SAMPLE National Hospital Ambulatory Medical Care Survey 2020 EMERGENCY DEPARTMENT PATIENT RECORD

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|--|---|--|--|--|---|---|--|---|---|---|---|---|-------------------------------|--|---|--|--|--|---------------------------------------|
| indiv resp (42 acco | surance of viduals, a proponses in ide U.S.C. 242r ordance with 250,000, or | actice, o entifiable n(d)) and n CIPSE/ | r an esta form wi d the Co A, every | ablishme thout the nfidentia NCHS e | ent wil e cons al Infoi emplo ^s | I be us sent of rmatior yee, co | sed only the indiv n Protect ontractor NY iden | for statistic vidual or e tion and St , and ager tifiable info | cal purp stablish tatistica nt has ta prmatior | boses. I Iment ir I Efficie aken ar n about | ICHS accorncy Ac oath you. | staff, c dance ct of 20 | ontract with se 02 (CII | ors, and ection 30 PSEA, Ti | age 8(d) itle 5 | nts will no of the Pu of Public | ot disclos ublic Hea c Law 10 | e or re lth Ser 7-347) | elease vice Act . In |
| PATIENT INFORMATION Patient medical record number | | | | | | | | ZIP Code | | | | Date of | f birth | | | | | | |
| | | | | | | | | | | | | | | | | Month | Day | | Year |
| | | | | | | | | | | | | | | | | | | | |
| Date a | and time o | | | | | | | | | | | Patie | nt res | idence | Se | ЭX | Ethnic | ity | Age |
| | | Month | Day | | ear | Tir | me] [] .[| | a.m. p.r | m. Milita | ry | 1 🗌 Pr 2 🗌 Ni | | esidence | | Female Male | 1 His | oanic atino | |
| Arrival | ovidor | | | 20 | 2 | | | | | | | з 🗌 Не | omeles | s/ | | | 2 Not | | 1 Years |
| First provider (physician/APRN/ PA) contact | | | | Homeless shelt 4 Other 5 Unknown | | | | | | | | | | 2 Months 3 Days | | | | | |
| Race - Mark (X 1 White 2 Black or Afr | | | | | | | | | an American 5 American Indian or | | | | | | | | | | |
| ED dep Arriva | arture I by ambu | lance | | Was | patie | | nsferre | | | pected | sourc | | | | | | | () all th | |
| Arrival by ambulance Was patient transferred from another hospital or urgent care facility? Expected source(s) of payment for THIS VISIT – Mark (X) all that apply. 1 Yes SKIP to Expected SKIP to Expected Unknown 2 No SKIP to Expected SUnknown Medicare Self-pay 2 No No Not applicable Medicaid or CHIP or other state-based program No charge/Charity | | | | | | | | | | | | | | | | | | | |
| TRIAGE | | | | | | | | | | | | | | | | | | | |
| mual | anai sign | | Tempera | $1 \square$ | ľC | leart ra | | ts per | DOPP | U DOP | LER. | hesp | 1 | rate breaths minute | | (1- Enter "0" | | | Pain scale (0-10) Enter "99" if |
| | oressure | | Pulse ox | | | | % | | | patient 2 hours | | n this E | | | | Enter 0 Enter "9" | | | inknown. |
| Systo | | | | of oxyhen usually be | | oin satu | iration; | | 1 Yes 2 No | | | o 3 🗌 Unknown | | | | | | | |
| List th | a first 5 raa | sons for | vicit (i | 9 comr | alaint | (e) ev | mntom/s | | | <u> </u> | s) of t | ho nati | ont) in | the ord | or in | which | Enis | ode of | care |
| | Initial visit (i.e., complaint(s), symptom(s), problem(s), concern(s) of the patient) in the order in which pear. Start with the chief complaint and then move to the patient history or history of present illness (HPI) for all reasons. Episode of care Most important: 1 Initial visit to this ED for problem Other: 2 Follow-up visit to this ED | | | | | | | | | | | | | | | | | | |
| (3) | Other: | | | | | | | | | | | | | | | | | r probl | |
| (4) | | | | | | | | | | | | | | | | | | | |
| (5) | Other: | | | | | | | | | | | | | | | | | | |
| INJURY Is this visit related to an injury/trauma, overdose/poisoning, overdose/poisoning, or injury/trauma or overdose/poisoning. | | | | | | | | | | | | | | | | | | | |
| medical/surgical treatment? Yes, injury/trauma Yes, overdose/poisoning Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug No <i>SKIP to Diagnosis</i> <i>For adverse effect SK</i> | | | | | sit? | 1 Intentional 2 3 2 Unintentional (e.g., accidental) 3 4 3 Intent unclear 5 | | | | | ☐ Int ☐ Ur se ☐ Int _ pe | Suicide attempt with intent to die Intentional self-harm without intent to die Unclear if suicide attempt or intentional self-harm without intent to die Intentional harm inflicted by another person (e.g., assault, poisoning) Intent unclear | | | | | | | |
| 5 🗌 Un Cause | KHOWH J | - | | | | | | | | dical | surai | ¥ cal t⊮ | atmo | nt – Der | scrib | e the play | ce and ci | rcume | tances |
| Cause of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment – Describe the place and circumstances that preceded the event. Examples: 1 – Injury/trauma (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider); 2 – Overdose/poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting); 3 – Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection) | | | | | | | | | | | | | | | | | | | |
| a spide | eceded the (er); 2 – Over | dose/poi | omiting |); 3 – Ac | averse | - enec | . (0.g., p | | | | | | | | | | | | |
| a spide | eceded the (er); 2 – Over | dose/poi | omiting |); 3 – Ac | averse | | (0.g., p | | | | | | | | | | | | |
| a spide | eceded the (er); 2 – Over | dose/poi | vomiting |); 3 – Ač | | - Grieci | (o.g., p | | | | | | | | | | | | |
| a spide | eceded the (er); 2 – Over | dose/poi | vomiting |); 3 – Ać | | GileC | (o.g., p | | GNOSI | IS | | | | | | | | | |
| a spide liquid c As spo relate | eceded the e er); 2 – Over cleanser and ecifically a ed to this v | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | . (0.9., p | DIA Does p 1 🗌 Al | GNOSI atient | nisuse, | | • • | | 11 🗌 Dia | | s mellitus | | | |
| a spide liquid c As spo relate condit | eceded the e er); 2 – Over cleanser and ecifically a ed to this v tions. List f | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | . (0.g., p | DIA Does p 1 \[Al | GNOS atient lcohol n epender lzheime | nisuse, | abuse, | , or | , I | 11 🗌 Dia 12 🗌 Dia 13 🗌 Dia 14 🗌 Enc | bete bete d-sta | s mellitus s mellitus de renal | i (DM), Tý i (DM), T disease (| ype 2 ype un ESRD | |
| a spide liquid c As spo relate condit | eceded the e er); 2 – Over cleanser and ecifically a ed to this v | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | (0.3.) P | DIA(Does p 1 Al de 2 Al 3 Ac 4 C. 5 Ce | GNOSI atient lcohol n epender zheime sthma ancer erebrova | nisuse, nce er's dise ascular (| abuse, ase/De lisease | , or ementia e/Histor | , I | 11 Dia 12 Dia 13 Dia 13 Dia 14 End 15 His dee | bete bete d-sta tory ep ve | es mellitus es mellitus ge renal of pulmor ein throm | (DM), T (DM), T disease (nary emb posis (DV | ype 2 ype un ESRD olism (| PE), |
| a spide liquid c As spo relate condit (1) | eceded the o pr); 2 – Over cleanser and ecifically a d to this v tions. List f | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | (0.3.) P | DIA Does p 1 | GNOSI atient lcohol n epender zheime sthma ancer erebrova stroke f tack (TI hronick | ascular of (CVA) of A) kidney of A) | abuse, ase/De lisease transi isease | , or ementia e/Histor ent isch e (CKD | , / emic | 11 Dia 12 Dia 12 Dia 13 Dia 14 End 15 His dee thro 16 HIV 17 Hyp | bete bete d-sta tory ep ve ombo / infe perlip | es mellitus ige renal of of pulmore ein thrombolisme ection/AID pidemia | i (DM), Tý i (DM), T disease (nary emb posis (DV n (VTE) | ype 2 ype un ESRD olism (| PE), |
| a spide liquid c As spo relate condit (1) (2) | eceded the o er); 2 – Over cleanser and ecifically a id to this v tions. <i>List f</i> Primary diagnosis: | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | | DIA(Does p 1 | GNOSI atient loohol n ependel zheime sthma ancer erebrovz stroke (tack (TI, hronic k hronic c sease (| ascular ((CVA) o A) kidney c (COPD) | abuse, ase/De lisease transi isease ve pul | , or ementia e/Histor ent isch e (CKD monar | , / emic / | 11 Dia 12 Dia 12 Dia 13 Dia 13 Dia 14 End 15 His dee thro 16 HIV 17 Hyp 18 Hyp 19 Obe | bete bete d-sta tory ep ve ombo / infe perte esity | s mellitus ge renal of pulmon ein thromh oembolisr ection/AID oidemia ension | i (DM), T i (DM), T disease (nary emb posis (DV n (VTE) S | ype 2 ype un ESRD olism ('T), or | PE), |
| a spide liquid c As spo relate condit (1) (2) (3) | eceded the der); 2 – Over cleanser and ecifically a ed to this v tions. List f Primary diagnosis: Other: | dose/pol began sposs isit inc | ible, lis |); 3 – Ac | noses | | | DIA Does p 1 A 2 A 3 A 4 C 5 C 6 C 7 C 6 C 7 C 8 C 9 C 1 S 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A | GNOSI atient lcohol n epender zheime sthma ancer erebrova stroke (tack (TI, hronic k stroke (tack (TI, hronic c sease (ongesti oronary chemic l | ascular of (CVA) of A) kidney of obstruct | abuse, ase/De lisease transi isease ve pul t failure sease ease (| , or ementia e/Histor ent isch e (CKD monar) e (CHF (CAD), IHD) or | , emic , , | 1 Dia 1 Dia 12 Dia 13 Dia 13 Dia 14 End 15 His dee thr 16 HIV 17 Hyp 18 Hyp 19 Obb 20 Obb 21 Osb 22 Sut | bete bete d-sta tory ep ve ombo v infe perlip perte esity structeopo ostar | es mellitus ige renal of of pulmor cembolisr oembolisr oection/AID pidemia ension | i (DM), T i (DM), T disease (nary emb oosis (DV n (VTE) S o apnea (e or depe | ype 2 ype un ESRD olism ('T), or 'OSA) | , PE), venous |

| DIAGNOSTIC SERVICES | MEDICATIONS & IMMUNIZATIONS | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Diagnostic Services – Mark (X) all Laboratory tests, Other tests, | List up to 30 drugs given at this visit or prescribed at ED discharge. | | | | | | | |
| and Imaging ORDERED or PROVIDED. | Include Rx and OTC drugs, immunizations, and anesthetics. | | | | | | | |
| Laboratory tests: 22 Cardiac monitor Was MRI | When given? Mark (X) all that apply. | | | | | | | |
| 2 Arterial blood gases 23 EKG/ECG ordered/provided | | | | | | | | |
| Contrast (also written | □ NONE Given Rx at in ED discharge | | | | | | | |
| concentration) 26 Pregnancy/HCG test or "with gado")? | | | | | | | | |
| 4 Basic metabolic 27 Toxicology screen 1 Yes panel (BMP) 28 Urinalysis (UA) or 2 No | | | | | | | | |
| 5 BNP (brain urine dipstick 3 Unknown | | | | | | | | |
| 29 Other test/service 33 Ultrasound | (3) 1 2 | | | | | | | |
| function panel | | | | | | | | |
| | | | | | | | | |
| 9 Comprehensive ordered/provided with 2 Other provider | 1 2 | | | | | | | |
| 10 Culture, blood | | | | | | | | |
| 11 Culture, throat 2 No | | | | | | | | |
| 13 Culture, wound | | | | | | | | |
| 14 Culture, other Scanned during the CT 15 D-dimer Scan? Mark (X) all that | 1 2 | | | | | | | |
| 16 Electrolytes apply. | | | | | | | | |
| 17 Glucose, serum 1 Abdomen/Pelvis 18 Lactate 2 Chest | | | | | | | | |
| 19 Liver enzymes/Hepatic 3 Head | | | | | | | | |
| function panel 4 	Other 20 Prothrombin time | 1 2 | | | | | | | |
| (PT/PTT/INR) | | | | | | | | |
| 21 Other blood test | | | | | | | | |
| PROCEDURES | 1 2 | | | | | | | |
| Procedures – Mark (X) all PROVIDED at this visit. (Exclude medications.) 1 NONE 6 CPR 11 Nebulizer therapy | 1 2 2 | | | | | | | |
| 2 BiPAP/CPAP 7 Endotracheal intubation 12 Pelvic exam | | | | | | | | |
| 3 Bladder catheter 8 Incision & drainage (I&D) 13 Skin adhesives 4 Cast, splint, wrap 9 IV fluids 14 Suturing/Staples | | | | | | | | |
| 5 Central line 10 Lumbar puncture (LP) 15 Other | (30) 1 2 | | | | | | | |
| VITALS AFTER TRIAGE PROVIDERS | DISPOSITION | | | | | | | |
| Does the chart contain vital signs taken after triage? Mark (X) all providers Mark (X) | | | | | | | | |
| taken after triage?Mark (X) all providers seen at this visit.Mark (X) | () all that apply. | | | | | | | |
| 2 | turn to ED 12 Admit to this hospital | | | | | | | |
| | turn/Refer to physician/clinic for FU then hospitalized | | | | | | | |
| 2 □°F 4 □ RN/LPN 5 □ Le | the n discharged (LWBS) 14 Admit to observation unit, the before treatment complete (LBTC) 14 then discharged | | | | | | | |
| Heart rate Enter "998" for DOPP or 5 Invise practitioner | ft AMA | | | | | | | |
| beats per minute 7 EMT | DA ed in ED | | | | | | | |
| Respiratory rate | turn/Transfer to nursing home | | | | | | | |
| | ansfer to psychiatric hospital ansfer to non-psychiatric hospital | | | | | | | |
| Blood pressure | | | | | | | | |
| Systolic Diastolic | | | | | | | | |
| | | | | | | | | |
| OBSERVATIO | N UNIT STAY Date and time of observation unit/care discharge order | | | | | | | |
| Month Day Year Time a.m. p.m. Military | Month Day Year Time a.m. p.m. Military | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| HOSPITAL | ADMISSION | | | | | | | |
| Complete if the patient was admitted to this hospital at this ED visit Mark (X) | "Unknown" in each item, if efforts have been exhausted to collect the data. | | | | | | | |
| Admitted to: Date and time of admit order | | | | | | | | |
| | me a.m. p.m. Military | | | | | | | |
| 2 🖸 Stepdown unit 3 🗋 Operating room | | | | | | | | |
| 4 | | | | | | | | |
| 5 Cardiac catheterization lab 6 Other bed/unit | | | | | | | | |
| 7 🗆 Unknown | | | | | | | | |
| Admitting physician Hospital discharge date | | | | | | | | |
| 1 Hospitalist Month Day Year | | | | | | | | |
| 2 🗋 Not hospitalist 3 🗍 Unknown | | | | | | | | |
| 1 🗌 Unknown | | | | | | | | |
| Principal hospital discharge diagnosis | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 🗌 Unknown | | | | | | | | |
| Hospital discharge status/disposition | | | | | | | | |
| 1 Home/Residence | | | | | | | | |
| 1 Alive 2 Return/Transfer to nursing home 2 Dead 3 Transfer to another facility (not usual place of reside) | nce) | | | | | | | |
| 3 🗌 Unknown 4 🗍 Other 5 🔲 Unknown | | | | | | | | |
| | | | | | | | | |