**PATIENT INFORMATION**

**Patient medical record number**

**ZIP Code**

**Date of birth**

- **Month**
- **Day**
- **Year**

**Sex**

- Female
- Male

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**Age**

- Years
- Months
- Days

**Date and time of visit**

- **Month**
- **Day**
- **Year**
- **Time**
- **a.m.**
- **p.m.**
- **Military**

**First provider (physician/APRN/PA) contact**

- **Month**
- **Day**
- **Year**

**ED departure**

- **Month**
- **Day**
- **Year**

**Was patient transferred from another hospital or urgent care facility?**

- Yes
- No
- Unknown

**Expected source(s) of payment for THIS VISIT**

- Mark (X) all that apply.

- Medicare
- Medicaid
- Charity
- Workers’ compensation
- Other

**TRIAGE**

**Initial vital signs**

- Temperature
- Heart rate
- Respiratory rate

- Systolic
- Diastolic
- Pulse oximetry

- **Percent of oxyhemoglobin saturation; value is usually between 80–100%.**

- **Was patient seen in this ED within the last 72 hours?**

- Yes
- No
- Unknown

**TRiage level**

- (1–5)
- Enter “0” if no triage.
- Enter “9” if unknown.

**Pain scale**

- (0–10)
- Enter “99” if unknown.

**REASON FOR VISIT**

**List the first 5 reasons for visit (i.e., complaint(s), symptom(s), problem(s), concern(s) of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history or history of present illness (HPI) for additional reasons.**

1. Most important:
2. Other:
3. Other:
4. Other:
5. Other:

**INJURY**

**Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?**

- Yes, injury/trauma
- Yes, overdose/poisoning
- Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
- No
- Unknown
- SKIP to Diagnosis

**Did the injury/trauma, overdose/poisoning, or adverse effect occur within 72 hours prior to the date and time of this visit?**

- Yes
- No
- Unknown

**For adverse effect SKIP to Cause**

**What was the intent of the injury/trauma or overdose/poisoning?**

- Suicide attempt with intent to die
- Intentional self-harm without intent to die
- Unlikely if suicide attempt or intentional self-harm without intent to die
- Intentional harm inflicted by another person (e.g., assault, poisoning)
- Intent unclear

**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 strained her ankle; patient was bitten by a spider); 2. Overdose/poisoning (e.g., 4 year old child was given adult cough medicine and became lethargic; child swallowed large amount of liquid cleaner and began vomiting); 3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

**DIAGNOSIS**

**As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnosis first.**

1. Primary diagnosis:
2. Other:
3. Other:
4. Other:
5. Other:

**Does patient have – Mark (X) all that apply.**

- Alcohol misuse, abuse, or dependence
- Anxiety or depression
- Alzheimer’s disease/Dementia
- Asthma
- Cancer
- Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
- Chronic kidney disease (CKD)
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Ischemic heart disease (IHD) or history of myocardial infarction (MI)
- Depression
- Diabetes mellitus (DM), Type 1
- Diabetes mellitus (DM), Type 2
- Diabetes mellitus (DM), Type unspecified
- End-stage renal disease (ESRD)
- History of pulmonary embolism (PE)
- Deep vein thrombosis (DVT), or venous thromboembolism (VTE)
- HIV infection/AIDS
- Hyperparathyroidism
- Hypertension
- Obesity (BMI>30)
- Obstructive sleep apnea (OSA)
- Osteoporosis
- Substance abuse or dependence
- None of the above
**DIAGNOSTIC SERVICES**

**Diagnostic Services** – Mark (X) all Laboratory tests, Other tests, and Imaging ORDERED or PROVIDED.
- **Laboratory tests:**
  - Arterial blood gases (ABG)
  - BAC (Blood alcohol concentration)
  - Basic metabolic panel (BMP)
  - BNP (Brain natriuretic peptide)
  - Creatinine/Rein function panel
  - Cardiac enzymes
  - CBC
- **Other tests:**
  - Cardiac monitor
  - EKG/ECG
  - HIV test
  - Influenza test
  - Pregnancy/HCG test
  - Toxicology screen
  - Urinalysis (UA) or urine dipstick
  - Other test/service
- **Imaging:**
  - X-ray
  - CT scan
  - War CT
  - Other provider
  - Other imaging

**MEDICATIONS & IMMUNIZATIONS**

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

- **Given in ED**
- **Rx at discharge**

<table>
<thead>
<tr>
<th>Drug/Immunization</th>
<th>Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROCEDURES**

**Procedures** – Mark (X) all PROVIDED at this visit. (Exclude medications.)
- **Procedures:**
  - CPR
  - BIPAP/CPAP
  - Bladder catheter
  - Cast, splint, wrap
  - Central line
  - Lumbar puncture (LP)

**DISPOSITION**

Mark (X) all that apply.
- Admit to this hospital
- Admit to observation unit
- Discharged
- Return/Transfer to psychiatric hospital
- Transfer to non-psychiatric hospital
- Return/Transfer to nursing home
- Transfer to non-psychiatric hospital

**VITALS AFTER TRIAGE**

<table>
<thead>
<tr>
<th>Vitals</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>°F</td>
</tr>
<tr>
<td>Heart rate</td>
<td>beats per minute</td>
</tr>
<tr>
<td>Respiratory rate</td>
<td>breaths per minute</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Systolic/Diastolic</td>
</tr>
</tbody>
</table>

**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>Time</th>
<th>a.m. p.m.</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOSPITAL ADMISSION**

**Date and time of admission order**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Time</th>
<th>a.m. p.m.</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Admitted to:**

- Critical care unit
- Stepdown unit
- Operating room
- Mental health or detox unit
- Cardiac catheterization lab
- Other bed/unit
- Unknown

**Hospital discharge date**

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

**Hospital discharge status/disposition**

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