Please keep (X) marks inside of boxes - Correct Incorrect

### 1. PATIENT INFORMATION

#### a. Date of visit

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>2008</td>
</tr>
</tbody>
</table>

#### b. Zip Code

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 ED</td>
</tr>
</tbody>
</table>

#### c. Date of birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>2008</td>
</tr>
</tbody>
</table>

#### e. Patient residence

- [ ] Nursing home
- [ ] Other institution
- [ ] Other residence
- [ ] Homeless
- [ ] Foreign resident
- [ ] Not Hispanic or Latino

#### g. Ethnicity

- [ ] Hispanic
- [ ] Not Hispanic or Latino

#### h. Race – Mark (X) one or more

- [ ] American Indian/Alaska Native
- [ ] Black
- [ ] Asian
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] Caucasian
- [ ] Black or African American
- [ ] Hispanic
- [ ] Other or Multiracial

#### i. Mode of arrival – Mark (X) all that apply.

- [ ] Ambulance
- [ ] Personal transportation
- [ ] Public service
- [ ] Taxi
- [ ] Unknown

#### j. Expected source(s) of payment for this visit – Mark (X) all that apply.

- [ ] Private insurance
- [ ] Medicare
- [ ] Medicaid/SCHIP
- [ ] Self-pay
- [ ] No charge/Charity

### 2. TRAIGHT

#### a. Initial vital signs

1. (1) Temperature
2. (2) Heart rate
3. (3) Respiratory rate
4. (4) Blood pressure
5. (5) Pulse oximetry
6. (6) Oriented X 3

#### b.Immediacy with which patient should be seen

- [ ] Immediate
- [ ] 1-14 minutes
- [ ] 15-60 minutes
- [ ] 1-2 hours
- [ ] 2-4 hours
- [ ] 4-6 hours
- [ ] >6 hours

### 3. PREVIOUS CARE

#### a. Has patient been – (1) seen in this ED within the last 72 hours? ... (2) discharged from any hospital within the last 7 days?

- [ ] Yes
- [ ] No
- [ ] Unknown

### 4. REASON FOR VISIT

#### a. Patient’s complaint(s), symptom(s), or other reason(s) for this visit

- [ ] Use patient's own words
- [ ] Most important: ...
- [ ] Other: ...

#### b. Episode of care

- [ ] Initial visit or problem
- [ ] Follow-up visit or problem
- [ ] Unknown

### 5. INJURY/POISONING/ADVERSE EFFECT

#### a. Is this visit related to an injury, poisoning, or adverse effect of medical treatment?

- [ ] Yes
- [ ] No
- [ ] Unknown

#### b. Is this injury poisoning intentional?

- [ ] Yes
- [ ] No

#### c. Cause of injury, poisoning, or adverse effect

- [ ] Accidental
- [ ] Intentional
- [ ] Suicide
- [ ] Homicide
- [ ] Legal
- [ ] Unknown

### 6. PROVIDER’S DIAGNOSIS FOR THIS VISIT

#### a. Primary diagnosis

- [ ] Item 1 - INJURY/POISONING/ADVERSE EFFECT
- [ ] Item 2 - MEDICATIONS & IMMUNIZATIONS
- [ ] Item 3 - LABORATORY TESTS
- [ ] Item 4 - DIAGNOSTIC/SCREENING SERVICES
- [ ] Item 5 - PROCEDURES
- [ ] Item 6 - VISIT DISPOSITION

### 7. DIAGNOSTIC/SCREENING SERVICES

#### a. List up to 8 drugs given at this visit or prescribed at ED discharge.

- [ ] NSAIDs
- [ ] Calcium channel blockers
- [ ] Beta blockers
- [ ] Other

### 8. PROCEDURES

#### a. Mark (X) all providers seen at this visit

- [ ] Emergency Department attending physician
- [ ] Emergency Department resident/intern
- [ ] Other attending physician/resident
- [ ] Nurse practitioner
- [ ] Physician assistant
- [ ] Other

### 9. MEDICATIONS & IMMUNIZATIONS

#### a. List up to 8 drugs given at this visit or prescribed at ED discharge.

- [ ] Acetaminophen
- [ ] Antibiotics
- [ ] Antihypertensives
- [ ] Other

### 10. VISIT DISPOSITION

#### a. Mark (X) all that apply.

- [ ] ED transfer to hospital
- [ ] ED discharge
- [ ] ED death
- [ ] ED reassessment
- [ ] ED observation
- [ ] ED admission
- [ ] Other
Complete if the patient was admitted to the hospital at this visit. – Mark (X) “Data not available” in each item, if efforts have been exhausted to collect the data.

<table>
<thead>
<tr>
<th>a. Admitted to:</th>
<th>b. Hospital admission date</th>
<th>c. Hospital admission time</th>
<th>d. Hospital discharge date</th>
<th>e. Principal hospital discharge diagnosis</th>
<th>f. Hospital discharge status/disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Critical care unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stepdown or telemetry unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Operating room</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>- Cardiac catheterization lab</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>- Mental health or detox unit</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Other bed/unit</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Data not available</td>
<td></td>
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</tr>
</tbody>
</table>

- Data not available

If the patient was admitted to the hospital at this visit.

- Data not available

- Data not available

- Data not available

- Data not available

- Data not available

- Data not available

If this information is not available at time of abstraction, then complete the Hospital Admission Log.