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>2015-05-17 12:30 p.m.</td>
<td>NHAMCS-173</td>
<td>05-17-2016</td>
</tr>
</tbody>
</table>

ED departure: 2015-05-17 12:30 p.m.

TRIAGE

<table>
<thead>
<tr>
<th>Initial vital signs</th>
<th>Respiratory rate</th>
<th>Pulse oximetry</th>
<th>Percent of oxyhemoglobin saturation; value is usually between 80–100%</th>
<th>Patient residence</th>
<th>Race (X all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature C</td>
<td>Enter <code>98</code> for Doppler</td>
<td>Enter <code>98</code> for Doppler</td>
<td>#</td>
<td>Private residence</td>
<td>White</td>
</tr>
<tr>
<td>Heart rate beats per minute</td>
<td></td>
<td>98</td>
<td>98</td>
<td>Nurse home</td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Homeless shelter</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>American Indian or Alaska Native</td>
</tr>
</tbody>
</table>

INJURY

<table>
<thead>
<tr>
<th>Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?</th>
<th>Did the injury/trauma, overdose/poisoning, or adverse effect occur within 72 hours prior to the date and time of this visit?</th>
<th>Is this injury/trauma or overdose/poisoning intentional or accidental?</th>
<th>What was the intent of the injury/trauma or overdose/poisoning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, injury/trauma</td>
<td>Yes</td>
<td>Intentional</td>
<td>Suicide attempt with intent to die</td>
</tr>
<tr>
<td>Yes, overdose/poisoning</td>
<td>No</td>
<td>Intentional self-harm without intent to die</td>
<td></td>
</tr>
<tr>
<td>Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug</td>
<td>Unknown</td>
<td>Intentional harm inflicted by another person (e.g., assault, poisoning)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Intentional self-harm without intent to die</td>
</tr>
</tbody>
</table>

DIAGNOSIS

<table>
<thead>
<tr>
<th>As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnosis first.</th>
<th>Does patient have</th>
<th>Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary diagnosis:</td>
<td>Alcohol misuse, abuse, or dependence</td>
<td></td>
</tr>
<tr>
<td>2. Other:</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>3. Other:</td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>4. Other:</td>
<td>Chronic renal failure (CRF)</td>
<td></td>
</tr>
<tr>
<td>5. Other:</td>
<td>Depression</td>
<td></td>
</tr>
</tbody>
</table>

2016 ED
### Hospital Discharge Status/Disposition

#### Diagnostic Services
- **Laboratory tests:**
  1. Blood tests
  2. Urinalysis
  3. Liver enzymes
  4. Complete blood count (CBC)
  5. Chemistry panel
  6. Electrolytes
  7. Blood gases
  8. Prothrombin time (PT)
  9. Platelet count
  10. Lactate dehydrogenase (LDH)
  11. Glucose
  12. Creatinine
  13. Total cholesterol
  14. Triglycerides
  15. C-reactive protein (CRP)
  16. Amylase
  17. Lipase
  18. Markers (e.g., troponin, BNP)
  19. Viral panel
  20. Drug screening

#### MEDICATIONS & IMMUNIZATIONS
- List up to 30 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

#### Vitals After Triage
- **Temperature:** 98.6°F
- **Heart rate:** 80 beats per minute
- **Respiratory rate:** 12 breaths per minute
- **Blood pressure:** Systolic 120 mm Hg, Diastolic 80 mm Hg

#### Procedures
- **lab:**
  1. Blood tests
  2. Urinalysis
  3. Liver enzymes
  4. Complete blood count (CBC)
  5. Chemistry panel
  6. Electrolytes
  7. Blood gases

#### Providers
- **Admitting physician:**
  1. ED attending physician

#### OBSERVATION UNIT STAY
- **Date and time of observation unit/care initiation order:**
  - Month Day: 201
  - Time: a.m.

#### HOSPITAL ADMISSION
- **Date and time of admission order:**
  - Month Day: 201
  - Time: a.m.

#### Principal hospital discharge diagnosis
- **Date and time of discharge order:**
  - Month Day: 201
  - Time: a.m.

#### Hospital discharge status/disposition
- **Date and time of discharge order:**
  - Month Day: 201
  - Time: a.m.