NHAMCS-173
(12-23-2011)

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2012 EMERGENCY DEPARTMENT PATIENT RECORD

Form Approved: OMB No. 0920-0278; Expiration date 12/31/2014

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

PATIENT INFORMATION

Patient medical record number

ZIP Code

Date of birth Month Day Year

Date and time of visit

	Month	Day	Year	Time	a.m.	p.m.	Military
Arrival			1	:	☐	☐	☐
Seen by MD/DO/PA/NP			1	:	☐	☐	☐
ED discharge			1	:	☐	☐	☐

Patient residence
1 ☐ Private residence
2 ☐ Nursing home
3 ☐ Homeless
4 ☐ Other
5 ☐ Unknown

Sex
1 ☐ Female
2 ☐ Male

Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Age

Race – *Mark (X) one or more.*
1 ☐ White
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

Arrival by ambulance
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Expected source(s) of payment for this visit – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid or CHIP
4 ☐ Worker's compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

TRIAGE/REASON

Initial vital signs

Temperature ☐ °C ☐ °F

Heart rate per minute

Respiratory rate per minute

Blood pressure Systolic / Diastolic

Pulse oximetry %

On oxygen on arrival
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Triage level (1–5)
1 ☐ No triage
2 ☐ Unknown

Pain scale (0–10)
1 ☐ Unknown

Has patient been seen in this ED within the last 72 hours and discharged?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

Patient's complaint(s), symptom(s), or other reason(s) for this visit *Use patient's own words.*
(1) Most important:
(2) Other:
(3) Other:

Episode of care
1 ☐ Initial visit to this ED for problem
2 ☐ Follow-up visit to this ED for problem
3 ☐ Unknown

INJURY/DIAGNOSIS

Is this visit related to an injury, poisoning, or adverse effect of medical treatment? *Mark (X) all that apply.*
1 ☐ Yes, injury/trauma
2 ☐ Yes, poisoning
3 ☐ Yes, adverse effect of medical treatment
4 ☐ No
5 ☐ Unknown

Is this injury/ poisoning intentional?
1 ☐ Yes, self inflicted
2 ☐ Yes, assault
3 ☐ No, unintentional
4 ☐ Unknown

Cause of injury, poisoning, or adverse effect – *Describe the place and events that preceded the injury, poisoning, or adverse effect (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, spouse beaten with fists by spouse, heroin overdose, infected shunt, etc.). Do not enter proper names of people or places. For a motor vehicle crash, indicate if occured on the street or highway versus a driveway or parking lot.*

As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:
(2) Other:
(3) Other:

Does patient have – *Mark (X) all that apply.*
1 ☐ Cancer
2 ☐ Cerebrovascular disease/ History of stroke or transient ischemic attack (TIA)
3 ☐ Chronic obstructive pulmonary disease (COPD)
4 ☐ Condition requiring dialysis
5 ☐ Congestive heart failure
6 ☐ Dementia
7 ☐ Diabetes
8 ☐ History of heart attack
9 ☐ History of pulmonary embolism or deep vein thrombosis (DVT)
10 ☐ HIV infection/AIDS
11 ☐ None of the above

DIAGNOSIS

Mark (X) all ***ordered*** *or* ***provided*** *at this visit.*
1 ☐ NONE

Blood tests:
2 ☐ Arterial blood gases
3 ☐ BAC (blood alcohol concentration)
4 ☐ Blood culture
5 ☐ BNP (brain natriuretic peptide)
6 ☐ BUN/Creatinine
7 ☐ Cardiac enzymes
8 ☐ CBC
9 ☐ D-dimer
10 ☐ Electrolytes
11 ☐ Glucose
12 ☐ Lactate
13 ☐ Liver function tests
14 ☐ Prothrombin time/INR
15 ☐ Other blood test

Other tests:
16 ☐ Cardiac monitor
17 ☐ EKG/ECG
18 ☐ HIV test
19 ☐ Influenza test
20 ☐ Pregnancy/HCG test
21 ☐ Toxicology screen
22 ☐ Urinalysis (UA)
23 ☐ Wound culture
24 ☐ Urine culture
25 ☐ Other test/service

Imaging:
26 ☐ X-ray
27 ☐ Intravenous contrast
28 ☐ CT scan
☐ Abdomen/Pelvis
☐ Chest
☐ Head
☐ Other
29 ☐ MRI
30 ☐ Ultrasound
☐ Performed by emergency physician
☐ Other
31 ☐ Other imaging

Mark (X) all ***provided*** *at this visit. Exclude medications.*
1 ☐ NONE
2 ☐ BiPAP/CPAP
3 ☐ Bladder catheter
4 ☐ Cast, splint, wrap
5 ☐ Central line
6 ☐ CPR
7 ☐ Endotracheal intubation
8 ☐ Incision & drainage (I&D)
9 ☐ IV fluids
10 ☐ Lumber puncture
11 ☐ Nebulizer therapy
12 ☐ Pelvic exam
13 ☐ Suturing/Staples
14 ☐ Skin adhesives
15 ☐ Other

MEDICATIONS & IMMUNIZATIONS

List up to 12 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

☐ NONE

		Given in ED	Rx at discharge
(1)		1 ☐	2 ☐
(2)		1 ☐	2 ☐
(3)		1 ☐	2 ☐
(4)		1 ☐	2 ☐
(5)		1 ☐	2 ☐
(6)		1 ☐	2 ☐
(7)		1 ☐	2 ☐
(8)		1 ☐	2 ☐
(9)		1 ☐	2 ☐
(10)		1 ☐	2 ☐
(11)		1 ☐	2 ☐
(12)		1 ☐	2 ☐

DISPOSITION

Mark (X) all providers seen at this visit.

1 ☐ ED attending physician
2 ☐ ED resident/Intern
3 ☐ Consulting physician
4 ☐ RN/LPN
5 ☐ Nurse practitioner
6 ☐ Physician assistant
7 ☐ EMT
8 ☐ Other mental health provider
9 ☐ Other

Mark (X) all that apply.

1 ☐ No follow-up planned
2 ☐ Return to ED
3 ☐ Return/Refer to physician/clinic for FU
4 ☐ Left before triage
5 ☐ Left after triage
6 ☐ Left AMA
7 ☐ DOA
8 ☐ Died in ED
9 ☐ Return/Transfer to nursing home
10 ☐ Transfer to psychiatric hospital
11 ☐ Transfer to other hospital
12 ☐ Admit to this hospital
13 ☐ Admit to observation unit then hospitalized
14 ☐ Admit to observation unit, then discharged
15 ☐ Other

HOSPITAL

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:

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

Date and time bed was requested for hospital admission or transfer

Month	Day	Year	Time	a.m.	p.m.	Military
		1	:	☐	☐	☐

1 ☐ Unknown

Date and time patient actually left the ED or observation unit

Month	Day	Year	Time	a.m.	p.m.	Military
		1	:	☐	☐	☐

1 ☐ Unknown

Admitting physician

1 ☐ Hospitalist
2 ☐ Not hospitalist
3 ☐ Unknown

Hospital discharge date

Month	Day	Year
		1

1 ☐ Unknown

Principal hospital discharge diagnosis

1 ☐ Unknown

Hospital discharge status/disposition

1 ☐ Alive
2 ☐ Dead
3 ☐ Unknown

→
1 ☐ Home/Residence
2 ☐ Return/Transfer to nursing home
3 ☐ Transfer to another facility (not usual place of residence)
4 ☐ Other
5 ☐ Unknown

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

Date and time of observation unit discharge

Month	Day	Year	Time	a.m.	p.m.	Military
		1	:	☐	☐	☐

1 ☐ Unknown