



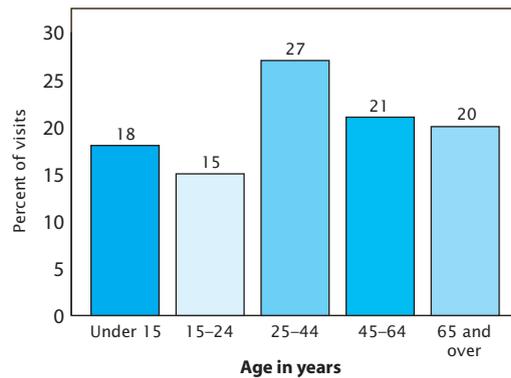
Factsheet

RURAL EMERGENCY DEPARTMENTS



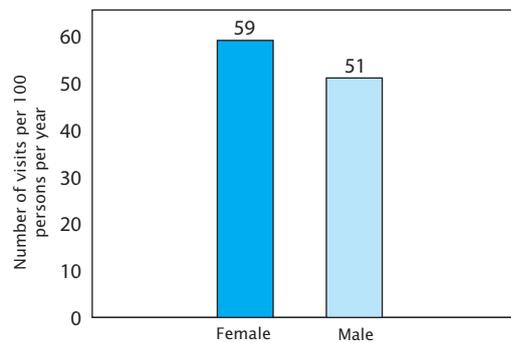
From 2007-2010, there were an estimated 10.5 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in rural areas of the United States each year. The average annual visit rate was 55.0 per 100 persons. About one-third of the visits were made by persons under 25 years of age.

Average annual percent distribution of rural ED visits by patient age: 2007-2010



The average annual visit rate was higher in females compared to males.

Average annual rate of rural ED visits by patient sex: 2007-2010



Expected sources of payment:

- Private insurance (29%)
- Medicaid or Children's Health Insurance Program (27%)
- Medicare (25%)
- No insurance (13%)
- Other (3%)
- Unknown (4%)*

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

*Figure does not meet standards of reliability or precision.

Common reasons for visit:

- Chest pain (496,000)
- Fever (405,000)
- Stomach and abdominal pain (369,000)
- Headache (341,000)
- Cough (320,000)
- Shortness of breath (311,000)
- Back symptoms (264,000)
- Laceration, upper extremity (208,000)
- Nausea (202,000)
- Throat symptoms (197,000)

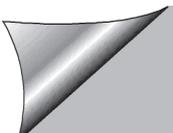
Common diagnoses:

- Contusions (568,000)
- Open wound, excluding head (421,000)
- Acute upper respiratory infections (403,000)
- Chest pain (356,000)
- Abdominal pain (329,000)
- Spinal disorders (250,000)
- Sprains and strains of neck and back (229,000)
- Urinary tract infection (228,000)
- Sprains and strains, excluding ankle, neck, and back (222,000)
- Fracture of lower limb (214,000)

Medications were provided or prescribed at 81 percent of rural ED visits for a total of 19 million drugs.

Common drug categories:

- Analgesics (6.1 million)
- Antiemetic or antivertigo agents (1.8 million)
- Antihistamines (1.2 million)
- Anxiolytics, sedatives, and hypnotics (771,000)
- Cephalosporins (703,000)
- Adrenal cortical steroids (637,000)
- Penicillins (585,000)
- Bronchodilators (510,000)
- Miscellaneous antibiotics (484,000)
- Minerals and electrolytes (428,000)



Leading principal hospital discharge diagnosis groups:

- Pneumonia (65,000)
- Nonischemic heart disease (55,000)
- Chest pain (38,000)
- Chronic and unspecified bronchitis (36,000)
- Urinary tract infection (25,000)

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

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

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

Xu KT, Roberts D, Sulapas I, Martinez O, Berk J, Baldwin J. Over-prescribing of antibiotics and imaging in the management of uncomplicated URIs in emergency departments. *BMC Emerg Med*. 2013 Apr 17;13:7. doi: 10.1186/1471-227X-13-7.

Pitts SR. Medical records, chart reviews, and NHAMCS: becoming the lords of all that we survey. *Ann Emerg Med*. 2013 Apr 5. pii: S0196-0644(13)00209-6. doi: 10.1016/j.annemergmed.2013.03.003. [Epub ahead of print]

Neuman MI, Shah SS, Shapiro DJ, Hersh AL. Emergency department management of childhood pneumonia in the United States prior to publication of national guidelines. *Acad Emerg Med*. 2013 Mar;20(3):240-6. doi: 10.1111/acem.12088.

Raven MC, Lowe RA, Maselli J, Hsia RY. Comparison of presenting complaint vs discharge diagnosis for identifying "nonemergency" emergency department visits. *JAMA*. 2013 Mar 20;309(11):1145-53. doi: 10.1001/jama.2013.1948.

Brown RT, Steinman MA. Characteristics of emergency department visits by older versus younger homeless adults in the United States. *Am J Public Health*. 2013 Apr 18. [Epub ahead of print]

O'Keeffe T, Rhee P, Shafi S, Friese RS, Gentilello LM. Alcohol use increases diagnostic testing, procedures, charges, and the risk of hospital admission: a population-based study of injured patients in the emergency department. *Am J Surg*. 2013 Apr 2. pii: S0002-9610(13)00136-0. doi: 10.1016/j.amjsurg.2012.08.014. [Epub ahead of print]

Johnson LW, Robles J, Hudgins A, Osburn S, Martin D, Thompson A. Management of bronchiolitis in the emergency department: impact of evidence-based guidelines? *Pediatrics*. 2013 Mar;131 Suppl 1:S103-9. doi: 10.1542/peds.2012-1427m.

Haywood C Jr, Tanabe P, Naik R, Beach MC, Lanzkron S. The impact of race and disease on sickle cell patient wait times in the emergency department. *Am J Emerg Med*. 2013 Apr;31(4):651-6. doi: 10.1016/j.ajem.2012.11.005. Epub 2013 Feb 4.

Carlson JN, Menegazzi JJ, Callaway CW. Magnitude of national ED visits and resource utilization by the uninsured. *Am J Emerg Med*. 2013 Apr;31(4):722-6. doi: 10.1016/j.ajem.2013.01.001. Epub 2013 Jan 30.

Pines JM, Mullins PM, Cooper JK, Feng LB, Roth KE. National trends in emergency department use, care patterns, and quality of care of older adults in the United States. *J Am Geriatr Soc*. 2013 Jan;61(1):12-7. doi: 10.1111/jgs.12072.