### NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
#### 2014 EMERGENCY DEPARTMENT PATIENT RECORD

Form Approved: OMB No. 0920-0278; Expiration date 12/31/2014

**Assurance of confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCIRS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Date and time of visit</th>
<th>ZIP Code</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time of ED departure, if released or transferred</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Arrival by ambulance</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Was patient transferred from another hospital or urgent care facility?</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**TRIAGE**

<table>
<thead>
<tr>
<th>Initial vital signs</th>
<th>Blood pressure</th>
<th>Temperature</th>
<th>Heart rate</th>
<th>Respiratory rate</th>
<th>Triage level (1–5)</th>
<th>Pain scale (0–10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic</td>
<td>Diastolic</td>
<td>Pulse oximetry</td>
<td>beats per minute</td>
<td>breaths per minute</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REASON FOR VISIT**

List the first 5 reasons for visit (i.e., symptoms, problems, issues, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.

1. Most important:
2. Other:
3. Other:
4. Other:
5. Other:

**INJURY**

Is this visit related to an injury/trauma, overdose, poisoning, or adverse effect of medical treatment? Mark (X) all that apply.

1. Yes, injury/trauma
2. Yes, poisoning
3. Yes, adverse effect of medical treatment
4. No
5. Unknown

Did the injury/trauma, overdose, or poisoning occur within 72 hours prior to the date and time of this visit? Mark (X) all that apply.

1. Yes
2. No
3. Unknown

Is this injury/overdose/poisoning intentional? Mark (X) all that apply.

1. Yes, self inflicted
2. Yes, assault
3. No, unintentional (e.g., accidental)
4. Intent unclear

Cause of injury/trauma, overdose, poisoning, or adverse effect – Describe the place and circumstances that preceded the event. Examples: 1 = Injury (e.g., patient fell while walking down stairs at home and sprained her ankle); 2 = Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleaner and began convulsing); 3 = Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection).

**DIAGNOSIS**

As specifically as possible, list diagnoses related to this visit including chronic conditions.

1. Primary diagnosis:
2. Other:
3. Other:
4. Other:
5. Other:

Does patient have – Mark (X) all that apply.

1. Alcohol abuse
2. Alzheimer’s disease/Dementia
3. Asthma
4. Cancer
5. Cardiovascular disease/stroke, coronary heart disease (CAD) (e.g., chronic, unstable or recent event)
6. Chronic kidney disease (CKD)
7. Chronic obstructive pulmonary disease (COPD)
8. Congestive heart failure (CHF)
9. Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction (MI)
10. Depression
11. Diabetes mellitus (DM)-Type I
12. Diabetes mellitus (DM)-Type II
13. Diabetes mellitus (DM)-Type unspecified
14. End-stage renal disease (ESRD)
15. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
16. HIV infection/AIDS
17. Hyper/tension
18. Hysteria
19. Hypothyroidism
20. Hypothyroidism
21. Osteoporosis
22. Substance abuse
23. None of the above
### VITALS DISCHARGE

- **Temperature**: [ ] Yes [ ] No
- **Heart rate**: [ ] Recorded [ ] Unable to record
- **Respiratory rate**: [ ] Recorded [ ] Unable to record
- **Blood pressure**
  - Systolic: [ ] Recorded [ ] Unable to record
  - Diastolic: [ ] Recorded [ ] Unable to record

### DIAGNOSTIC SERVICES

- **Blood tests**: [ ] Complete
  - CBC
  - BMP (basic metabolic panel)
  - Serum electrolytes
  - LFT (liver function tests)
  - U&Es (urine & electrolytes)
  - Arterial blood gases
  - Toxicology screen
  - Pregnancy test
  - Hgb/Hct
  - WBC
  - Platelet count
  - BUN/Creatinin
  - Sodium
  - Potassium
  - Chloride
  - Calcium
  - Phosphate
  - Magnesium
  - Lactate
  - Glucose
  - ALT
  - AST
  - Total bilirubin
  - Direct bilirubin
  - Alkaline phosphatase
  - Alanine transaminase
  - Aspartate transaminase
  - BUN
  - Creatinine
  - Lipid panel
  - Antinuclear antibodies
  - Anti-GBM antibodies
  - Anti-DNA antibodies
  - Rheumatoid factor
  - Antiphospholipid antibodies
  - Viral hepatitis
  - HIV
  - Hepatitis B
  - Hepatitis C
  - Syphilis
  - VDRL
  - TPHA
  - RPR
  - Ultrasound
  - MRI
  - CT scan

### PROCEDURES

- **Vital signs**
  - Temperature
  - Heart rate
  - Respiratory rate
  - Blood pressure

- **Diagnostic Imaging**
  - X-ray
  - CT scan
  - MRI
  - Ultrasound

- **Laboratory tests**
  - Blood cultures
  - Urine cultures

- **Other tests**
  - Electrolytes
  - Blood gases
  - Arterial blood gases
  - Prothrombin time/INR
  - Liver function tests
  - LFT (liver function tests)
  - U&Es (urine & electrolytes)
  - Serum electrolytes
  - BUN/Creatinin
  - HIV
  - Hepatitis B
  - Hepatitis C
  - Syphilis
  - VDRL
  - TPHA
  - RPR
  - Ultrasound
  - MRI
  - CT scan

### MEDICATIONS & IMMUNIZATIONS

- **Medications**
  -include Rx and OTC drugs, immunizations, and anesthetics.

### DISPOSITION

- **Hospital discharge status/disposition**
  - Alive
  - Dead
  - Unknown

- **Return/Transfer to psychiatric hospital**: [ ] Yes [ ] No

- **Other**

### HOSPITAL ADMISSION

- **Admitted to**: [ ] Critical care unit [ ] Stepdown unit [ ] Operating room [ ] Mental health or detox unit [ ] Cardiac catheterization lab [ ] Other bed/unit [ ] Unknown

- **Discharge date**: [ ] Date and time of observation unit discharge

### OBSERVATION UNIT STAY

- **Date and time of observation unit discharge**: [ ] Month [ ] Day [ ] Year [ ] Time

- **Date and time of ED Departure**: [ ] Month [ ] Day [ ] Year [ ] Time