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:

Table name

Column name followed by: # or $N
# = numeric
$N = character N= Length

Format (name)

Code list

Table name_Child table name

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.
1. Demographics:

### VISITS (Unique ID = VisitID)

**Date of Birth**

<table>
<thead>
<tr>
<th>(month)</th>
<th>Age #</th>
<th>(day)</th>
<th>(year)</th>
</tr>
</thead>
</table>

**Gender**

- [ ] Male
- [ ] Female
- [ ] Not Documented

**Race**

- [ ] White
- [ ] Black
- [ ] Asian/Pacific Islander
- [ ] American Indian/Alaskan Native
- [ ] Stated as unknown
- [ ] Not documented

- [ ] Other

**Ethnicity**

- [ ] Hispanic
- [ ] Non-Hispanic
- [ ] Stated unknown
- [ ] Not documented

**Patient Address**

- **Street:**
  - Value not provided
  - [ ] Not documented

- **City:**
  - Value not provided
  - [ ] Not documented

- **State:**
  - Value not provided

- **Zip:**
  - Value not provided

- **Site ID:**

---

**Value recoded to VisitID**

**LU_GENDER**

1. Male
2. Female
3. Not Documented

**LU_RACE**

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

**LU_ETHNICITY**

1. Hispanic
2. Non-Hispanic
3. Unknown
4. Not Documented
2. Emergency Department Admission:

**Arrival Date**

- **Arrival Time**: (24 hour clock, midnight is 00:00)
  - [ ] Not Documented

**Triage Date**

- **Triage Time**: (24 hour clock, midnight is 00:00)
  - [ ] Not Documented

**Discharge Date**

- **Discharge Time**: (24 hour clock, midnight is 00:00)
  - [ ] Not Documented

* Dates have been recoded to relative to Jan 1, 2003.
** Time formatted as HH:MM using 24 hour clock.

Primary Insurance Payor Type: **check one**

- [ ] CHAMPUS/Military
- [ ] Commercial Insurance
- [ ] Fee for Service
- [ ] Managed Care
- [ ] Unknown
- [ ] Medicaid
- [ ] Medicare
- [ ] Other Governmental Insurance
- [ ] Self-pay/Uninsured
- [ ] Stated Unknown
- [ ] Workmen Compensation
- [ ] Other (Specify):

Attending Physician: **check one**

- [ ] Double PEM-Pediatrics
- [ ] Pediatrics
- [ ] Family Practice
- [ ] Other (Specify):

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 = Resident
- 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
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  
2 = Apnea/Bradycardia  
3 = Ataxia  
4 = Asthma/Wheezing  
5 = Bites and Stings  
6 = Blood in Stool  
7 = Burn  
8 = Cardiac Disease  
9 = Child Phys/Sex Abuse  
10 = Choking  
11 = Congestion / URI  
12 = Coagulopathy/hemophilia  
13 = Cough  
14 = Constipation  
15 = Crying/Colic  
17 = Device Complication  
18 = Dehydration  
19 = Dental Emergency  
20 = Diarrhea  
21 = Diabetes Mellitus  
22 = Dysrhythmia  
23 = Dysuria  
24 = Edema  
25 = Environmental Emergency  
26 = Epistaxis  
16 = Other (Specify):

**VISITS_COMPLAINTS (Unique ID = VisitID, complaintcode)**

3. Chief Complaint: List the chief complaint(s) as stated on the ED Record. Free Text.
**Medical Devices (at home):** check all that apply.

- Apnea Monitor
- Central Catheter
- Dialysis Catheter or Shunt (hemodialysis or peritoneal)
- Feeding Tube (G-tube, J-tube, NG tube, NJ tube)
- Other (Specify):

**Device Code**

- 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 Drainage Shunt (VP, VA shunt)

**Mode of Arrival:** Not Documented

- Non-EMS Vehicle/Walk-in
- EMS Ground Transport from Scene
- EMS Air Transport from Scene
- Other (Specify):

**Arrival Mode**

- 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 unknown

**Triage Category:** Not Documented

- Emergent
- Urgent
- Non-Urgent

**Triage Mode**

- 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 (%)**: Not Documented
- **Pain:** Yes

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

- **Weight:** Not Documented
7. Diagnosis:

**VISITS_DIAGNOSES (Unique ID = VisitID, dxcode)**

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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
8. Intervention:

**VISITS_THERAPIES (Unique ID = VisitID, therapycode #)**

**Therapeutic:** check all that apply

- None Documented
- [ ] 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
- [ ] Oxygen

- [ ] Orthopedic Procedure
- [ ] Referral to External Agency
- [ ] Burn Care
- [ ] Orthopedic Procedure
- [ ] Police
- [ ] Critical Care
- [ ] Dept of Human Services
- [ ] FB removal
- [ ] Referral to external agency
- [ ] Isotonic fluid bolus
- [ ] Transfusion of blood products
- [ ] Other (Specify): Orthopedic Procedure
- [ ] Joint Relocation
- [ ] Includes: Police
- [ ] Joint Aspiration
- [ ] Community Mental Health
- [ ] Suture
- [ ] Transfusion of blood products
- [ ] Tendon Repair
- [ ] Other IV fluids
- [ ] Wound Repair
- [ ] Nailbed Repair
- [ ] Medications (specify in question 9)
- [ ] Other (Specify): Wound Repair
- [ ] NG/OG tube
- [ ] Other IV fluids
- [ ] Referral to external agency
- [ ] Medications
- [ ] Wound repair
- [ ] NG/OG tube
- [ ] Other IV fluids
- [ ] Other (Specify): Medications
- [ ] Burn Care
- [ ] Orthopedic Procedure
- [ ] Police
- [ ] Critical Care
- [ ] Dept of Human Services
- [ ] FB removal
- [ ] Referral to external agency
- [ ] Isotonic fluid bolus
- [ ] Transfusion of blood products
- [ ] Other (Specify): Orthopedic Procedure
- [ ] Joint Relocation
- [ ] Includes: Police
- [ ] Joint Aspiration
- [ ] Community Mental Health
- [ ] Suture
- [ ] Transfusion of blood products
- [ ] Tendon Repair
- [ ] Other IV fluids
- [ ] Wound Repair
- [ ] Nailbed Repair
- [ ] Medications (specify in question 9)
- [ ] Other (Specify): Wound Repair
- [ ] NG/OG tube
- [ ] Other IV fluids
- [ ] Other (Specify): Medications
- [ ] Burn Care
- [ ] Orthopedic Procedure
- [ ] Police
- [ ] Critical Care
- [ ] Dept of Human Services
- [ ] FB removal
- [ ] Referral to external agency
- [ ] Isotonic fluid bolus
- [ ] Transfusion of blood products
- [ ] Other (Specify): Orthopedic Procedure
- [ ] Joint Relocation
- [ ] Includes: Police
- [ ] Joint Aspiration
- [ ] Community Mental Health
- [ ] Suture
- [ ] Transfusion of blood products
- [ ] Tendon Repair
- [ ] Other IV fluids
- [ ] Wound Repair
- [ ] Nailbed Repair
- [ ] Medications (specify in question 9)
- [ ] Other (Specify): Wound Repair
- [ ] NG/OG tube
- [ ] Other IV fluids
- [ ] Other (Specify): Medications

---

**VISITS_LABTESTS (Unique ID = VisitID, labcode #)**

**Diagnostic:** check all that apply

- None Documented
- [ ] 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

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

- [ ] Chest X-ray
- [ ] Abdomen X-ray
- [ ] Extremity X-ray
- [ ] Other X-ray
- [ ] Pelvic Exam

- [ ] Extremity x-ray
- [ ] Other x-ray
- [ ] Pelvic examination
- [ ] CT scan - head
- [ ] CT scan - other
- [ ] Sono - any ultrasound
- [ ] STD testing
- [ ] Strep throat test or culture
- [ ] Urinalysis / urine dipstick
- [ ] Urine culture
- [ ] Urine toxicology screen
- [ ] None documented

---

**LU_THERAPIES**

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

**LU_LABS**

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

---

**othertherapy $100**

**otherlab $100**
9. Medications Administered 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, Pediaaprofen)
  - 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 (Cliaforan)
  - Cefoxitin (Mefoxin)
  - Cefazidime (Fortaz, Tazicef, Tazidine)
  - Ceftriaxone (Rocephin)
  - Cefuroxime (Ceftin, Kefurox, Zincacef)
  - 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

<table>
<thead>
<tr>
<th>medcode #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Analgesic</td>
</tr>
<tr>
<td>2</td>
<td>Anesthetic</td>
</tr>
<tr>
<td>3</td>
<td>Anti-anxiety, anxiolytics</td>
</tr>
<tr>
<td>4</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>5</td>
<td>Other (Specify):</td>
</tr>
<tr>
<td>6</td>
<td>Anticonvulsants</td>
</tr>
<tr>
<td>7</td>
<td>Anti-inflammatory</td>
</tr>
<tr>
<td>8</td>
<td>Antipyretics</td>
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<tr>
<td>9</td>
<td>Muscle relaxants (non-paralytic)</td>
</tr>
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<td>10</td>
<td>Muscle relaxants (paralytic)</td>
</tr>
<tr>
<td>11</td>
<td>Respiratory medications</td>
</tr>
<tr>
<td>12</td>
<td>Sedative for Procedures</td>
</tr>
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<td>13</td>
<td>Steroids</td>
</tr>
<tr>
<td>14</td>
<td>Sympathomimetic</td>
</tr>
<tr>
<td>15</td>
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</tr>
</tbody>
</table>
10. Consult: check all that apply  □ None Documented

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

Other consult $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
- □ Other (Specify):  

\[ \text{otherdisposition $100} \]

LU_DISPOSITION

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<tbody>
<tr>
<td>1</td>
<td>Admit 23 hour observation unit</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Admit ICU</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Admit inpatient (non-ICU)</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Other (Specify):</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Left without treatment</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Not Documented</td>
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12. Was this patient diagnosed with asthma?  □ Yes  →  Complete the asthma patient forms  □ No

LU_THREECHOICE

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<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Not documented</td>
</tr>
</tbody>
</table>

13. Was this patient diagnosed with a long bone fracture?  □ Yes  →  Complete the long bone fracture forms  □ No

LU_THREECHOICE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Not documented</td>
</tr>
</tbody>
</table>

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.

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 # Site ID: [ ]
(Medical Record Number)

1. Date of Visit: [ ] [ ] [ ]
(month) (day) (year)
Value not provided or [ ] Not Documented

2. Asthma Patient Medical History:
Prior History of Wheezing [ ] [ ] [ ]
Yes No Not Documented hxwheeze #
Family History of Wheezing [ ] [ ] [ ]
hfamhxwheeze #
Prior History of Fever [ ] [ ] [ ]
hxfever #

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
  Metaproterenol sulfate
  Proventil
  Serevent
  Tornalate
  Ventolin
  Xopenex
- Inhaled/Nebulized Steroids
  Advair
  Aerobid
  Azmacort
  Beclovent
  Flovent
  Pulmicort
  QVAR
  Vanceril
  Other medication $100
- Mast cell stabilizers
  Cromolyn
  Intal
  Tilade
- Oral steroids
  Orapred
  Pediapred
  Prednisone
  Prelone
- Leukotriene modifiers
  Accolate
  Singular
  Zyflo Filmtab
- 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): \( \_\_\_\_\_\_\_\_\_ \) °C
  - Not Documented
  - Last Documented: \( \_\_\_\_\_\_\_\_\_ \) °C

- **Respiratory Rate**
  - Highest Documented (non-triage): \( \_\_\_\_\_\_\_\_\_ \) bpm
  - Not Documented
  - Last Documented: \( \_\_\_\_\_\_\_\_\_ \) bpm

- **Heart Rate**
  - Highest Documented (non-triage): \( \_\_\_\_\_\_\_\_\_ \) bpm
  - Not Documented
  - Last Documented: \( \_\_\_\_\_\_\_\_\_ \) bpm

- **Pulse Oximetry (%)**
  - Lowest Documented (non-triage): \( \_\_\_\_\_\_\_\_\_ \) %
  - Supplemental O2 Concentration Not Documented
  - RA Oximetry Not Documented
  - Last Documented: \( \_\_\_\_\_\_\_\_\_ \) %

**Initial Exam By Nurse or Respiratory Therapist**

- Retractions on Initial Exam
- Wheezes on Initial Exam
- Grunting on Initial Exam
- Flaring on Initial Exam
- Decreased Aeration on Initial Exam

**Initial Exam By MD**

- Retractions on Initial Exam
- Wheezes on Initial Exam
- Grunting on Initial Exam
- Flaring on Initial Exam
- Decreased Aeration on Initial Exam
4. Laboratory:

Peak Flow:
Chest X-ray Performed:

5. Therapy Administered in ED:

Nebulized Treatments

Albuterol Nebulizers
Ipratropium Bromide Nebulizers

Albuterol MDI
Antibiotics IV/IM
Antibiotics PO
Epinephrine SQ
Helium (Heliox)
Levalbuterol
Magnesium Sulfate IV
Oxygen (nasal, mask, ETT)
Steroids IV/IM
Steroids PO
Terbutaline IV or SQ
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.

1. Date of Visit:

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

3. Bone Fractured: check all that apply

   □ Clavicle
   □ Femur
   □ Fibula
   □ Humerus
   □ Other (Specify): otherbone $100
   □ Radius
   □ Tibia
   □ Ulna

LU_BONES

1 = Clavicle      5 = Humerus
2 = Femur        6 = Radius
3 = Other (specify): 7 = Tibia
4 = Fibula       8 = Ulna
### Long Bone Fracture Patient

**Mechanism of Injury**

- List the mechanism on injury as stated on the ED Record. Free Text.

<table>
<thead>
<tr>
<th>Mechanism of Injury</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle: Other</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cut/Pierce</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drowning/Submersion/Diving/Jumping into water</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Firearm</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Machinery (Not Motor Vehicle)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle: Occupant (passenger/driver)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>Other (Specify):</td>
</tr>
<tr>
<td>Not Documented</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle: Motorcyclist</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle v. Bike/Skateboard/Scooter etc.</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle v. Pedestrian</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Scooter: Other</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Skateboarding: Other</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Skating, Inline-Roller: Other</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Struck By/Struck Against</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Transport: Other (planes, trains, etc.)</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Winter Sports: Ski, Skate, Sled, Snowboard</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

**Intent of Injury**

- List the intent on injury as stated on the ED Record. Free Text.

<table>
<thead>
<tr>
<th>Intent of Injury</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional (Accidental)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Self-inflicted</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Intentional (Assault)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

---

Based on Version 3.00   1/29/03
**FRACTURES_ASSOCIATEDINJURIES (Unique ID = VisitID, injcode)**

**Associated Injuries** check all that apply

- [ ] Not Documented
- [ ] None
- [ ] Abdominal
- [ ] Brain Injury (Concussion)
- [ ] Chest
- [ ] Eye
- [ ] Other (Specify): __________

injcode #

**LU_OTHERINJ**

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

**5. Location of Event:** check one

- [ ] Not Documented
- [ ] Home
- [ ] Park/Playground
- [ ] Other (Specify): __________

location #

**LU_LOCATION**

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

**6. Use of Protective Device:**

- [ ] 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

<table>
<thead>
<tr>
<th></th>
<th>Elbow Pads</th>
<th>Yes</th>
<th>No</th>
<th>Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Helmet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knee Pads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrist Guard</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FRACTURES_IMMOBILIZATION (Unique ID = VisitID, immobcode)

7. Immobilization/Management: check all that apply

- [ ] Cast
- [ ] Crutches
- [ ] Sling
- [ ] Splint
- [ ] Other (Specify): ☐

Other immobilization $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

LU_TWOCHOICE

1 = Yes
2 = Not documented

9. Was Procedural/Conscious Sedation Provided? ☐ Yes → If yes, Please select all medications that apply

LU_TWOCHOICE

1 = Yes
2 = Not documented
10. Medication: check all that apply

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

- **Barbiturate**
  - Pentobarbital
  - Other Barbiturate

- **Benzodiazepine**
  - Diazepam
  - Lorazepam

- **General Anesthetic**
  - Etomidate
  - Ketamine
  - Nitrous Oxide
  - Other General Anesthetic

- **Analgesic, Non-Narcotic**
  - Acetaminophen
  - Other Analgesic, Non-Narcotic

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

- **Non-Opioid Analgesic**
  - Tramadol
  - Other Non-Opioid Analgesic

- **Other (Specify):**
  - Otherbonemeds $100

- **Hypnotic; Sedative**
  - Chlortal Hydrate
  - Other Hypnotic; Sedative

- **Skeletal Muscle Relaxant**
  - Orphenadrine
  - Other Skeletal Muscle Relaxant

- **Other (Specify):**
  - Otherbonemeds $100

---

**LU_BONEMEDS**

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

<table>
<thead>
<tr>
<th>PECARN Physician Diagnosis Listing</th>
<th>Alpha Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>ABP</td>
</tr>
<tr>
<td>Acquired deformities</td>
<td>DEF</td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>AMI</td>
</tr>
<tr>
<td>Affective disorders</td>
<td>AFD</td>
</tr>
<tr>
<td>Alcohol or substance related mental disorder</td>
<td>RMD</td>
</tr>
<tr>
<td>Allergic reactions</td>
<td>ALR</td>
</tr>
<tr>
<td>Anal fissure</td>
<td>LGI</td>
</tr>
<tr>
<td>Anemia except sickle</td>
<td>ANE</td>
</tr>
<tr>
<td>Anemia; sickle cell</td>
<td>SCA</td>
</tr>
<tr>
<td>Anxiety, somatoform, dissociative, and personality disorders</td>
<td>ANX</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>APP</td>
</tr>
<tr>
<td>Arrest; cardiac</td>
<td>CAR</td>
</tr>
<tr>
<td>Arrest; respiratory</td>
<td>RES</td>
</tr>
<tr>
<td>Arthritis; rheumatiod and osteoarthritis</td>
<td>ART</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>ASP</td>
</tr>
<tr>
<td>Asthma</td>
<td>ASM</td>
</tr>
<tr>
<td>Back problem/pain</td>
<td>DIS</td>
</tr>
<tr>
<td>Bacterial infection</td>
<td>BAC</td>
</tr>
<tr>
<td>Benign tumor/ neoplasm</td>
<td>BEN</td>
</tr>
<tr>
<td>Bronchiolitis including RSV</td>
<td>BRO</td>
</tr>
<tr>
<td>Burns</td>
<td>BRN</td>
</tr>
<tr>
<td>Cancer, malignant tumor/neoplasm</td>
<td>MAL</td>
</tr>
<tr>
<td>Candidia</td>
<td>IFG</td>
</tr>
<tr>
<td>Cardiac; acquired</td>
<td>CAA</td>
</tr>
<tr>
<td>Cardiac; arrhythmia</td>
<td>CAR</td>
</tr>
<tr>
<td>Cardiac; congenital</td>
<td>CCA</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>MYO</td>
</tr>
<tr>
<td>Cerebrovascular accident (CVA)</td>
<td>CVD</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>CVD</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>VRN</td>
</tr>
<tr>
<td>Coagulation and hemorrhagic disorders</td>
<td>HEM</td>
</tr>
<tr>
<td>Cold</td>
<td>URI</td>
</tr>
<tr>
<td>Colic</td>
<td>ABP</td>
</tr>
<tr>
<td>Coma and stupor</td>
<td>COM</td>
</tr>
<tr>
<td>Complication of device, shunt, implant, graft, surgical procedure or medical care</td>
<td>PRO</td>
</tr>
<tr>
<td>Concussion</td>
<td>ITC</td>
</tr>
<tr>
<td>Congenital anomalies; cardiac</td>
<td>CCA</td>
</tr>
<tr>
<td>Congenital anomalies; digestive</td>
<td>DCA</td>
</tr>
<tr>
<td>Congenital anomalies; genitourinary</td>
<td>GCA</td>
</tr>
<tr>
<td>Congenital anomalies; nervous system</td>
<td>NSC</td>
</tr>
<tr>
<td>Congenital anomalies; other</td>
<td>CAO</td>
</tr>
<tr>
<td>Congestive heart failure (CHF)</td>
<td>CHF</td>
</tr>
<tr>
<td>PECARN Physician Diagnosis Listing</td>
<td>Alpha Codes</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Constipation</td>
<td>LGI</td>
</tr>
<tr>
<td>Contact dermatitis</td>
<td>ALR</td>
</tr>
<tr>
<td>Contusion</td>
<td>INJ</td>
</tr>
<tr>
<td>Convulsions</td>
<td>EPI</td>
</tr>
<tr>
<td>Cough</td>
<td>LRD</td>
</tr>
<tr>
<td>Croup</td>
<td>CRP</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td>CYS</td>
</tr>
<tr>
<td>Dental problems</td>
<td>DEN</td>
</tr>
<tr>
<td>Device complications</td>
<td>PRO</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>DIA</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>INT</td>
</tr>
<tr>
<td>Dislocation; joint</td>
<td>JOI</td>
</tr>
<tr>
<td>Ear conditions, except otitis</td>
<td>EAR</td>
</tr>
<tr>
<td>Ear infection</td>
<td>OTM</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>OND</td>
</tr>
<tr>
<td>Electrolyte disorder</td>
<td>FLU</td>
</tr>
<tr>
<td>Encephalitis (except TB or HIV)</td>
<td>ENC</td>
</tr>
<tr>
<td>Endocrine disorder; other</td>
<td>END</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>EPI</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>URD</td>
</tr>
<tr>
<td>Examination; screening and medical</td>
<td>EXM</td>
</tr>
<tr>
<td>Eye disease/disorder</td>
<td>EYE</td>
</tr>
<tr>
<td>Fatigue</td>
<td>FTG</td>
</tr>
<tr>
<td>Febrile illness</td>
<td>FEV</td>
</tr>
<tr>
<td>Feeding disorder</td>
<td>OND</td>
</tr>
<tr>
<td>Fever of unknown origin</td>
<td>FEV</td>
</tr>
<tr>
<td>Fluid/ electrolyte disorder</td>
<td>FLU</td>
</tr>
<tr>
<td>Follow-up care, and rehabilitation</td>
<td>FLW</td>
</tr>
<tr>
<td>Food poisoning</td>
<td>INT</td>
</tr>
<tr>
<td>Foreign body; removal</td>
<td>INS</td>
</tr>
<tr>
<td>Fracture; lower limb</td>
<td>LLB</td>
</tr>
<tr>
<td>Fracture; neck of femur (hip)</td>
<td>NEC</td>
</tr>
<tr>
<td>Fracture; upper limb</td>
<td>ULB</td>
</tr>
<tr>
<td>Fractures; other</td>
<td>FRA</td>
</tr>
<tr>
<td>Fractures; skull and face</td>
<td>SKL</td>
</tr>
<tr>
<td>Fungal infection</td>
<td>IFG</td>
</tr>
<tr>
<td>Gastritis/ulcer</td>
<td>ULC</td>
</tr>
<tr>
<td>Gastroduodenal ulcer and gastritis</td>
<td>ULC</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>GAS</td>
</tr>
<tr>
<td>Gastrointestinal disease; lower</td>
<td>LGI</td>
</tr>
<tr>
<td>Genital disorder/disease</td>
<td>GEN</td>
</tr>
<tr>
<td>Headache, including migraine</td>
<td>HEA</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>HEM</td>
</tr>
<tr>
<td>PECARN Physician Diagnosis Listing</td>
<td>Alpha Codes</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>HEP</td>
</tr>
<tr>
<td>Hernia</td>
<td>HER</td>
</tr>
<tr>
<td>HIV / AIDS and other immunodeficiency</td>
<td>HIV</td>
</tr>
<tr>
<td>Hives</td>
<td>ALR</td>
</tr>
<tr>
<td>Hypertension</td>
<td>HTN</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>END</td>
</tr>
<tr>
<td>Hypoxia</td>
<td>RES</td>
</tr>
<tr>
<td>Immunodeficiencies, including HIV/AIDS</td>
<td>HIV</td>
</tr>
<tr>
<td>Infection; bacterial</td>
<td>BAC</td>
</tr>
<tr>
<td>Infection; fungal</td>
<td>IFG</td>
</tr>
<tr>
<td>Infection; intestinal</td>
<td>INT</td>
</tr>
<tr>
<td>Infection; other parasitic</td>
<td>PAR</td>
</tr>
<tr>
<td>Infection; skin and soft tissue</td>
<td>SKN</td>
</tr>
<tr>
<td>Infection; viral</td>
<td>VRN</td>
</tr>
<tr>
<td>Influenza</td>
<td>INF</td>
</tr>
<tr>
<td>Ingrown nail</td>
<td>SKN</td>
</tr>
<tr>
<td>Injury: other</td>
<td>INS</td>
</tr>
<tr>
<td>Injury; crushing or internal</td>
<td>CRS</td>
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<tr>
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