning by solid or liquid substances, gases, and vapors	284	44	0.7	0.1
Other and unspecified mechanism ⁴	136	27	0.3	0.1
Other causes of violence	*	. . .	*	. . .
Injuries of undetermined intent	269	45	0.6	0.1
Adverse effects of medical treatment	1,837	137	4.4	0.3
Medical and surgical complications	1,082	99	2.6	0.2
Adverse drug effects	755	76	1.8	0.2
Alcohol or drug use ⁵	1,799	151	4.3	0.3
Blank cause ⁶	7,460	523	17.8	0.9

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the "Supplementary Classification of External Cause of Injury and Poisoning," *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (27)*. A detailed description of the ICD-9-CM E-codes used to create groupings in this table can be found in the 2003 Advance Data report (6).

²Includes drowning, firearms, and other mechanism.

³Includes assaults by firearms and explosives, and other mechanism.

⁴Includes injury by cutting and piercing instrument, and other and unspecified mechanism.

⁵Alcohol and drug abuse are not contained in the "Supplementary Classification of External Causes of Injury and Poisoning," but are frequently recorded as a cause of injury or poisoning.

⁶Includes illegible entries and blanks.

Table 15. Number and percent distribution of injury-related emergency department visits with corresponding standard errors, by body site of primary diagnosis: United States, 2005

Body site of primary diagnosis ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury visits	41,937	1,961	100.0	...
Head and neck	5,583	322	13.3	0.5
Traumatic brain injury	320	49	0.8	0.1
Other head	1,319	115	3.1	0.2
Face	1,731	121	4.1	0.2
Eye	706	72	1.7	0.2
Head, face, and neck unspecified	1,508	136	3.6	0.2
Spinal cord	*	...	*	...
Vertebral column	2,021	154	4.8	0.3
Cervical	1,151	106	2.7	0.2
Thoracic and dorsal	130	33	0.3	0.1
Lumbar	721	70	1.7	0.2
Other vertebral column	*	...	*	...
Torso	2,128	168	5.1	0.3
Chest	810	71	1.9	0.2
Abdomen	136	29	0.3	0.1
Pelvis and urogenital	368	50	0.9	0.1
Trunk	202	35	0.5	0.1
Back and buttocks	613	87	1.5	0.2
Upper extremity	7,250	344	17.3	0.5
Shoulder and upper arm	1,265	100	3.0	0.2
Forearm and elbow	1,197	83	2.9	0.2
Wrist, hand, and fingers	4,375	237	10.4	0.4
Other and unspecified upper extremity	411	51	1.0	0.1
Lower extremity	5,959	348	14.2	0.5
Hip	366	44	0.9	0.1
Upper leg and thigh	162	26	0.4	0.1
Knee	558	77	1.3	0.2
Lower leg and ankle	1,889	146	4.5	0.3
Foot and toes	1,322	120	3.2	0.2
Other and unspecified lower extremity	1,662	125	4.0	0.2
Systemwide	1,667	116	4.0	0.2
Other and unspecified body site injuries	2,715	280	6.5	0.5
Adverse effects and medical complications	1,347	116	3.2	0.2
All other diagnoses ²	12,302	644	29.3	0.7
Unknown ³	948	96	2.3	0.2

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (27). A detailed description of the Barel Injury Diagnosis Matrix: Classification by Region of Body and Nature of the Injury can be found in the 2003 Advance Data report (6). Three additional categories were added that were not in the Barel Injury Diagnosis Matrix to account for all injury-related visits: illness diagnoses, supplementary classification, and other adverse effects and medical complications.

²All other diagnoses include musculoskeletal system (710-739), symptoms and ill-defined conditions (780-799), skin and subcutaneous tissue (680-709), mental disorders (290-319), nervous system and sense organ (320-389), other illnesses (001-289,390-677,740-779), and supplementary classification (V01-V82).

³Includes blank, uncodable, and illegible diagnoses.

Table 16. Number and percentage of emergency department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2005

Diagnostic and screening services ordered or provided	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	115,323	5,296	...	...
One or more diagnostic or screening services listed ²	81,953	3,691	71.1	1.2
None	30,726	2,210	26.6	1.2
Blank	2,645	424	2.3	0.4
Blood tests				
Complete blood count.	39,183	1,893	34.0	0.7
Blood urea nitrogen/creatinine.	23,194	1,588	20.1	1.1
Electrolytes	22,010	1,500	19.1	1.1
Glucose	21,889	1,498	19.0	1.1
Cardiac enzymes.	13,236	859	11.5	0.7
Liver function tests.	6,277	636	5.4	0.5
Arterial blood gases	2,630	304	2.3	0.2
Blood alcohol concentration	2,202	247	1.9	0.2
HIV serology ³	413	93	0.4	0.1
Other blood test	21,213	1,254	18.4	0.8
Any blood test	43,625	2,066	37.8	0.7
Imaging				
X ray	40,678	1,902	35.3	0.7
CT scan ⁴	12,332	695	10.7	0.4
Ultrasound	3,015	247	2.6	0.2
MRI ⁵	543	68	0.5	0.1
Other imaging.	1,736	219	1.5	0.2
Any imaging.	50,355	2,314	43.7	0.8
Other tests				
Pulse oximetry	30,364	2,597	26.3	2.2
Urinalysis	23,301	1,237	20.2	0.5
EKG/ECG ⁶	18,965	943	16.4	0.5
Cardiac monitor.	8,838	629	7.7	0.5
Pregnancy test	4,911	369	4.3	0.3
Other	11,738	876	10.2	0.6

... Category not applicable.

¹Total exceeds "All visits" because more than one service may be reported per visit.

²Does not include medical screening and mental status exams, which were removed from the 2005 survey.

³HIV is human immunodeficiency virus.

⁴CT is computed tomography.

⁵MRI is magnetic resonance imaging.

⁶EKG/ECG is electrocardiogram.

Table 17. Number and percentage of emergency department visits with corresponding standard errors, by selected procedures: United States, 2005

Procedures performed	Number of visits in thousands	Standard error in thousands	Percent of visits	Standard error of percent
All visits	115,323	5,296	...	...
1 or more procedures listed	54,499	2,754	47.3	1.4
None	54,810	3,283	47.5	1.4
Blank	6,014	602	5.2	0.5
IV fluids ¹	27,372	1,494	23.7	0.9
Wound care	11,841	645	10.3	0.4
Orthopedic care	6,506	471	5.6	0.3
Nebulizer therapy	3,269	251	2.8	0.2
Bladder catheter	3,110	248	2.7	0.2
OB/GYN care ²	1,750	168	1.5	0.1
Nasogastric tube/gastric lavage	309	51	0.3	0.0
Endotracheal intubation	292	45	0.3	0.0
CPR ³	166	29	0.1	0.0
Thrombolytic therapy	131	31	0.1	0.0
Other	10,584	1,483	9.2	1.2

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹IV is intravenous.

²OB/GYN is obstetrics or gynecology.

³CPR is cardiopulmonary resuscitation.

Table 18. Number and percentage of emergency department visits with corresponding standard errors, by providers seen: United States, 2005

Type of provider	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	115,323	5,296	...	...
Any physician	104,597	4,833	90.7	0.8
Attending physician	101,224	4,854	87.8	1.0
Resident/intern	11,115	1,496	9.6	1.3
On-call attending physician/fellow	5,876	851	5.1	0.7
R.N./L.P.N. ²	102,302	4,945	88.7	1.4
Physician assistant	10,546	1,413	9.1	1.1
E.M.T. ³	10,291	1,314	8.9	1.1
Nurse practitioner	4,354	541	3.8	0.4
Other	24,301	2,156	21.1	1.6
Blank	1,759	202	1.5	0.2

... Category not applicable.

¹Total exceeds "All visits" because more than one provider may be reported per visit.

²R.N. is registered nurse. L.P.N. is licensed practical nurse.

³E.M.T. is emergency medical technician.

Table 19. Number and percent distribution of emergency department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2005

Medication therapy ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	115,323	5,296	100.0	. . .
Visits with mention of medication ²	88,497	4,238	76.7	0.8
Visits without mention of medication	26,826	1,480	23.3	0.8
Number of medications provided or prescribed ³				
All visits	115,323	5,296	100.0	. . .
0	26,826	1,480	23.3	0.8
1	30,184	1,418	26.2	0.4
2	27,948	1,453	24.2	0.4
3	15,544	828	13.5	0.3
4	7,930	471	6.9	0.2
5	3,519	258	3.1	0.2
6	1,683	142	1.5	0.1
7	780	87	0.7	0.1
8	908	223	0.8	0.2

. . . Category not applicable.

¹Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

²Visits at which one or more drugs were provided or prescribed (drug visits).

³There were 204,851,000 drug mentions at emergency department (ED) visits in 2005. The average drug mention rate was 1.8 drug mentions per ED visit (SE=0.03). For visits with at least one drug mention, the average drug visit rate was 2.3 drugs per visit (SE=0.03).

NOTE: Numbers may not add to totals because of rounding.

Table 20. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic drug classes at emergency department visits with corresponding standard errors: United States, 2005

Therapeutic class ¹	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions ²	Standard error of percent
Narcotic analgesics	32,898	1,812	16.1	0.9
NSAIDs ³	26,035	1,532	12.7	0.6
Nonnarcotic analgesics	14,992	903	7.3	0.5
Antipyretics	13,766	839	6.7	0.5
Vertigo or motion sickness or vomiting.	12,974	716	6.3	0.4
Antihistamines	12,925	761	6.3	0.4
Sedatives or hypnotics	9,741	632	4.8	0.3
Cephalosporins	8,746	603	4.3	0.3
Antiasthmatics or bronchodilators	7,849	570	3.8	0.4
Penicillins	7,313	538	3.6	0.3
Acid or peptic disorders	6,151	458	3.0	0.3
Replenishers or regulators of electrolytes or water balance	6,099	610	3.0	0.5
Adrenal corticosteroids	6,062	387	3.0	0.2
Lincosamides or macrolides	5,460	382	2.7	0.2
Quinolones	4,639	295	2.3	0.2
Skeletal muscle hyperactivity	4,578	298	2.2	0.2
Antianxiety agents	4,161	280	2.0	0.2
Vaccines or antisera	3,636	240	1.8	0.2
Pharmaceutical aids	3,582	536	1.7	0.5
Surgical aids	3,475	528	1.7	0.4

¹Based on the standard four-digit drug classification used in the *National Drug Code Directory*, 1995 edition (30).

²Based on an estimated 204,851,000 drug mentions at emergency department visits in 2005. Total of all therapeutic classes will exceed total drug mentions because up to three classes may be coded for each drug.

³NSAIDs are nonsteroidal anti-inflammatory drugs.

Table 21. Number, percent distribution, and therapeutic classes of the 20 most frequently mentioned generic equivalents at emergency department visits with corresponding standard errors, by whether the drug was given in the emergency department or prescribed at discharge: United States, 2005

Generic equivalents ³	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Given in ED ¹		Rx at discharge ²		Therapeutic class ⁴
					Percent of mentions	Standard error of percent	Percent of mentions	Standard error of percent	
All drug mentions.	204,851	10,463	100.0	. . .	62.2	1.1	44.0	1.1	
Ibuprofen.	16,414	1,119	8.0	0.3	3.8	0.2	4.9	0.2	NSAIDs ⁵
Acetaminophen with hydrocodone . . .	11,946	793	5.8	0.2	2.2	0.2	4.4	0.2	Narcotic analgesics
Acetaminophen	11,067	748	5.4	0.2	3.0	0.2	2.6	0.2	Nonnarcotic analgesics, antipyretics
Promethazine	8,057	565	3.9	0.2	3.3	0.2	0.9	0.1	Antihistamines, vertigo or motion sickness or vomiting, sedatives and hypnotics
Ketorolac tromethamine.	7,145	413	3.5	0.1	3.2	0.1	0.3	0.0	NSAIDs ⁵
Morphine.	5,495	343	2.7	0.1	2.6	0.1	0.0	0.0	Narcotic analgesics
Albuterol	4,514	349	2.2	0.1	1.6	0.1	1.1	0.1	Antiasthmatics or bronchodilators
Azithromycin	3,711	284	1.8	0.1	0.7	0.1	1.3	0.1	Erythromycins or lincosamides or macrolides
Amoxicillin	3,704	363	1.8	0.1	0.5	0.1	1.5	0.1	Penicillins
Cephalexin.	3,603	258	1.8	0.1	0.6	0.1	1.4	0.1	Cephalosporins
Acetaminophen with oxycodone. . . .	3,540	342	1.7	0.2	0.8	0.1	1.2	0.1	Narcotic analgesics
Ceftriaxone	3,360	282	1.6	0.1	1.5	0.1	0.1	0.0	Cephalosporins
Hydromorphone	3,011	333	1.5	0.1	1.4	0.1	0.1	0.0	Narcotic analgesics
Aspirin	2,867	251	1.4	0.1	1.1	0.1	0.3	0.1	Nonnarcotic analgesics, antiarthritics, antipyretics
Diphenhydramine.	2,763	198	1.3	0.1	1.0	0.1	0.6	0.0	Antihistamines
Nitroglycerin	2,664	228	1.3	0.1	1.2	0.1	0.0	0.0	Antianginal agents
Levofloxacin	2,555	220	1.2	0.1	0.9	0.1	0.6	0.1	Quinolones or derivatives
Meperidine.	2,547	242	1.2	0.1	1.2	0.1	0.1	0.0	General analgesics
Prednisone	2,538	186	1.2	0.1	0.7	0.1	0.9	0.1	Adrenal corticosteroids
Lorazepam.	2,474	181	1.2	0.1	1.0	0.1	0.2	0.0	Antianxiety agents
All other	100,876	5,315	49.2	0.6	29.7	0.7	21.6	0.8	

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹ED is emergency department.

²Rx is a prescription.

³A generic equivalent of a drug is the combination of ingredients that make up the drug. For example, Anexsia, Bancap HC, and Dolacet all have the generic equivalent "Acetaminophen with hydrocodone." Thus, the number of drug mentions for "Acetaminophen with hydrocodone" is the sum of all drug mentions that have this generic equivalent.

⁴Based on the standard drug classification used in the *National Drug Code Directory* (NDC), 1995 edition (30). In the NDC, therapeutic classes are assigned to drugs using 21 broad categories (two-digit level), and into specific categories (four-digit level) within each broad group. In the NHAMCS, up to three therapeutic classes can be coded for each drug. Drugs are counted in each class where they may occur.

⁵NSAIDs are nonsteroidal anti-inflammatory drugs.

Table 22. Number and percent of emergency department visits with corresponding standard errors, by visit disposition: United States, 2005

Disposition	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	115,323	5,296	...	...
Admitted, transferred, or died				
Admit to hospital	13,867	881	12.0	0.6
Transfer to different hospital	2,146	183	1.9	0.1
Reason for transfer:				
Higher level or specialized care needed	1,011	125	0.9	0.1
Psychiatric, mental health, or substance abuse care	551	109	0.5	0.1
Continuity of care; request by patient, family, or physician	144	26	0.1	0.0
Pediatric facility needed	135	24	0.1	0.1
Insurance requirement or request	*	...	*	...
Other or unknown reason	200	40	0.2	0.0
Admit to observation unit	1,010	216	0.9	0.2
DOA or died in ED ²	225	36	0.2	0.0
Return or refer for other treatment				
Return or refer to other physician or clinic for FU ³	72,413	3,622	62.8	1.3
Refer to social services	923	118	0.8	0.1
Return if needed, PRN or appointment ⁴	40,258	2,697	34.9	1.8
Other				
Left without being seen	2,341	222	2.0	0.2
Left AMA ⁵	1,187	105	1.0	0.1
No follow-up planned	7,138	899	6.2	0.7
Other	*802	403	*0.7	0.3
Blank	2,509	644	2.2	0.5

... Category not applicable.

* Figure does not meet standards of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

¹Total exceeds "All visits" because more than one disposition may be reported per visit.

²DOA is dead on arrival. ED is emergency department.

³FU is follow-up.

⁴PRN is "as needed."

⁵AMA is against medical advice.

Table 23. Number and percent distribution of emergency department visits resulting in admission to the hospital from the emergency department with corresponding standard errors, by selected characteristics: United States, 2005

	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All admissions	13,867	881	100.0	...
Age				
Under 15 years	960	146	6.9	0.9
15–24 years	834	98	6.0	0.6
25–44 years	2,585	209	18.6	0.9
45–64 years	3,722	281	26.8	0.9
65–74 years	1,897	153	13.7	0.8
75 years and over	3,870	274	27.9	1.2
Admit unit				
Other bed or unit	9,536	657	68.8	1.7
Critical care unit	2,242	213	16.2	1.1
Operating room or catheterization lab	469	69	3.4	0.4
Unknown	1,620	225	11.7	1.5
Discharge status				
Alive	11,817	800	85.2	2.1
Dead	287	40	2.1	0.3
Unknown	1,763	313	12.7	2.1
Length of stay ¹				
1–2 days	2,973	247	21.4	1.1
3–4 days	4,446	320	32.1	1.2
5–6 days	2,238	183	16.1	0.9
7–8 days	939	96	6.8	0.5
9–10 days	567	72	4.1	0.4
More than 10 days	1,133	113	8.2	0.7
Unknown	1,572	321	11.3	2.1
Mode of arrival				
Ambulance	5,624	413	40.6	1.4
Other	8,243	552	59.4	1.4
Immediacy with which patient should be seen				
Immediate or emergent ²	4,423	409	31.9	2.0
Other	9,444	649	68.1	2.0
Patient seen in this ED within the last 72 hours ³				
Yes	455	78	3.3	0.5
No or unknown	13,412	851	96.7	0.5
Patient discharged from any hospital within the last 7 days				
Yes	558	64	4.0	0.4
No or unknown	13,309	853	96.0	0.4

... Category not applicable.

¹The mean length of stay was 5.2 days (SE=0.1).

²Emergent is 1–14 minutes.

³ED is emergency department.

NOTE: Numbers may not add to totals because of rounding.

Table 24. Number and percent distribution of emergency department visits with corresponding standard errors, by the 20 leading principal hospital discharge diagnosis groups: United States, 2005

Principal diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	13,867	881	100.0	. . .
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	1,057	117	7.6	0.6
Chest pain 786.5	786	93	5.7	0.5
Pneumonia 480-486	613	63	4.4	0.4
Ischemic heart disease 410-414	486	57	3.5	0.4
Cerebrovascular disease 430-438	378	49	2.7	0.3
Psychoses, excluding major depressive disorder 290-295,296.0-296.1,296.4-299	368	75	2.7	0.5
Chronic and unspecified bronchitis 490-491	257	49	1.9	0.3
Cellulitis and abscess 681-682	257	50	1.9	0.3
Fracture of the lower limb 820-829	247	41	1.8	0.3
Syncope and collapse 780.2	240	37	1.7	0.2
Urinary tract infection, site not specified 599.0	234	36	1.7	0.3
Asthma 493	233	44	1.7	0.3
Fractures, excluding lower limb 800-819	232	52	1.7	0.4
Diabetes mellitus 786.5	219	41	1.6	0.3
Malignant neoplasms 140-208,230-234	217	38	1.6	0.2
Disorder of gallbladder and biliary tract 574-576	200	40	1.4	0.3
Anemias 280-285	199	32	1.4	0.2
Abdominal pain 789.0	186	35	1.3	0.2
Gastrointestinal hemorrhage 578	182	31	1.3	0.2
Poisonings 960-989	155	38	1.1	0.3
All other diagnoses	7,119	496	51.3	1.5

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (27). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.

Table 25. Number and percent distribution of emergency department visits with corresponding standard errors, by time spent waiting to see a physician and time spent in the emergency department: United States, 2005

Visit characteristic	Number of visits in thousands ¹	Standard error in thousands	Percent distribution	Standard error of percent
All visits	106,357	4,900	100.0	. . .
Time spent waiting to see a physician ²				
Less than 15 minutes	23,607	1,396	22.2	1.0
15-59 minutes	43,624	2,589	41.0	1.1
1 hour, but less than 2 hours	16,374	1,057	15.4	0.6
2 hours, but less than 3 hours	5,551	461	5.2	0.3
3 hours, but less than 4 hours	2,489	239	2.3	0.2
4 hours, but less than 6 hours	1,457	166	1.4	0.1
6 hours or more	1,188	161	1.1	0.1
Blank	12,066	1,561	11.3	1.4
Time spent in the emergency department ³				
Less than 1 hour	13,969	972	13.1	0.6
1 hour, but less than 2 hours	26,024	1,398	24.5	0.6
2 hours, but less than 4 hours	33,968	1,731	31.9	0.7
4 hours, but less than 6 hours	14,100	864	13.3	0.5
6 hours, but less than 10 hours	7,668	528	7.2	0.4
10 hours, but less than 14 hours	2,045	191	1.9	0.2
14 hours, but less than 23 hours	1,678	153	1.6	0.1
23 hours, but less than 24 hours	107	24	0.1	0.0
24 hours or more	218	38	0.2	0.0
Blank	6,580	787	6.2	0.7

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Visits where a physician was not seen were excluded.

²The mean waiting time to see a physician was 56.3 minutes (SE=1.9).

³The mean duration of visit was 3.3 hours (SE=0.1). The mean patient care time (i.e., the mean duration minus the mean waiting time) was 2.4 hours (SE=0.1).

NOTE: Numbers may not add to totals because of rounding.

Technical Notes

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Form NHAMCS-100(ED) (8-18-2004)	U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU Address of 24th and Constitution Avenues NW U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2005 EMERGENCY DEPARTMENT PATIENT RECORD	
Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or related to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(b) of the Public Health Service Act (42 USC 242(b)).	

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1. PATIENT INFORMATION																														
a. Date of visit Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/>	b. ZIP code <input type="text"/>	c. Date of birth Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/>	d. Time of day (1) Arrival: <input type="text"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> (2) Time seen by physician: <input type="text"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> <input type="checkbox"/> Not seen by physician (3) ED discharge: <input type="text"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> Mark (X) if ED discharge is more than 24 hours from arrival.																											
e. Patient residence <input type="checkbox"/> Private residence <input type="checkbox"/> Nursing home <input type="checkbox"/> Other institution <input type="checkbox"/> Other residence <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown	f. Mode of arrival - Mark (X) one. <input type="checkbox"/> Ambulance (airground) <input type="checkbox"/> Public service (nonambulance, e.g., police, social services) <input type="checkbox"/> Walk-in <input type="checkbox"/> Unknown	g. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male																												
h. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	i. Race - Mark (X) one or more. <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	j. Expected source(s) of payment for this visit - Mark (X) all that apply. <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity <input type="checkbox"/> Other <input type="checkbox"/> Unknown																												
2. TRIAGE																														
a. Initial vital signs (1) Temperature: <input type="text"/> °C <input type="checkbox"/> °F (2) Pulse: <input type="text"/> beats per minute (4) Oriented X 3: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	(3) Blood pressure: <input type="text"/> / <input type="text"/>	b. Immediate with which patient should be seen <input type="checkbox"/> Immediate <input type="checkbox"/> 1-14 minutes <input type="checkbox"/> 15-60 minutes <input type="checkbox"/> >1 hour-2 hours <input type="checkbox"/> >2 hours-24 hours <input type="checkbox"/> No triage <input type="checkbox"/> Unknown	c. Presenting level of pain <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown																											
3. PREVIOUS CARE		4. REASON FOR VISIT																												
a. Seen in this ED within the last 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	b. Discharged from any hospital within the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	a. Patient's complaint(s), symptom(s), or other reason(s) for this visit Use patient's own words. (1) Most important: <input type="text"/> (2) Other: <input type="text"/> (3) Other: <input type="text"/>	b. Is this visit work related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																											
5. INJURY/POISONING/ADVERSE EFFECT																														
a. Is this visit related to an injury, poisoning, or adverse effect of medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No - SCIP to Item 6.	b. Is this injury/poisoning intentional? <input type="checkbox"/> Yes, self-inflicted <input type="checkbox"/> Yes, assault <input type="checkbox"/> No, unintentional <input type="checkbox"/> Unknown	c. Cause of injury, poisoning, or adverse effect - Describe the place and events that preceded the injury, poisoning, or adverse effect (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, spouse beaten with fist by spouse, heroin overdose, infected wound, etc.). <input type="text"/> <input type="text"/> <input type="text"/>																												
6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT																														
As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: <input type="text"/> (2) Other: <input type="text"/> (3) Other: <input type="text"/>																														
7. DIAGNOSTIC/SCREENING SERVICES		8. PROCEDURES																												
Mark (X) if ordered or provided at this visit. <input type="checkbox"/> NONE Blood tests: <input type="checkbox"/> CBC (complete blood count) <input type="checkbox"/> BUN/Creatinine <input type="checkbox"/> Cardiac enzymes <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> Liver function tests <input type="checkbox"/> Arterial blood gases <input type="checkbox"/> BAC (blood alcohol) <input type="checkbox"/> HIV serology <input type="checkbox"/> Other blood test	Other tests: <input type="checkbox"/> EKG/ECG <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Urinalysis (UA) <input type="checkbox"/> Other tests/serive Imaging: <input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT scan <input type="checkbox"/> Other imaging	Mark (X) if provided at this visit. Exclude medications. <input type="checkbox"/> NONE <input type="checkbox"/> Bladder catheter <input type="checkbox"/> CPR <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> IV fluids <input type="checkbox"/> Nebulizer therapy <input type="checkbox"/> NG tube/gastric suction <input type="checkbox"/> OB/GYN care <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Thrombolytic therapy <input type="checkbox"/> Wound care <input type="checkbox"/> Other	9. MEDICATIONS & IMMUNIZATIONS List up to 8 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics. <input type="checkbox"/> NONE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width:10%;">Given in ED</th> <th style="width:10%;">Rx at discharge</th> </tr> </thead> <tbody> <tr><td>(1)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(2)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(3)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(4)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(5)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(6)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(7)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>(8)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Given in ED	Rx at discharge	(1)	<input type="checkbox"/>	<input type="checkbox"/>	(2)	<input type="checkbox"/>	<input type="checkbox"/>	(3)	<input type="checkbox"/>	<input type="checkbox"/>	(4)	<input type="checkbox"/>	<input type="checkbox"/>	(5)	<input type="checkbox"/>	<input type="checkbox"/>	(6)	<input type="checkbox"/>	<input type="checkbox"/>	(7)	<input type="checkbox"/>	<input type="checkbox"/>	(8)	<input type="checkbox"/>	<input type="checkbox"/>
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(8)	<input type="checkbox"/>	<input type="checkbox"/>																												
10. PROVIDERS		11. VISIT DISPOSITION																												
Mark (X) all providers seen at this visit. <input type="checkbox"/> ED attending physician <input type="checkbox"/> ED resident/fellow <input type="checkbox"/> On-call attending physician/fellow <input type="checkbox"/> RN/LPN <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician assistant <input type="checkbox"/> EMT <input type="checkbox"/> Other		Mark (X) all that apply. <input type="checkbox"/> No follow-up planned. <input type="checkbox"/> Return if needed, PRN/ appointment <input type="checkbox"/> Return/Refer to physician/clinic for FU <input type="checkbox"/> Refer to social services <input type="checkbox"/> Left AMA <input type="checkbox"/> Left without being seen <input type="checkbox"/> DCA/died in ED <input type="checkbox"/> Transfer to different hospital - Reason: <input type="text"/> <input type="checkbox"/> Admit to hospital - Reason: <input type="text"/> <input type="checkbox"/> Admit to observation unit																												

12. HOSPITAL ADMISSION								
Complete if the patient was admitted to the hospital at this visit.								
a. Admitted to: 1 <input type="checkbox"/> Critical care unit 2 <input type="checkbox"/> OR/Cath lab 3 <input type="checkbox"/> Other bed/unit 4 <input type="checkbox"/> Unknown	b. Hospital admission time <input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM	c. Hospital discharge date <table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>2 0 0 </td> </tr> </tbody> </table>	Month	Day	Year			2 0 0
Month	Day	Year						
		2 0 0						
d. Principal hospital discharge diagnosis <input type="text"/>		e. Hospital discharge status 1 <input type="checkbox"/> Alive 2 <input type="checkbox"/> Dead 3 <input type="checkbox"/> Unknown						
If this information is not available at time of abstraction, then complete the Hospital Admission Log.								

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Suggested citation

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