

Data Elements for Head Trauma Measures

Head Trauma Measure	Where to enter data	Data Elements and Data Entry Tips
Full Set of Vitals obtained	<u>Initial Vitals</u> tab	Full Vital Signs include: Temperature, Heart Rate, Respiratory Rate, oxygen saturation, BP, Mental Status
GCS reassessment	<u>Vital Sign Reassessment</u> tab	<p>“Was mental status reassessed?”</p> <p>“Was Glasgow Coma Scale (GCS) used?”</p>
Head CT meeting PECARN criteria	<u>Imaging Studies</u> tab	<ol style="list-style-type: none"> 1. Select if CT imaging was performed, then if CT Head was obtained 2. Select reason for CT imaging (Trauma/Medical) 3. If “Trauma” selected, identify all reasons for head CT in clinical documentation. This will calculate PECARN clinical rule.
Hypotonic Saline	<u>ED Fluids and Medications</u> tab	<ol style="list-style-type: none"> 1. If the patient received any IV fluids, choose YES for “were any medications given” 2. Select “Fluids” 3. Enter the type of fluid given. <p><u>Note:</u> Be sure to enter all fluids given. Enter each fluid as a separate “medication”</p>

Data Elements for Seizure Measures

Seizure Measure	Where to enter data	Data Elements and Data Entry Tips
Mental Status Reassessment	<u>Vital Sign Reassessment</u> tab	“Was mental status reassessed?”
Received non-benzodiazepine medication after receiving 2+ doses of benzodiazepines	<u>ED Fluids and Medications</u> tab	<p>Please enter <u>all</u> antiepileptic or anticonvulsants medications under the class “Anticonvulsants”</p> <p>NOTE: if a patient received 2+ doses of a medication (e.g. Lorazepam), please enter those doses as 2+ separate entries</p>
Laboratory Assessment	<u>Laboratory Studies</u> tab	“Were any laboratory tests performed in the emergency department?”
Head CT	<u>Imaging Studies</u> tab	Were any CT studies performed? Select: Head

Data Elements for Respiratory Measures

Respiratory Measure	Where to enter data	Data Elements and Data Entry Tips
Steroid given for asthma and croup	<u>ED Fluids and Medications</u> tab	Enter all steroids given under the medication class “Steroids”
Median Time to steroid in asthma and croup	<u>ED Fluids and Medications</u> tab	<ul style="list-style-type: none"> - Use Calendar interface to enter Year, Month, Date - Use Clock interface to choose Hour and Minute (no seconds needed) <p>Note: Please convert all times to 12-hour format. Example: use 02:30 PM instead of 14:30</p>
Beta agonist given in asthma	<u>ED Fluids and Medications</u> tab	Enter all beta agonists given under the medication class “Bronchodilators (Respiratory)”
Median Time to beta agonist in Asthma	<u>ED Fluids and Medications</u> tab	<ul style="list-style-type: none"> - Use Calendar interface to enter Year, Month, Date - Use Clock interface to choose Hour and Minute (no seconds needed) <p>Note: Please convert all times to 12-hour format. Example: use 02:30 PM instead of 14:30</p>
Antibiotics given	<u>ED Fluids and Medications</u> tab	Enter all antibiotics under the medication class “Antimicrobials (infections)”
Chest X-ray obtained	<u>Imaging Studies</u> tab	<p>Were any X-Ray studies performed?</p> <p>Select: Chest</p>

Data Elements for Vomiting Measures

Vomiting Measure	Where to enter data	Data Elements and Data Entry Tips
Anti-emetic given	<u>ED Fluids and Medications</u> tab	Enter all antiemetics given under the medication class “Antiemetics (Vomiting)”
Median Time to anti-emetic	<u>ED Fluids and Medications</u> tab	<ul style="list-style-type: none">- Use Calendar interface to enter Year, Month, Date- Use Clock interface to choose Hour and Minute (no seconds needed) <p>Note: Please convert all times to 12-hour format. Example: use 02:30 PM instead of 14:30</p>
Oral rehydration given	<u>ED Fluids and Medications</u> tab	<ol style="list-style-type: none">1. If the patient received any oral fluids, choose YES for “were any medications given”2. Select “Fluids”3. Enter “Oral Rehydration” <p>Note: you may need to look in <i>clinician or nursing documentation</i> for “PO challenge”, “Pedialyte” or other forms of oral liquids trialed in the ED.</p>

Data Elements for Suicidality Measures

Suicidality Measure	Where to enter data	Data Elements and Data Entry Tips
Adolescents who had a suicide screen	<u>Screenings</u> tab	<i>If patient was screened for suicidality,</i> Select “Yes” for “Were any types of screenings performed Then select Suicide Screen, AND Answer “Was the patient screened for Suicide risk?”
High risk patients who received a structured assessment	<u>Screenings</u> tab	<i>If patient was “high risk” on suicide screen:</i> Answer “Did the patient have a structured suicide assessment?” <u>Note:</u> This comprehensive evaluation aims to confirm suicide risk, estimate immediate danger to patient, and decide on placement/course of treatment.
High risk patients who received mental health consultation	<u>Consultations</u> tab	<i>If the patient received a mental health consultation,</i> Answer “YES” to “were any consultations obtained in the ED And select “Mental Health”
High risk patients who received discharge safety plan	<u>Behavioral Health</u> tab	<i>If a high risk patient was discharged home,</i> Answer the question “Was the patient provided a safety plan at the time of discharge?”