NHAMCS-173
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SAMPLE

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National Hospital Ambulatory Medical Care Survey
2022 EMERGENCY DEPARTMENT PATIENT RECORD

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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			2022	:	☐	☐	☐
First provider (physician/APRN/PA) contact			2022	:	☐	☐	☐
ED departure			2022	:	☐	☐	☐

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

Sex
1 ☐ Female
2 ☐ Male

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

Age
☐ ☐
1 ☐ Years
2 ☐ Months
3 ☐ Days

Race – *Mark (X) all that apply.*
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 → *SKIP to Expected source(s) of payment*
2 ☐ No
3 ☐ Unknown

Was patient transferred from another hospital or urgent care facility?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
4 ☐ Not applicable

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

TRIAGE

Initial vital signs

Temperature ☐ ☐.☐ 1 ☐ °C 2 ☐ °F

Heart rate ☐☐☐ *Enter "998" for DOPP or DOPPLER.* beats per minute

Respiratory rate ☐☐ breaths per minute

Blood pressure 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?
1 ☐ Yes 2 ☐ No 3 ☐ 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:

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

INJURY

Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?
1 ☐ Yes, injury/trauma
2 ☐ Yes, overdose/poisoning
3 ☐ Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
4 ☐ No
5 ☐ 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?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

For adverse effect SKIP to Cause

Is this injury/trauma or overdose/poisoning intentional or unintentional?
1 ☐ Intentional →
2 ☐ Unintentional (e.g., accidental)
3 ☐ Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?
1 ☐ Suicide attempt with intent to die
2 ☐ Intentional self-harm without intent to die
3 ☐ Unclear if suicide attempt or intentional self-harm without intent to die
4 ☐ Intentional harm inflicted by another person (e.g., assault, poisoning)
5 ☐ 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 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)*

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.*

11 ☐ Alcohol misuse, abuse, or dependence
12 ☐ Alzheimer's disease/Dementia
13 ☐ Asthma
14 ☐ Cancer
15 ☐ Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
16 ☐ Chronic kidney disease (CKD)
17 ☐ Chronic obstructive pulmonary disease (COPD)
18 ☐ Congestive heart failure (CHF)
19 ☐ Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
20 ☐ Depression
21 ☐ Diabetes mellitus (DM), Type 1
22 ☐ Diabetes mellitus (DM), Type 2
23 ☐ Diabetes mellitus (DM), Type unspecified
24 ☐ End-stage renal disease (ESRD)
25 ☐ History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
26 ☐ HIV infection/AIDS
27 ☐ Hyperlipidemia
28 ☐ Hypertension
29 ☐ Obesity (BMI>=30)
30 ☐ Obstructive sleep apnea (OSA)
31 ☐ Osteoporosis
32 ☐ Substance abuse or dependence
33 ☐ None of the above

DIAGNOSTIC SERVICES

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

11 ☐ NONE

Laboratory tests:

12 ☐ Arterial blood gases (ABG)
13 ☐ BAC (Blood alcohol concentration)
14 ☐ Basic metabolic panel (BMP)
15 ☐ BNP (brain natriuretic peptide)
16 ☐ Creatinine/Renal function panel
17 ☐ Cardiac enzymes
18 ☐ CBC
19 ☐ Comprehensive metabolic panel (CMP)
20 ☐ Culture, blood
21 ☐ Culture, throat
22 ☐ Culture, urine
23 ☐ Culture, wound
24 ☐ Culture, other
25 ☐ D-dimer
26 ☐ Electrolytes
27 ☐ Glucose, serum
28 ☐ Lactate
29 ☐ Liver enzymes/Hepatic function panel
30 ☐ Prothrombin time (PT/PTT/INR)
31 ☐ Other blood test

Other tests:

32 ☐ Cardiac monitor
33 ☐ EKG/ECG
34 ☐ HIV test
35 ☐ Influenza test
36 ☐ Pregnancy/HCG test
37 ☐ Toxicology screen
38 ☐ Urinalysis (UA) or urine dipstick
39 ☐ Other test/service

Imaging:

40 ☐ X-ray
41 ☐ CT scan
Was CT ordered/provided with intravenous (IV) contrast?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown
What body site was scanned during the CT scan? *Mark (X) all that apply.*
1 ☐ Abdomen/Pelvis
2 ☐ Chest
3 ☐ Head
4 ☐ Other

42 ☐ MRI
Was MRI ordered/provided with intravenous (IV) contrast *(also written as "with gadolinium" or "with gado")*?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

43 ☐ Ultrasound
Who performed the ultrasound?
1 ☐ Emergency physician
2 ☐ Other provider

44 ☐ Other imaging

COVID-19 tests:

45 ☐ Coronavirus disease (COVID-19) test
46 ☐ Coronavirus disease (COVID-19) antibody test

PROCEDURES

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

11 ☐ NONE
12 ☐ BiPAP/CPAP
13 ☐ Bladder catheter
14 ☐ Cast, splint, wrap
15 ☐ Central line
16 ☐ CPR
17 ☐ Endotracheal intubation
18 ☐ Incision & drainage (I&D)
19 ☐ IV fluids
20 ☐ Lumbar puncture (LP)
21 ☐ Nebulizer therapy
22 ☐ Pelvic exam
23 ☐ Skin adhesives
24 ☐ Suturing/Staples
25 ☐ Other

MEDICATIONS & IMMUNIZATIONS

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

☐ NONE

When given?
Mark (X) all that apply.

		Given in ED	Rx at discharge
(1)		1 ☐	2 ☐
(2)		1 ☐	2 ☐
(3)		1 ☐	2 ☐
(4)		1 ☐	2 ☐
(5)		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
		1 ☐	2 ☐
(30)		1 ☐	2 ☐

VITALS AFTER TRIAGE

Does the chart contain vital signs taken after triage?

1 ☐ Yes
2 ☐ No

Temperature
1 ☐ °C
2 ☐ °F

Heart rate *Enter "998" for DOPP or DOPPLER.*
beats per minute

Respiratory rate
breaths per minute

Blood pressure
Systolic / Diastolic

PROVIDERS

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

DISPOSITION

Mark (X) all that apply.

11 ☐ No follow-up planned
12 ☐ Return to ED
13 ☐ Return/Refer to physician/clinic for FU
14 ☐ Left without being seen (LWBS)
15 ☐ Left before treatment complete (LBTC)
16 ☐ Left AMA
17 ☐ DOA
18 ☐ Died in ED
19 ☐ Return/Transfer to nursing home
20 ☐ Transfer to psychiatric hospital
21 ☐ Transfer to non-psychiatric hospital
22 ☐ Admit to this hospital
23 ☐ Admit to observation unit then hospitalized
24 ☐ Admit to observation unit, then discharged
25 ☐ Other

OBSERVATION UNIT STAY

Date and time of observation unit/care initiation order

Month | Day | Year (2 0 2) | Time | a.m. p.m. Military

1 ☐ Unknown

Date and time of observation unit/care discharge order

Month | Day | Year (2 0 2) | Time | a.m. p.m. Military

1 ☐ Unknown

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:

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 of admit order

Month | Day | Year (2 0 2) | Time | a.m. p.m. Military

1 ☐ Unknown

Admitting physician

1 ☐ Hospitalist
2 ☐ Not hospitalist
3 ☐ Unknown

Hospital discharge date

Month | Day | Year (2 0 2)

1 ☐ Unknown

Principal hospital discharge diagnosis

1 ☐ Unknown

Hospital discharge status/disposition

1 ☐ Alive
2 ☐ Dead
3 ☐ Unknown

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