

**University of Utah
Central Data Management Coordinating Center**

ANNOTATED CRF FOR PUBLIC USE DATASETS

**PECARN Core Data Project (PCDP)
Phase IIB and IIC**

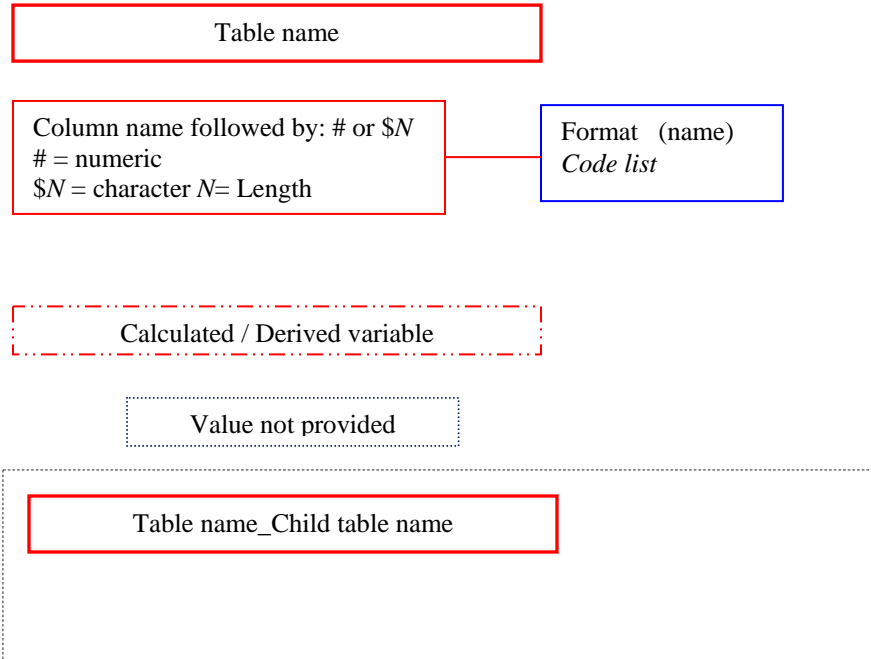
**Characterizing Patient Populations in the Pediatric Emergency Care
Applied Research Network (PECARN)**

PECARN Protocol Number 003

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Annotations key:



Notes:

VisitID is a randomly generated ID number that uniquely identifies a patient across datasets, it does not contain information about original site or medical record number.

All out of range and other questionable data has been included in the public use datasets.

Additional section and page breaks added for clarity

All dates have been recoded to reflect the number of calendar days from arrival.

Arrival date has been set to January 1, 2003 for all patients. All other dates have been recoded to reflect the number of calendar days from arrival.

Sensitive and/or identifying information entered in free text fields has been removed from the public use datasets.



Complete this form:
 • For all patients seen in the ED during the 10-day data collection period.
 Consult the Manual of Operations for detailed instructions.

Name or Initials of Person Completing this form:

 (Please Print) (Date)

Name or Initials of Person Entering Data Electronically:

 (Please Print) (Date)

(This number will vary in length by site)

Case Number: [Value recoded to VisitID] [VisitID #]
 (Medical Record Number)

Site ID: [] []

1. Demographics:

VISITS (Unique ID = VisitID)

Date of Birth

[] [] [] [] [] [] [] [] [] [] [] []
 (month) (day) (year)
 Age #

or Not Documented

Gender

- Male
- Female
- Not Documented

gender #

LU_GENDER
 1 = Male
 2 = Female
 3 = Not Documented

Race *check one*

race #

- White
- Black
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Stated Unknown
- Not Documented
- Other

LU_RACE
 1 = White
 2 = Black
 3 = Asian/Pacific Islander
 4 = American Indian/Alaskan Native
 5 = Stated as unknown
 6 = Not documented
 7 = Other

Ethnicity

- Hispanic
- Non-Hispanic
- Stated Unknown
- Not Documented

ethnicity #

LU_ETHNICITY
 1 = Hispanic
 2 = Non-Hispanic
 3 = Unknown
 4 = Not Documented

Patient Address

Street: [Value not provided] or Not Documented

City: [Value not provided] or Not Documented

State: [Value not provided] Zip: [Value not provided] Not Documented

2. Emergency Department Admission:

Arrival Date

*arivaldate #

/ /

(month) (day) (year)

or Not Documented

**arivaltime \$8

Arrival Time (24 hour clock, midnight is 00:00)

:

(hours) (min)

or Not Documented

Triage Date

*triatedate #

/ /

(month) (day) (year)

or Not Documented

**triatetime \$8

Triage Time (24 hour clock, midnight is 00:00)

:

(hours) (min)

or Not Documented

Discharge Date

*dischargedate #

/ /

(month) (day) (year)

or Not Documented

**dischargetime \$8

Discharge Time (24 hour clock, midnight is 00:00)

:

(hours) (min)

or Not Documented

* Dates have been recoded to relative to Jan 1, 2003.

** Time formatted as HH:MM using 24 hour clock.

All Patients

Page 2 of 6

Primary Insurance Payor Type: *check one* Not Documented

CHAMPUS/Military Medicaid Other Governmental Insurance
 Commercial Insurance Fee For Service Self-pay/Uninsured
 Fee for Service Managed Care Stated Unknown
 Managed Care Unknown Workmen Compensation
 Unknown Medicare
 Other (Specify): Value not provided

Attending Physician: *check one*

Double PEM-Pediatrics Internal Medicine Nurse Practitioner
 Pediatrics Double PEM-Adult EM Physician Assistant (PA)
 Family Practice Adult Emergency Medicine (EM) Resident
 Other (Specify): otherprovider \$100

LU_PROVIDER

1 = Double PEM - Pediatrics
 2 = Pediatrics
 3 = Other (Specify):
 4 = Family Practice
 5 = Internal Medicine
 6 = Double PEM - Adult EM
 7 = Adult Emergency (EM)
 8 = Self pay/Uninsured
 9 = Nurse Practitioner
 10 = Physician Assistant
 11 = Not Documented

LU_PAYMODE

1 = Fee for service
 2 = Managed care
 3 = Unknown

LU_PAYER

1 = Not documented
 2 = CHAMPUS/Military
 3 = Commercial Insurance
 4 = Other (Specify):
 5 = Medicaid
 6 = Medicare
 7 = Other governmental insurance
 8 = Self pay/Uninsured
 9 = Stated as unknown
 10 = Workmen's Compensation

VISITS_COMPLAINTS (Unique ID = VisitID, complaintcode)

3. Chief Complaint: *List the chief complaint(s) as stated on the ED Record. Free Text.*

complaintcode #

Classify the above narrative into **at least 1 and up to 3** chief complaint(s) listed below. 62 = Not Documented

LU_COMPLAINTS

- | | | |
|------------------------------|-----------------------------|---|
| 1 = Allergic Reaction | 27 = Eye Emergency | 51 = Penile/Scrotal Complaints |
| 2 = Apnea/Bradycardia | 28 = Earache | 52 = Poisoning |
| 3 = Ataxia | 29 = Fainting/Syncope | 53 = Post-Op Complication |
| 4 = Asthma/Wheezing | 30 = Fever | 54 = Pregnancy |
| 5 = Bites and Stings | 31 = Fever: Neonate | 55 = Psychiatric Emergency |
| 6 = Blood in Stool | 32 = Fever: Oncology | 56 = Oncologic Emergency |
| 7 = Burn | 33 = Fever: Sickle Cell | 57 = Rash |
| 8 = Cardiac Disease | 34 = Fever: Transplant | 58 = Respiratory Distress |
| 9 = Child Phys/Sex Abuse | 35 = Follow-up Visit | 59 = Neurologic |
| 10 = Choking | 36 = Foreign Body: ear/nose | 60 = Seizure |
| 11 = Congestion / URI | 37 = Foreign Body: GI Tract | 61 = Sickle Cell / Thalassemia |
| 12 = Coagulopathy/hemophilia | 38 = GI Bleeding | 63 = Sore Throat |
| 13 = Cough | 39 = Gynec. (non-pregnancy) | 64 = Suture Removal |
| 14 = Constipation | 40 = Hernia | 65 = Trauma: Blunt Thoracic / Abdominal |
| 15 = Crying/Colic | 41 = Hematuria | 66 = Trauma: Isolated Extremity |
| 17 = Device Complication | 42 = HIV | 67 = Trauma: Isolated Facial or Dental |
| 18 = Dehydration | 43 = Jaundice | 68 = Trauma: Isolated Head |
| 19 = Dental Emergency | 44 = Limp | 69 = Trauma: Multisystem |
| 20 = Diarrhea | 45 = Laceration | 70 = Trauma: Penetrating Thoracic / Abdomen |
| 21 = Diabetes Mellitus | 46 = Mental Status Altered | 71 = Trauma: Unspecified |
| 22 = Dysrhythmia | 47 = Motor Vehicle Crash | 72 = Vomiting/Nausea |
| 23 = Dysuria | 48 = Pain: Abdominal | 73 = VP Shunt Malfunction |
| 24 = Edema | 49 = Pain: Chest | |
| 25 = Environmental Emergency | 50 = Pain: Neck | |
| 26 = Epistaxis | | |

16 = Other (Specify): othercomplaint \$100 _____

VISITS_DEVICES (Unique ID = VisitID, devicecode)

All Patients

Medical Devices (at home): *check all that apply.* None Documented

- Apnea Monitor
- Central Catheter
- Dialysis Catheter or Shunt (hemodialysis or peritoneal)
- Feeding Tube (G-tube, J-tube, NG tube, NJ tube)
- Home Oxygen
- Mechanical Ventilator
- Tracheostomy
- Ventricular Drainage Shunt (VP, VA shunt)

Other (Specify):

otherdevice \$100

devicecode #

LU_DEVICES

- 1 = Apnea monitor
- 2 = Central catheter
- 3 = Other (Specify):
- 4 = Dialysis catheter or shunt
- 5 = Feeding tube or gastrostomy
- 6 = Home oxygen
- 7 = None documented
- 8 = Mechanical ventilator
- 9 = Tracheostomy
- 10 = Ventricular CSF shunt (VP, VA)

5. Mode of Arrival: Not Documented

- Non-EMS Vehicle/Walk-in
- EMS Ground Transport from Scene
- EMS Air Transport from Scene
- Ground Interfacility Transfer
- Air Interfacility Transfer
- Stated Unknown

Other (Specify):

othermode \$100

arrivalmode #

LU_ARRIVALMODE

- 1 = Not Documented
- 2 = Non-EMS vehicle / walk-in
- 3 = EMS ground transport from scene
- 4 = EMS air transport from scene
- 5 = Other (Specify):
- 6 = Ground interfacility transfer
- 7 = Air interfacility transfer
- 8 = Stated as unknown

Triage Category Not Documented

- Emergent
- Urgent
- Non-Urgent

triagemode #

LU_TRIAGE

- 1 = Emergent
- 2 = Urgent
- 3 = Non-Urgent
- 4 = Not documented

6. Initial Triage Vital Signs: *(collected within 15 minutes of arrival, not necessarily simultaneous)*

Temperature: Not Documented

Heart Rate: Not Documented

Respiratory Rate: Not Documented

Systolic Blood Pressure: Not Documented

Diastolic Blood Pressure: Not Documented

Pulse Oximetry (%): RA Supplemental O2 Oximetry Not Documented

LU_OXIMETER
1 = Room Air
2 = Supplemental O2
3 = O2 Not documented

LU_PAIN
1 = Yes
2 = No
3 = Not documented

Pain: Yes No Not Documented RA Supplemental O2 Oximetry Not Documented
 Number on scale out of

6a. Any Recorded Weight: *(does not have to be recorded at time of triage)*

Weight: Kilograms/KG Pounds/LB Weight Not Documented

LU_WEIGHT
1 = Kilograms (Kg)
2 = Pounds (Lb)

VISITS_DIAGNOSES (Unique ID = VisitID, dxcode)

7. Diagnosis:

Physician Diagnoses: List the Diagnoses as stated on the ED Record. Free Text.

Large empty rectangular box for listing physician diagnoses.

Classify the Physician Diagnoses into at least 1 and up to 3 diagnoses from the diagnosis category list in the Manual of Operations. List Below. Not Documented

1. [] [] [] Describe: dxcode \$3

2. [] [] [] Describe:

3. [] [] [] Describe:

For decode refer to Diagnosis Group Codes listing on page 22

VISITS_THERAPIES (Unique ID = VisitID, therapycode)

8. Intervention:

Therapeutic: *check all that apply*

None Documented

therapycode #

- Burn Care
- Consult → see question 10 to specify
- Critical Care (ETT, chest tube, central line)
- FB Removal
- Isotonic Fluid Bolus
- Other IV Fluids
- Medications → see question 9 to specify
- NG/OG Tube
- Oral Re-hydration

- Orthopedic Procedure
Includes: Fracture Reduction
Joint Relocation
Joint Aspiration
Splinting/Casting
Suture
Tendon Repair
Nailbed Repair
- Oxygen

- Referral to External Agency
Includes: Police
Dept of Human Services
Community Mental Health
- Transfusion of blood products
- Wound Repair
Includes: Sutures
Staples
Glue
Butterfly Bandage
Other wound care

othertherapy \$100

Other (Specify): _____

LU_THERAPIES

- | | |
|---|------------------------------------|
| 1 = Burn Care | 10 = Oral rehydration |
| 2 = Consult (specify in question 10) | 11 = Orthopedic procedures |
| 3 = Critical care | 12 = Oxygen |
| 4 = FB removal | 13 = Referral to external agency |
| 5 = Isotonic fluid bolus | 14 = Transfusion of blood products |
| 6 = Other (Specify): | 15 = Wound repair |
| 7 = Other IV fluids | 16 = None documented |
| 8 = Medications (specify in question 9) | |
| 9 = NG/OG tube | |

VISITS_LABTESTS (Unique ID = VisitID, labcode)

Diagnostic: *check all that apply*

None Documented

labcode #

- Blood Culture
- CBC
- CRP
- ESR
- HCG (blood or urine)
- SMA-12, 13 or 20 (CMP)
- SMA-6 or SMA-7 or SMA-8 (BMP)
- Other Bloodwork

- CSF
- ECG
- Ethanol Level
Includes: Breathalyzer
Blood level
- Chest X-ray
- Abdomen X-ray
- Extremity X-ray
- Other X-ray
- Pelvic Exam

- CT Scan - Head
- CT Scan - Other
- Sono (any Ultrasound)
- STD Testing
- Strep Throat Test or Culture
- Urinalysis/Urine Dipstick
- Urine Culture
- Urine Toxicology Screen
- Other Toxicology

otherlab \$100

Other (Specify): _____

LU_LABS

- | | |
|--------------------------------------|-----------------------------------|
| 1 = Blood Culture | 15 = Extremity x-ray |
| 2 = CBC (complete blood count) | 16 = Other x-ray |
| 3 = CRP (C-reactive protein) | 17 = Pelvic examination |
| 4 = ESR (sedimentation rate) | 18 = CT scan - head |
| 5 = HCG (blood or urine) | 19 = CT scan - other |
| 6 = SMA-12, 13, or 20 (CMP) | 20 = Sono - any ultrasound |
| 7 = SMA-6, 7, or 8 (BMP) | 21 = STD testing |
| 8 = Other Bloodwork | 22 = Strep throat test or culture |
| 9 = CSF sampling | 23 = Urinalysis / urine dipstick |
| 10 = Other (Specify): | 24 = Urine culture |
| 11 = ECG (electrocardiogram) | 25 = Urine toxicology screen |
| 12 = Ethanol level (blood or breath) | 26 = Other toxicology |
| 13 = Chest x-ray | 27 = None documented |
| 14 = Abdomen x-ray | |

9. Medications Administrated in ED:

Medications: *check all that apply* None Documented

Analgesic

- Acetaminophen (Tylenol, Tempra, APAP)
- Aspirin
- Codeine
- Fentanyl (Sublimaze)
- Hydrocodone (Vicoprofen, Lortab, Vicodin)
- Hydromorphone (Dilaudid)
- Ibuprofen (Motrin, Advil, Pediaprofen)
- Meperidine (Demerol)
- Morphine
- Oxycodone (Oxycontin, Roxicodone)
- Propoxyphene (Darvocet, Darvon)
- Tramadol (Ultram)
- Tylenol with Codeine (T2, T3, T4)

Anesthetic

- Ketamine (Ketalar)
- Nitrous Oxide (NO, Nitrous)
- Propofol

Anti-Anxiety, Anxiolytics

- Diazepam (Valium, Diastat)
- Lorazepam (Ativan)

Antibiotics

- Amoxicillin (Amox, Triamox, Augmentin)
- Azithromycin (Zithromycin, Zithromax)
- Cefaclor (Ceclor)
- Cefixime (Suprax)
- Cefotaxime (Claforan)
- Cefoxitin (Mefoxin)
- Ceftazidime (Fortaz, Tazicef, Tazidime)
- Ceftriaxone (Rocephin)
- Cefuroxime (Ceftin, Kefurox, Zinacef)
- Cephalexin (Keflex, Keftab)
- Clindamycin (Cleocin)
- Gentamicin (Garamycin)
- Penicillin (Pen VK, Pen G, Bicillin)
- Trimethoprim/Sulfa (Bactrim, Cotrim, Septra)

Anti-Convulsant

- Midazolam, Diazepam, Lorazepam
- Phenobarbital, other barbiturates
- Phenytoins (Dilantin, Fosphenytoin)

Other (Specify): othermedication \$100

Anti-Inflammatory

- Aspirin
- Ibuprofen (Motrin, Advil, Pediaprofen)
- Ketorolac (Toradol)
- Naprosyn (Naprox)

Anti-Pyretic

- Acetaminophen (Tylenol, Tempra, APAP)
- Aspirin
- Ibuprofen (Motrin, Advil, Pediaprofen)
- Ketorolac (Toradol)

Muscle Relaxant – Non Paralytic

- Orphenadrine (Norflex)

Muscle Relaxant – Paralytic Agents

- Succinylcholine, Pancuronium, Norcuron

Respiratory

- Albuterol (Proventil, Ventolin)
- Helium (Heliox)
- Ipratropium (Atrovent)
- Terbutaline (Brethine, Bricanyl, Brethaire)

Sedative for Procedures

- Chloral Hydrate
- Etomidate (Amidate)
- Pentobarbital (Nembutal)

Steroid

- Methylprednisolone (Medrol, Solumedrol)
- Prednisolone (Orapred, Pediapred, Prelone)
- Prednisone (Deltasone, Sterapred)

Sympathomimetic

- Dobutamine
- Dopamine
- Epinephrine (Adrenaline, Adrenalin)
- Levalbuterol (Xopenex)

medcode #

LU_MEDS

- | | | |
|-------------------------------|--------------------------------------|-----------------------|
| 1 = Analgesic | 7 = Anti-inflammatory | 13 = Steroids |
| 2 = Anesthetic | 8 = Antipyretics | 14 = Sympathomimetics |
| 3 = Anti-anxiety, anxiolytics | 9 = Muscle relaxants (non-paralytic) | 15 = None Documented |
| 4 = Antibiotics | 10 = Muscle relaxants (paralytic) | |
| 5 = Other (Specify): | 11 = Respiratory medications | |
| 6 = Anticonvulsants | 12 = Sedation for procedures | |

VISITS_CONSULTS (Unique ID = VisitID, consultcode)

10. Consult: *check all that apply* None Documented

consultcode #

- Adolescent
- Allergy/Immunology
- Anesthesia
- Apnea Team
- Cardiac Surgery
- Cardiology
- Child Abuse Team
- Child Life
- Clergy
- Dental
- Dermatology
- Endocrine
- ENT

- General Pediatrics
- GI
- Hematology
- HIV Service
- Infectious Disease
- Interventional Radiology
- Metabolism
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Oncology
- Ophthalmology

- Orthopedics
- Pain Team
- Plastic Surgery
- Psychiatry
- Pulmonary
- Radiology
- Rheumatology
- Social Work
- Surgery
 - General
 - Pediatric
- Toxicology
- Urology

Other (Specify):

otherconsult \$100

LU_CONSULTS

- | | |
|-------------------------------|---|
| 1 = Adolescent medicine | 21 = Metabolism |
| 2 = Allergy/immunology | 22 = Neonatology |
| 3 = Anesthesiology | 23 = Nephrology |
| 4 = Apnea team | 24 = Neurology |
| 5 = Cardiac/thoracic surgery | 25 = Neurosurgery |
| 6 = Cardiology | 26 = Oncology |
| 7 = Child abuse team | 27 = Ophthalmology |
| 8 = Child life | 28 = Orthopedics |
| 9 = Clergy | 29 = Pain team |
| 10 = Dental | 30 = Plastic surgery |
| 11 = Other (Specify): | 31 = Psychiatry |
| 12 = Dermatology | 32 = Pulmonary |
| 13 = Endocrine | 33 = Radiology (non-interventional) |
| 14 = ENT surgery | 34 = Rheumatology |
| 15 = General pediatrics | 35 = Social worker |
| 16 = GI (gastroenterology) | 36 = Surgery (Indicate type if possible): |
| 17 = Hematology | 37 = General Surgery |
| 18 = HIV service | 38 = Pediatric Surgery |
| 19 = Infectious disease | 39 = Toxicology |
| 20 = Interventional radiology | 40 = Urology |
| | 41 = None Documented |

11. ED Disposition: Not Documented

- Admit 23 Hour Observation Unit
- Admit ICU
- Admit Inpatient

- Admit OR
- AMA (Against Medical Advice)
- Dead

- Discharge
- Left Without Treatment
- Transfer

Other (Specify):

otherdisposition \$100

disposition #

LU_DISPOSITION

- | | | |
|------------------------------------|--------------------------|---------------------------------|
| 1 = Admit 23 hour observation unit | 5 = Admit OR for surgery | 9 = Left without treatment |
| 2 = Admit ICU | 6 = AMA (against advice) | 10 = Transfer to other facility |
| 3 = Admit inpatient (non-ICU) | 7 = Dead | 11 = Not Documented |
| 4 = Other (Specify): | 8 = Discharge | |

12. Was this patient diagnosed with asthma?

- Yes → Complete the asthma patient forms
- No

asthma #

LU_THREECHOICE

- 1 = Yes
- 2 = No
- 3 = Not documented

13. Was this patient diagnosed with a long bone fracture?

- Yes → Complete the long bone fracture forms
- No

fracture #

LU_THREECHOICE

- 1 = Yes
- 2 = No
- 3 = Not documented

Comments:

Value not provided

YOU ARE FINISHED! THIS FORM SHOULD BE RETAINED IN A SECURE SITE AT YOUR HOSPITAL UNTIL COMPLETION OF THIS STUDY IS CONFIRMED BY THE PECARN INVESTIGATORS. YOU MUST BE ABLE TO PRODUCE THIS FORM FOR STUDY SITE MONITORS WHO MAY VISIT YOUR HOSPITAL TO AUDIT THE STUDY.

Complete this form:

- For all asthma patients seen in the ED during the 10-day data collection period.

Consult the Manual of Operations for detailed instructions.



Asthma Patient

Page 1 of 2

Name or Initials of Person Completing this form:

(Please Print)

(Date)

Name or Initials of Person Entering Data Electronically:

(Please Print)

(Date)

(This number will vary in length by site)

Case Number:

Value recoded to VisitID

VisitID #

(Medical Record Number)

Site ID:

1. Date of Visit:

Value not provided									

or Not Documented

(month) (day) (year)

ASTHMA (Unique ID = VisitID)

2. Asthma Patient Medical History:

Prior History of Wheezing
 Family History of Wheezing
 Prior History of Fever

Yes	No	Not Documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

hxwheeze #

famhxwheeze #

hxfever #

LU_THREECHOICE

1 = Yes

2 = No

3 = Not documented

ASTHMA_PRIORMEDS (Unique ID = VisitID, medcode)

Prior Prescribed Medication: *check all that apply* None Documented

Bronchodilators

Advair
 Albuterol (inhaled, nebulized, liquid)
 Alupent
 Atrovent
 Combivent
 DuoNeb
 Foradil Aerolizer
 Ipratropium bromide
 Levalbuterol
 Maxair
 Metaproteronol sulfate
 Proventil
 Serevent
 Tonalate
 Ventolin
 Xopenex

Inhaled/Nebulized Steroids

Advair
 Aerobid
 Azmacort
 Beclovent
 Flovent
 Pulmicort
 QVAR
 Vancericil

Leukotriene modifiers

Accolate
 Singular
 Zyflo Filmtab

Mast cell stabilizers

Cromolyn
 Intal
 Tilade

Oral steroids

Orapred
 Pediapred
 Prednisone
 Prelone

medcode #

othermedication \$100

Other (Specify):

LU_PRIORMEDS

1 = Bronchodilators
 2 = Other (specify):
 3 = Inhaled/Nebulized Steroids
 4 = Leukotriene Modifiers

5 = Mast Cell Stabilizers
 6 = Oral Steroids
 7 = Not Documented

3. Physical Examination: (Non-Triage)

Vital Signs

Temperature

Highest Documented (non-triage): .

Not Documented

Respiratory Rate

Highest Documented (non-triage): . bpm

Not Documented

Last Documented: . bpm

Not Documented

Heart Rate

Highest Documented (non-triage): . bpm

Not Documented

Last Documented: . bpm

Not Documented

Pulse Oximetry (%)

Lowest Documented (non-triage): . RA Supplemental O2

Oximetry Not Documented

O2 Concentration Not Documented

Last Documented: . RA Supplemental O2

Oximetry Not Documented

O2 Concentration Not Documented

LU_OXIMETER

- 1 = Room Air
- 2 = Supplemental O2
- 3 = O2 Not documented

Initial Exam By Nurse or Respiratory Therapist

	Yes	No	Not Documented
Retractions on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezes on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grunting on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaring on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased Aeration on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LU_THREECHOICE

- 1 = Yes
- 2 = No
- 3 = Not documented

Initial Exam By MD

	Yes	No	Not Documented
Retractions on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezes on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grunting on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaring on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased Aeration on Initial Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Laboratory:

Peak Flow:
Chest X-ray Performed:

Yes Not Documented

peakflow #
cxr #

LU_TWOCHOICE
1 = Yes
2 = Not documented

LU_TWOCHOICE
1 = Yes
2 = Not documented

LU_ALBMODE
1 = Intermittent
2 = Continuous
3 = Not documented

5. Therapy Administered in ED:

Nebulized Treatments

Yes Number of Treatments Continuous Not Documented

Albuterol Nebulizers

albneb #

albdoses #

albmode #

Ipratropium Bromide Nebulizers

ipraneb #

ipradoses #

Albuterol MDI

Yes Not Documented

albmDI #

Antibiotics IV/IM

abxiv #

Antibiotics PO

abxpo #

Epinephrine SQ

episq #

Helium (Heliox)

helium #

Levalbuterol

leva #

Magnesium Sulfate IV

mag #

Oxygen (nasal, mask, ETT)

oxytherapy

Steroids IV/IM

steroidpo #

Steroids PO

steroidiv #

Terbutaline IV or SQ

terbutaline

LU_TWOCHOICE
1 = Yes
2 = Not documented



Long Bone Fracture Patient

Page 1 of 3

Complete this form:

- For long bone fracture patients seen in the ED during the 10-day data collection period.

Consult the Manual of Operations for detailed instructions.

Name or Initials of Person Completing this form:

(Please Print) (Date)

Name or Initials of Person Entering Data Electronically:

(Please Print) (Date)

(This number will vary in length by site)

Case Number: Value recoded to VisitID VisitID #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Medical Record Number)

Site ID:

--	--

1. Date of Visit:

FRACTURES (Unique ID = VisitID)

Value not provided or Not Documented

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(month) (day) (year)

2. Total Glasgow Coma Score: (3-15 or Not Documented)

Initial Documented:

--	--

 or Not Documented initialgcs #

Lowest Non-Initial Documented:

--	--

 or Not Documented lowgcs #

Last Documented if Additional Available:

--	--

 or Not Documented lastgcs #

FRACTURES_BONES (Unique ID = VisitID, bonecode)

3. Bone Fractured: check all that apply

Clavicle Fibula Radius
 Femur Humerus Tibia
 Ulna

Other (Specify): otherbone \$100

bonecode #

LU_BONES	
1 = Clavicle	5 = Humerus
2 = Femur	6 = Radius
3 = Other (specify):	7 = Tibia
4 = Fibula	8 = Ulna

4. Mechanism of Injury: *List the mechanism on injury as stated on the ED Record. Free Text.*

mechanismtext \$100	
---------------------	--

Long Bone Fracture Patient

Page 2 of 3

Mechanism of Injury *check one* Not Documented

- | | | |
|---|---|--|
| <input type="checkbox"/> Bicycle: Other
<input type="checkbox"/> Cut/Pierce
<input type="checkbox"/> Drowning/Submersion/Diving/Jumping into water
<input type="checkbox"/> Fall
<input type="checkbox"/> Firearm
<input type="checkbox"/> Machinery (Not Motor Vehicle)
<input type="checkbox"/> Motor Vehicle: Occupant (passenger/driver)
<input type="checkbox"/> Motor Vehicle: Unspecified
<input type="checkbox"/> Motor Vehicle: Motorcyclist
<input type="checkbox"/> Motor Vehicle v. Bike/Skateboard/Scooter etc.

<input type="checkbox"/> Other (Specify): othermechanism \$100 | <div style="border: 1px solid red; padding: 2px;">mechanism #</div> | <input type="checkbox"/> Motor Vehicle v. Pedestrian
<input type="checkbox"/> Pedestrian: Other
<input type="checkbox"/> Scooter: Other
<input type="checkbox"/> Skateboarding: Other
<input type="checkbox"/> Skating, Inline-Roller: Other
<input type="checkbox"/> Struck By/Struck Against
<input type="checkbox"/> Transport: Other (planes, trains, etc.)
<input type="checkbox"/> Winter Sports: Skiing, Skating, Snowboarding, Sledding
<input type="checkbox"/> Unspecified |
|---|---|--|

LU_MECHANISM		
1 = Bicycle: Other 2 = Cut/Pierce 3 = Drowning/Submersion/Diving 4 = Fall 5 = Firearm 6 = Machinery (non Motor Vehicle) 7 = Motor Vehicle Occupant	8 = Other (Specify): 9 = Not Documented 10 = Motor Vehicle: unspecified 11 = Motor Vehicle: motorcyclist 12 = Motor Vehicle v. bike/skateboard/etc. 13 = Motor Vehicle v. pedestrian 14 = Pedestrian: Other	15 = Scooter: Other 16 = Skateboarding: Other 17 = Skating (inline, roller): Other 18 = Struck By / Struck Against 19 = Transport: Other (planes, trains, etc.) 20 = Winter Sports: ski, skate, sled, snowboard 21 = Unspecified (but documented as such)

Intent of Injury *check one*

- | | |
|---|--|
| <input type="checkbox"/> Unintentional (Accidental) | <input type="checkbox"/> Intentional (Assault) |
| <input type="checkbox"/> Self-inflicted | <input type="checkbox"/> Unknown |

intent #

LU_INTENT 1 = Unintentional (accidental) 2 = Self-Inflicted 3 = Intentional (Assault) 4 = Unknown or undocumented

FRACTURES_ASSOCIATEDINJURIES (Unique ID = VisitID, injcode)

Associated Injuries *check all that apply*

Not Documented

None

- Abdominal
- Brain Injury (Concussion)
- Chest
- Eye

- Face
- Intraoral
- Neck

injcode #

- Pelvis
- Scalp
- Other Extremity

Other (Specify): otherinjury \$100

LU_OTHERINJ

- | | |
|-------------------------------|------------------------------------|
| 1 = Abdominal | 8 = Intra-oral |
| 2 = Brain Injury (Concussion) | 9 = Neck |
| 3 = Chest | 10 = None (but documented as such) |
| 4 = Eye | 11 = Pelvis |
| 5 = Other (Specify): | 12 = Scalp |
| 6 = Not Documented | 13 = Other Extremity Injury |
| 7 = Face | |

5. Location of Event: *check one*

Not Documented

location #

- Home
- Park/Playground

- School
- Sporting Event

- Street
- Work

Other (Specify): otherlocation \$100

LU_LOCATION

- | | |
|----------------------|--------------------|
| 1 = Home | 5 = School |
| 2 = Park/Playground | 6 = Sporting Event |
| 3 = Other (Specify): | 7 = Street |
| 4 = Not Documented | 8 = Work |

6. Use of Protective Device:

Not Applicable

noprotective #

LU_APPLICABLE

- 1 = Not Applicable

Bicyclist

Helmet Yes No Not Documented

-

bikehelmet #

Motorcyclist

Helmet Yes No Not Documented

-

motorhelmet #

Motor Vehicle Crash *check all that apply*

Air Bag Yes No Not Documented

-

airbag #

Booster Seat Yes No Not Documented

-

booster #

Infant/Child Safety Seat Yes No Not Documented

-

childseat #

Lap Seat Belt (only) Yes No Not Documented

-

laponly #

Lap/Shoulder Seat Belt Yes No Not Documented

-

shoulder #

LU_THREECHOICE

- 1 = Yes
- 2 = No
- 3 = Not documented

Scooter/Skater/Skateboarder/Skier/Snowboarder *check all that apply*

	Yes	No	Not Documented	
Elbow Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	elbow #
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	helmet #
Knee Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knee #
Wrist Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wrist #

LU_THREECHOICE

1 = Yes
2 = No
3 = Not documented

FRACTURES_IMMOBILIZATION (Unique ID = VisitID, immobcode)

7. Immobilization/Management: *check all that apply* Not Documented

<input type="checkbox"/> Cast	<input type="checkbox"/> Sling	immobcode #
<input type="checkbox"/> Crutches	<input type="checkbox"/> Splint	
<input type="checkbox"/> Other (Specify): otherimmobilization \$100		

LU_IMMOB

1 = Cast (plaster, etc.)
 2 = Crutches
 3 = Other (Specify):
 4 = Sling
 5 = Splint
 6 = Not Documented or None

8. Was Pain Control Provided? Yes → If yes, Please select all medications that apply
 Not Documented

paincontrol #	<p style="text-align: center;">LU_TWOCHOICE</p> <p>1 = Yes 2 = Not documented</p>
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9. Was Procedural/Conscious Sedation Provided? Yes → If yes, Please select all medications that apply
 Not Documented

sedation #	<p style="text-align: center;">LU_TWOCHOICE</p> <p>1 = Yes 2 = Not documented</p>
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FRACTURES_BONEMEDICATIONS (Unique ID = VisitID, medcode)

10. Medication: *check all that apply*

Analgesic

- Acetaminophen with Codeine
- Acetaminophen and Hydrocodone
- Codeine
- Fentanyl
- Hydromorphone
- Meperidine
- Morphine
- Oxycodone
- Propoxyphene and Acetaminophen
- Other Analgesic
- Midazolam
- Other Benzodiazepine

Barbiturate

- Pentobarbital
- Other Barbiturate

Benzodiazepine

- Diazepam
- Lorazepam

medcode #

General Anesthetic

- Etomidate
- Ketamine
- Nitrous Oxide
- Other General Anesthetic

Analgesic, Non-Narcotic

- Acetaminophen
- Other Analgesic, Non-Narcotic

Hypnotic; Sedative

- Chloral Hydrate
- Other Hypnotic; Sedative

Analgesic, Non-Narcotic; Anti-Inflammatory Agent

- Ibuprofen
- Ketorolac
- Naproxen
- Other Analgesic, Non-Narcotic; Anti-Inflammatory Agent

Skeletal Muscle Relaxant

- Orphenadrine
- Other Skeletal Muscle Relaxant

Non-Opioid Analgesic

- Tramadol
- Other Non-Opioid Analgesic

Other (Specify): _____ otherbonemeds \$100

Other (Specify): _____

Other (Specify): _____

LU_BONEMEDS

<p>1 = Analgesic with narcotic</p> <p>2 = Analgesic, Non-Narcotic</p> <p>3 = Analgesic, Non-Narcotic, Anti-Inflammatory Agent</p> <p>4 = Non-Opioid Analgesic</p> <p>5 = Other (Specify):</p> <p>6 = Other (Specify):</p> <p>7 = Other (Specify):</p>	<p>8 = Barbiturate</p> <p>9 = Benzodiazepine</p> <p>10 = General Anesthetic</p> <p>11 = Hyponotic Sedative</p> <p>12 = Skeletal Muscle Relaxants (non-paralytic)</p> <p>13 = No Sedatives or Analgesics Used</p>
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Alphabetical Listing of Diagnosis Group Codes

PECARN Physician Diagnosis Listing	Alpha Codes
Abdominal pain	ABP
Acquired deformities	DEF
Acute myocardial infarction	AMI
Affective disorders	AFD
Alcohol or substance related mental disorder	RMD
Allergic reactions	ALR
Anal fissure	LGI
Anemia except sickle	ANE
Anemia; sickle cell	SCA
Anxiety, somatoform, dissociative, and personality disorders	ANX
Appendicitis	APP
Arrest; cardiac	CAR
Arrest; respiratory	RES
Arthritis; rheumatoid and osteoarthritis	ART
Asphyxia	ASP
Asthma	ASM
Back problem/pain	DIS
Bacterial infection	BAC
Benign tumor/ neoplasm	BEN
Bronchiolitis including RSV	BRO
Burns	BRN
Cancer, malignant tumor/neoplasm	MAL
Candida	IFG
Cardiac; acquired	CAA
Cardiac; arrhythmia	CAR
Cardiac; congenital	CCA
Cardiomyopathy	MYO
Cerebrovascular accident (CVA)	CVD
Cerebrovascular disease	CVD
Chicken pox	VRN
Coagulation and hemorrhagic disorders	HEM
Cold	URI
Colic	ABP
Coma and stupor	COM
Complication of device, shunt, implant, graft, surgical procedure or medical care	PRO
Concussion	ITC
Congenital anomalies; cardiac	CCA
Congenital anomalies; digestive	DCA
Congenital anomalies; genitourinary	GCA
Congenital anomalies; nervous system	NSC
Congenital anomalies; other	CAO
Congestive heart failure (CHF)	CHF

PECARN Physician Diagnosis Listing	Alpha Codes
Constipation	LGI
Contact dermatitis	ALR
Contusion	INJ
Convulsions	EPI
Cough	LRD
Croup	CRP
Cystic fibrosis	CYS
Dental problems	DEN
Device complications	PRO
Diabetes mellitus	DIA
Diarrhea	INT
Dislocation; joint	JOI
Ear conditions, except otitis	EAR
Ear infection	OTM
Eating disorder	OND
Electrolyte disorder	FLU
Encephalitis (except TB or HIV)	ENC
Endocrine disorder; other	END
Epilepsy	EPI
Epistaxis	URD
Examination; screening and medical	EXM
Eye disease/disorder	EYE
Fatigue	FTG
Febrile illness	FEV
Feeding disorder	OND
Fever of unknown origin	FEV
Fluid/ electrolyte disorder	FLU
Follow-up care, and rehabilitation	FLW
Food poisoning	INT
Foreign body; removal	INS
Fracture; lower limb	LLB
Fracture; neck of femur (hip)	NEC
Fracture; upper limb	ULB
Fractures; other	FRA
Fractures; skull and face	SKL
Fungal infection	IFG
Gastritis/ulcer	ULC
Gastroduodenal ulcer and gastritis	ULC
Gastroenteritis	GAS
Gastrointestinal disease; lower	LGI
Genital disorder/disease	GEN
Headache, including migraine	HEA
Hemophilia	HEM

PECARN Physician Diagnosis Listing	Alpha Codes
Hepatitis	HEP
Hernia	HER
HIV / AIDS and other immunodeficiency	HIV
Hives	ALR
Hypertension	HTN
Hypoglycemia	END
Hypoxia	RES
Immunodeficiencies, including HIV/AIDS	HIV
Infection; bacterial	BAC
Infection; fungal	IFG
Infection; intestinal	INT
Infection; other parasitic	PAR
Infection; skin and soft tissue	SKN
Infection; viral	VRN
Influenza	INF
Ingrown nail	SKN
Injury: other	INS
Injury; crushing or internal	CRS
Injury; intracranial	ITC
Injury; joint disorder, dislocation	JOI
Injury; spinal cord	SCI
Injury; superficial, contusion, abrasion	INJ
Intestinal infection	INT
Jaundice; other liver disease	LIV
Jaundice; perinatal	NEO
Joint disorders and dislocations, trauma-related	JOI
Kidney stone	KST
Laceration; extremities	LCE
Laceration; head, neck, and trunk	LCH
Leukemias	LEU
Lice	PAR
Liver diseases	LIV
Lower gastrointestinal (GI) disorder/disease	LGI
Lung disease; chronic	LDC
Lymphadenitis	LYM
Lymphoma	LPH
Malaise and fatigue	FTG
Measles	VRN
Meningitis (except TB or HIV)	MEN
Mental disorder/illness; other	OMD
Mental retardation	MTR
Myocardial infarction	AMI
Myocarditis	MYO

PECARN Physician Diagnosis Listing	Alpha Codes
Nausea and vomiting	NAU
Neonatal complications	NEO
Nervous system congenital anomalies	NSC
Nutritional and metabolic disorders; other	OND
Nutritional deficiencies	NUT
Open wounds of extremities	LCE
Open wounds of head, neck, and trunk	LCH
Other diagnosis	OTH
Otitis media and related conditions	OTM
Overdose	POI
Pain; abdominal	ABP
Pain; back	DIS
Pancreatitis	PAN
Parasites / other infections	PAR
Pericarditis	MYO
Perinatal jaundice	NEO
Peri-tonsillar abscess	TON
Pharyngitis	PHA
Pinworm	PAR
Pleurisy	PLE
Pneumonia (except TB)	PNE
Pneumothorax	PNT
Poisoning	POI
Pregnancy related	PRG
Removal of stitches	FLW
Renal failure	REF
Renal stone	KST
Respiratory disease; other lower excluding bronchiolitis	LRD
Respiratory disease; other upper excluding croup	URD
Respiratory failure, insufficiency, arrest	RES
Respiratory infections; other upper	URI
Rheumatoid arthritis, osteoarthritis	ART
RSV	BRO
Schizophrenia and other psychoses	PSY
Screening and medical examination	EXM
Seizure	EPI
Septicemia	BAC
Sexually transmitted disease except HIV	STD
Shock	SHK
Shunt problems	PRO
Sickle cell anemia	SCA
Skin and soft tissue infections and disorders	SKN
Spinal cord injury	SCI

PECARN Physician Diagnosis Listing	Alpha Codes
Spondylosis, intervertebral disc disorders, other back problems	DIS
Sprains and strains	SPR
Strains and sprains	SPR
Strept throat	STR
Stroke	CVD
Subdural hemorrhage	ITC
Superficial injury, contusion	INJ
Syncope	SYN
Teething	DEN
Thrush	IFG
Thyroid disorders	THY
Tonsillitis; acute or chronic	TON
Tumor; benign	BEN
Tumor; malignant	MAL
Ulcer; gastroduodenal	ULC
Umbilical hernia	HER
Upper respiratory infection	URI
Urinary tract infections	UTI
Urticaria	ALR
Viral infection	VRN
Vomitting and nausea	NAU
Wheezing	LRD