### DIAGNOSTIC SERVICES

**Diagnostic Services** – Mark (X) all Laboratory tests, Other tests, and imaging ORDERED or PROVIDED.

- ☐ NONE
- ☐ Arterial blood gases (ABG)
- ☐ BAC (Blood alcohol concentration)
- ☐ Basic metabolic panel (BMP)
- ☐ BNP (brain natriuretic peptide)
- ☐ Creatinine/Renal function panel
- ☐ Cardiac enzymes
- ☐ CBC
- ☐ Comprehensive metabolic panel (CMP)
- ☐ Culture, blood
- ☐ Culture, throat
- ☐ Culture, urine
- ☐ Culture, wound
- ☐ Culture, other
- ☐ D-dimer
- ☐ Electrolytes
- ☐ Glucose, serum
- ☐ Lactate
- ☐ Liver enzymes/Hepatic function panel
- ☐ Other blood test
- ☐ Prothrombin time (PT/PTT/INR)
- ☐ Other test/service
- ☐ MRI
- ☐ Was MR ordered/provided with intravenous (IV) contrast (also written as “with gadolinium” or “with gado”)?
- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ 33 Other imaging ordered/provided
- ☐ Imaging: CT scan
- ☐ War CT scanned during the CT scan? Mark (X) all that apply.
- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Other

**List up to 30 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.**

When given? Mark (X) all that apply.

- ☐ NONE
- ☐ Given in ED
- ☐ Rx at discharge

### MEDICATIONS & IMMUNIZATIONS

1. (1) [Drug 1]
2. (2) [Drug 2]
3. (3) [Drug 3]
4. (4) [Drug 4]
5. (5) [Drug 5]

### PROCEDURES

**Procedures** – Mark (X) all PROVIDED at this visit. (Exclude medications.)

- ☐ NONE
- ☐ CPR
- ☐ Nebulizer therapy
- ☐ BIPAP/CPAP
- ☐ Endotracheal intubation
- ☐ Pelvic exam
- ☐ IV fluids
- ☐ Infusion & drainage (I&D)
- ☐ Suturing/Staples
- ☐ Central line
- ☐ Lumbar puncture (LP)
- ☐ Other

### DISPOSITION

Mark (X) all that apply.

- ☐ ED attending physician
- ☐ ED resident/Intern
- ☐ Consulting physician
- ☐ RN/LPN
- ☐ Nurse practitioner
- ☐ Physician assistant
- ☐ EMT
- ☐ Other medical provider
- ☐ Other

### OBSERVATION UNIT STAY

**Date and time of observation unit/care initiation order**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>a.m. p.m.</th>
<th>Military</th>
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**Date and time of observation unit/care discharge order**

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### HOSPITAL ADMISSION

**Admitted to:**

1. (1) Critical care unit
2. (2) Stepdown unit
3. (3) Operating room
4. (4) Mental health or detox unit
5. (5) Cardiac catheterization lab
6. (6) Other bed/unit
7. (7) Unknown

**Date and time of admit order**

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**Hospital discharge date**

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### Principal hospital discharge diagnosis

- ☐ Unknown

**Hospital discharge status/disposition**

1. (1) Alive
2. (2) Dead
3. (3) Unknown
4. (4) Other

- ☐ Home/Residence
- ☐ Return/Transfer to nursing home
- ☐ Transfer to another facility (not usual place of residence)