
Welcome to the National Pediatric Readiness Quality Initiative! This data platform allows you to enter safety and quality improvement data to measure performance for specific clinical conditions. You choose the clinical condition(s) and the platform will capture the data and provide meaningful metrics to help your ED measure, reflect, and improve pediatric emergency care within your ED. Your ED's continued journey toward quality improvement is just one click away!

Helpful resources can be found at our website: **www.nprqi.org** or email NPRQI at: **nprqi@austin.utexas.edu** with any general questions about this initiative.



Patient Demographics provide information about essential characteristics of the patient. Many of the answers to these questions may be found in the patient registration or demographic area of the chart

Patient Demographics

Please first select the units (Months versus Years).

When entering the age of the patient in years please **round down** to the nearest round number.
e.g. 9.7 y = 9 y 9.1 y = 9 y

Enter the age of the patient in MONTHS if less than a year and as YEARS if one year or greater. (months) * required

What is the patient's gender? * required

- ☐ Male
- ☐ Female
- ☐ Nonbinary

What is the patient's race? * required

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unable to obtain

What is the patient's ethnicity? * required

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unable to obtain

What is the patient's payor category? * required

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance
- ☐ Self Pay
- ☐ Uninsured
- ☐ Other/Missing

What is the patient's state of residence? * required

☐ Select State or Territory

All patients will be included in the process of care metrics. In addition you can assign a patient to a clinical quality bundle based on chief complaint. Patients can be in more than one clinical quality bundle (e.g., head trauma and vomiting, or head trauma and seizure).

Clinical Inclusion Bundles

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY * required

- ☐ Head trauma
- ☐ Seizure
- ☐ Respiratory symptoms
- ☐ Vomiting
- ☐ Behavioral health concerns
- ☐ Other

Did the patient suffer blunt head trauma? * required

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY

- ☐ Yes
- ☐ No

Did patient have a seizure? * required

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY

- ☐ Yes
- ☐ No

Did patient have respiratory symptoms? * required

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY

- ☐ Yes
- ☐ No

Did the patient have an episode(s) of vomiting? * required

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY

- ☐ Yes
- ☐ No

Did the patient have a behavioral health concern? * required

Did the patient have any of these clinical conditions? CHECK ALL THAT APPLY

- ☐ Yes
☐ No

Did the patient have another clinical condition to consider? * required

The following sections are about the care the patient received in the Emergency Department. The questions are divided into sections that mirror where the information might be in the chart. Triage is when the patient is first evaluated by staff.

Triage

What was the patient's mode of arrival to the Emergency Department? * required

- ☐ EMS
☐ Transfer
☐ Private vehicle or walk-in
☐ Other or UNK

What was the date of triage? * required

Please convert the time to a 12- hour format prior to entry. No seconds value is needed, and can be left as is.

What was the time of triage? * required

What type of chief complaint did the patient have in triage? * required

- ☐ Medical
☐ Injury
☐ Behavioral Health
☐ Other

Specify? * required

What type of chief complaint did the patient have in triage?

What was the ESI (Emergency Severity Index) Triage level? * required

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ ESI not used

How was the patient's weight recorded in the medical record? Select from the choices provided. * required

- ☐ Kilograms Only
- ☐ Pounds Only
- ☐ Both
- ☐ Not Recorded or obtained

Were there any pre-hospital medications? * required

- ☐ Yes
- ☐ No

Pre-Hospital Fluids and Medications

This section focuses on any medications the patient had prior to arrival in the emergency department. For medications given prior to arrival may be located in the medication reconciliation section of the chart or on an EMS run sheet or transfer papers.

We define fluids as medication.

Were any medications administered to the patient prior to their arrival in the emergency department? * required

- ☐ Yes
- ☐ No
- ☐ Unknown

What type or class of medication was given? CHECK ALL THAT APPLY. * required

- ☐ Analgesics (Pain/Sedation)
- ☐ Anticonvulsants (Seizures)
- ☐ Antiemetics(Vomiting)
- ☐ Antihistamines (Allergies)
- ☐ Antimicrobials (infections)
- ☐ Antipsychotics (Psychiatric)

-
- ☐ Antipyretics (Fever)
 - ☐ Fluids
 - ☐ Bronchodilators (Respiratory)
 - ☐ Intubation Medications
 - ☐ Resuscitation
 - ☐ Steroids
 - ☐ Vaccine
 - ☐ Others

Initial Vital signs are the first set of vitals obtained on the patient whether in triage or the exam room.

Initial Vitals

Were any vitals excluding weight obtained on the patient? * required

- ☐ Yes
- ☐ No

Was a heart rate obtained? * required

- ☐ Yes
- ☐ No

Was a respiratory rate obtained? * required

- ☐ Yes
- ☐ No

Was a temperature obtained? * required

- ☐ Yes
- ☐ No

Did the patient have a fever? * required

- ☐ Yes
- ☐ No

What was the temperature value during the fever? * required

- ☐ Low Grade 100° - 102° F (37.8° - 39° C)
- ☐ Average Fever 102° - 104° F (39 - 40° C)
- ☐ High Fever Over 104° F (40° C)

Was a blood pressure obtained? * required

- ☐ Yes
- ☐ No

Was pulse oximetry obtained? * required

- ☐ Yes
- ☐ No

Was mental status assessed? * required

- ☐ Yes
- ☐ No

**What tool was used? GCS = Glasgow Coma Scale; AVPU = Alert, Verbal, Pain, Unresponsive
* required**

- ☐ GCS
- ☐ AVPU
- ☐ Other

What was the score? * required

What tool was used? GCS = Glasgow Coma Scale; AVPU = Alert, Verbal, Pain, Unresponsive is equal to GCS

- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13

-
- ☐ 14
 - ☐ 15

Was pain assessed? * required

- ☐ Yes
- ☐ No

What was the level of pain? * required

- ☐ None (0)
- ☐ Mild (1-3)
- ☐ Moderate (4-6)
- ☐ Severe (7-10)

Any vital sign that is obtained more than once is considered a reassessment.

If vital signs were repeated multiple times use the first reassessment.

Vital Sign Reassessment

Where any vitals excluding weight reassessed on the patient? * required

- ☐ Yes
☐ No

Check all vitals that were reassessed

Heart Rate Reassessed? * required

Form Element visibility type: conditionally visible
Was a heart rate obtained? is equal to Yes

- ☐ Yes
☐ No

Respiratory Rate Reassessed? * required

- ☐ Yes
☐ No

Temperature Reassessed? * required

- ☐ Yes
☐ No

Blood Pressure Reassessed? * required

- ☐ Yes
☐ No

Pulse Oximetry Reassessed? * required

-
- ☐ Yes
 - ☐ No

Mental Status Reassessed? * required

- ☐ Yes
- ☐ No

Was Glasgow Comma Scale (GCS) used? * required

- ☐ Yes
- ☐ No

What was the lowest GCS value recorded after the initial mental status assessment? *
required

- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15

Pain Reassessed? * required

- ☐ Yes
- ☐ No

What was the level of pain? * required

-
- ☐ None (0)
 - ☐ Mild (1-3)
 - ☐ Moderate (4-6)
 - ☐ Severe (7-10)

The discharge diagnosis is the final assessment by a clinician which can be different from the chief complaint or presenting concern by the patient.

We will only collect the first THREE characters of the ICD code.

For example, if the ICD code is J45.01, only enter J45.

If you are unable to find ICD10 Codes in the medical record please refer to our ICD10 reference guide.

Discharge Diagnosis

Primary Discharge Diagnosis * required

Secondary Discharge Diagnosis (Can be left blank)

Tertiary Discharge Diagnosis (Can be left blank)

The following section is about the patient's disposition. This is what happened to the patient when they left the emergency department

Disposition

What was the date of disposition? * required

Please convert the time to a 12-hour format prior to entry.

No seconds value is needed, and can be left as is.

What was the time of the disposition? * required

From the following options, choose which was the final disposition of the patient? * required

- ☐ Admitted to Floor
- ☐ Admitted to ICU
- ☐ Discharge Home
- ☐ Left Against Medical Advice
- ☐ Observation Unit
- ☐ Operating Room
- ☐ Rehab
- ☐ Step Down Unit
- ☐ Transferred to Another Facility
- ☐ Died

If a patient was transferred, which of the following best describes the receiving facility? * required

- ☐ Psychiatric
- ☐ Trauma
- ☐ Medical
- ☐ Other

If selected Other, please specify? * required

Screenings can be used for patients to assess behavioral health risks or exposure to violence or harm.

Safety Screenings

Where any type of screenings performed during the patient's emergency department stay? These could include screenings for behavioral health or violence or neglect. *
required

- ☐ Yes
☐ No

Please check all of the screenings that apply * required

- ☐ Suicide Screen
☐ Violence Screen

Was the patient screened for suicide risk? * required

- ☐ Yes
☐ No

Did patient meet high-risk criteria? * required

- ☐ Yes
☐ No

Did patient have a structured suicide assessment? This may have been performed by mental health provider so information may be in a different part of the chart. * required

- ☐ Yes
☐ No

Was the patient screened for harm or violence? This can include child abuse, domestic violence, intimate partner violence or human trafficking. * required

-
- ☐ Yes
 - ☐ No

Based on the screening, was social services or law enforcement involved? * required

- ☐ Yes
- ☐ No

This section focuses on fluids and medications given to the patient during their stay in the emergency department.

For each medication you will provide the type or class of medication, medication name, route it is given and date and time given.

Up to 10 medications and/or fluids may be entered. *If more than 10 medications are given, enter the first medication given, then include medications related to the chief complaint or clinical condition identified.*

Enter in the order given in the ED.

ED Fluids and Medication Confirmation

Were any medications given to the patient while they were in the emergency department? * required

- ☐ Yes
- ☐ No

ED Fluids and Medications

Medication

What type or class of fluid or medication was given? Select from the list provided. * required

- ☐ Analgesics (Pain/Sedation)
- ☐ Anticonvulsants (Seizures)
- ☐ Antiemetics(Vomiting)
- ☐ Antihistamines (Allergies)
- ☐ Antimicrobials (infections)
- ☐ Antipsychotics (Psychiatric)
- ☐ Antipyretics (Fever)
- ☐ Fluids
- ☐ Bronchodilators (Respiratory)
- ☐ Intubation Medications
- ☐

-
- ☐ Resuscitation
 - ☐ Steroids
 - ☐ Vaccine
 - ☐ Others

Please specify medication type: * required

What was the name of the medication given? Select from the list provided. (Analgesics) *
required

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Ketorolac
- ☐ Ketamine
- ☐ Fentanyl
- ☐ Morphine
- ☐ OTHER

What was the name of the medication given? Select from the list provided.
(Anticonvulsants) * required

- ☐ Diazepam
- ☐ Lorazepam
- ☐ Midazolam
- ☐ Carbamazepine
- ☐ Fosphenytoin
- ☐ Levetiracetam
- ☐ Phenytoin
- ☐ Phenobarbital
- ☐ Valproic Acid
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Antiemetics)
*** required**

- ☐ Ondansetron
- ☐ Prochlorperazine
- ☐ Metoclopramide
- ☐ Promethazine

-
- ☐ Ranitidine
 - ☐ Famotidine
 - ☐ OTHER

What was the name of the medication given? Select from the list provided.
(Antihistamines) * required

- ☐ Diphenhydramine
- ☐ Hydroxyzine
- ☐ Famotidine
- ☐ Ranitidine
- ☐ OTHER

What was the name of the medication given? Select from the list provided.
(Antimicrobials) * required

- ☐ Ampicillin
- ☐ Cefazolin
- ☐ Cefepime
- ☐ Cefotaxime
- ☐ Ceftriaxone
- ☐ Gentamicin
- ☐ piperacillin-tazobactam
- ☐ ampicillin-sulbactam
- ☐ Vancomycin
- ☐ Amoxicillin
- ☐ Augmentin
- ☐ Clindamycin
- ☐ Metronidazole
- ☐ Azithromycin
- ☐ Keflex/Cephalexin
- ☐ Ciprofloxacin
- ☐ OTHER

What was the name of the medication given? Select from the list provided.
(Antipsychotics) * required

-
- ☐ Haloperidol
 - ☐ Olanzapine
 - ☐ Risperidone
 - ☐ Quetiapine
 - ☐ Thioridazine
 - ☐ Prochlorperazine
 - ☐ Abilify
 - ☐ Seroquel
 - ☐ OTHER

What was the name of the medication given? Select from the list provided. (Antipyretics)
*** required**

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ OTHER

What was the name of the fluid given? Includes IV and oral rehydration. Select from the list provided. (Fluids) * required

- ☐ Normal Saline
- ☐ Lactated Ringers
- ☐ Hypotonic fluid (D5 1/2NS, D5 1/4NS, D10 1/4 NS)
- ☐ Blood Products (Plasma, O neg, Factors)
- ☐ Plasmalyte
- ☐ Dextrose (5%, 10%, 25%, 50%)
- ☐ Hypertonic Saline (3%)
- ☐ Oral Rehydration
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Bronchodilators) * required

- ☐ Albuterol
- ☐ Xopenex
- ☐ Combivent (Albuterol + Atrovent)
- ☐ Atrovent

-
- ☐ Magnesium sulfate
 - ☐ Racemic epinephrine
 - ☐ Epinephrine (1:1,000)
 - ☐ Normal Saline
 - ☐ OTHER

What was the name of the medication given? Select from the list provided. (Intubation Medications) * required

- ☐ Etomidate
- ☐ Ketamine
- ☐ Fentanyl
- ☐ Versed
- ☐ Succinylcholine
- ☐ Rocuronium
- ☐ Vecuronium
- ☐ Pancuronium
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Resuscitation Medications) * required

- ☐ Epinephrine (1:10,000)
- ☐ Calcium Gluconate
- ☐ Calcium Chloride
- ☐ Magnesium sulfate
- ☐ Potassium-chloride
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Steroids) * required

- ☐ Dexamethasone
- ☐ Methylprednisolone
- ☐ Hydrocortisone
- ☐ Prednisone
- ☐ Prednisolone
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Vaccines) *
required

- ☐ Influenza
- ☐ Tdap
- ☐ OTHER

What was the name of the medication given? Select from the list provided. (Other Medications) * required

- ☐ Mannitol
- ☐ Insulin
- ☐ Other

Specify: * required

Abbreviations used in the following question:

- IN (intranasal)
- IM (intramuscular)
- IV/IO (intravenous or intraosseous)

What was the route the medication was given? * required

- ☐ IV/IO
- ☐ IM
- ☐ IN
- ☐ PO/Sublingual
- ☐ Nebulized
- ☐ Inhaled
- ☐ pNG/OG tube
- ☐ pGT
- ☐ Rectal
- ☐ Topical (skin, eye, ear)

What was the date of the medication administration? * required

What was the time of the medication administration? * required

Airway interventions are any type of respiratory support that includes oxygen or other types of ventilation.

Airway interventions

Did the patient receive airway support or oxygen? * required

- ☐ Yes
☐ No

What was the date of the initial oxygen support? * required

What was the time of the initial oxygen support? * required

Abbreviations used in the following question:

- CPAP (continuous positive airway pressure)
- LMA (laryngeal mask airway)
- ET (endotracheal tube)
- NT (nasal trumpet/nasal tracheal tube)

What mode of delivery was used for the initial delivery of oxygen? Select from the choices provided * required

- ☐ Nasal Canula
☐ Face Mask
☐ CPAP

-
- ☐ High Flow
 - ☐ Bag Mask Ventilation
 - ☐ LMA
 - ☐ ET
 - ☐ NT
 - ☐ Other

This section asks about any imaging studies that were performed during the emergency department stay. This includes ultrasound, X-rays, CTs and MRI studies. This information may be located in the order section of the chart or as an actual report from the study.

Imaging Studies

Were any imaging studies performed while the patient was in the emergency department? * required

- ☐ Yes
- ☐ No

Were any x-ray studies performed? * required

- ☐ Yes
- ☐ No

Select the type of study obtained. (select all that apply) * required

- ☐ Chest
- ☐ Abdomen
- ☐ Neck
- ☐ Skull
- ☐ Extremity
- ☐ Skeletal Survey
- ☐ Other

Were any ultrasound studies performed? * required

- ☐ Yes
- ☐ No

Abbreviations used in the following question:

- Abdominal RLQ (right lower quadrant)
- Abdominal LLQ (left lower quadrant)

-
- Abdominal RUQ (right upper quadrant)
 - Abdominal LUQ (left upper quadrant)

Select the type of study obtained. (select all that apply) * required

- ☐ Abdominal Complete
- ☐ Abdominal RLQ
- ☐ Abdominal RUQ
- ☐ Abdominal Intussusception
- ☐ Pelvic
- ☐ Renal
- ☐ Echocardiogram
- ☐ Neck
- ☐ Other

Were any CT studies performed? * required

- ☐ Yes
- ☐ No

Select the type of study obtained. (select all that apply) * required

- ☐ Head
- ☐ Neck or C-spine
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Extremity
- ☐ Other

If a head CT study was obtained, select the clinical reason from the provided choices. * required

- ☐ Trauma less than 2 yrs. old

-
- ☐ Trauma greater than 2 yrs. of age
 - ☐ Medical

Abbreviations used in the following question:

- Glasgow Coma Scale <14
- Palpable Skull Fracture
- History of Loss of Consciousness (LOC) > 5 seconds

Were any of the following clinical findings present? These would be in the history or exam section of the chart. Check all that apply, if none please Check DOES NOT APPLY. *
required

- ☐ GCS<14
- ☐ Palpable skull fx
- ☐ AMS (altered mental status)
- ☐ Scalp Hematoma (occipital, parietal or temporal) scalp
- ☐ History of LOC \geq 5 sec
- ☐ Not acting normally per parent or severe mechanism of injury
- ☐ Does Not Apply

Abbreviations used in the following question:

- Glasgow Coma Scale <14
- Basilar Skull Fracture
- Loss of Consciousness (LOC) > 5 seconds
- Severe Headache
- Severe Mechanism of Injury

Were any of the following clinical findings present? These would be in the history or exam section of the chart. Check all that apply, if none please Check DOES NOT APPLY. *
required

Check all that apply.

- ☐ GCS < 14
- ☐ Basilar Skull Fx
- ☐ AMS (altered mental status)
- ☐ LOC > 5 sec
- ☐ Vomiting
- ☐ Severe HA
- ☐ Severe Mechanism Injury
- ☐ Does Not Apply

Was an MRI obtained? * required

- ☐ Yes
- ☐ No

Select the type of study obtained. (select all that apply) * required

- ☐ Head
- ☐ Neck or C-spine
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Extremity
- ☐ Other

This section focuses on any type of laboratory studies that may have been performed during the patient's stay in the emergency department. This includes point of care (rapid) tests. Information may be in the order section or results section of the chart.

Laboratory Studies

Were any laboratory test performed while the patient was in the emergency department? * required

- ☐ Yes
☐ No

Abbreviations used in the following question:

- Rapid Strep
- Respiratory Syncytial Virus (RSV)
- Dip Urinalysis (UA)
- Urine Pregnancy
- Dextrose stick (Glucose)

Which rapid or point of care test(s) were performed? Check all that apply. * required

- ☐ Strep
☐ Flu
☐ COVID
☐ FLU/Covid Combo
☐ RSV
☐ Dip Urine analysis
☐ Pregnancy
☐ Dextrose Stick
☐ Blood Gas
☐ Other

☐ Not Performed

Abbreviation used in the following question:

- Cerebral Spinal Fluid (CSF)

Were any type of cultures obtained? Check all that apply. * required

- ☐ Not Performed
- ☐ Blood
- ☐ Urine
- ☐ CSF
- ☐ Skin
- ☐ Stool
- ☐ Respiratory
- ☐ Other

Abbreviations used in the following question:

- Complete blood count (CBC)

What type of blood tests were performed? Check all that apply. * required

- ☐ Not Performed
- ☐ Chemistry Panel
- ☐ CBC
- ☐ Drug Screen
- ☐ Other

What type of urine tests were performed? Check all that apply. * required

- ☐ Not Performed
- ☐ Drug Screen
- ☐ Urine Analysis
- ☐ Other

This section focuses on any consultations sought during the patient's stay.

A consult would be a provider with a specialized expertise (pediatric, infectious disease, etc.).

The consult can occur via different modalities (phone call, tele-health, in-person).

This information could be found in the order section, nursing notes, provider assessment notes.

Consultations

Were any consultations obtained during the patient's emergency department stay? *
required

- ☐ Yes
☐ No

What type of expertise was consulted? (Select all that apply) * required

- ☐ Emergency Medicine
☐ Pediatrics
☐ Surgery
☐ Subspecialist
☐ Behavioral Health

Abbreviations used in the following question:

- Neurosurgery
- Orthopedic Surgery
- Urology
- Otolaryngology (ENT)
- Anesthesiology
- Obstetrics and Gynecology (OB/GYN)

What type of surgery expert was consulted? (Check all that apply) * required

- ☐ General
- ☐ Pediatric
- ☐ Trauma
- ☐ Neurosurgeon
- ☐ Orthopedic
- ☐ Urologist
- ☐ ENT
- ☐ Ophthalmologist
- ☐ Anesthesiologist
- ☐ OB/GYN
- ☐ Other

What type of behavioral health expert was consulted? (Check all that apply) * required

- ☐ Psychiatrist
- ☐ Licensed Clinical Social Worker (LCSW)
- ☐ Psychologist
- ☐ Psychiatric Advanced Level Provider (NP or PA)
- ☐ Other

Was Telehealth used for the consultation? * required

- ☐ Yes
- ☐ No
- ☐ Unknown

This section is for patient's that presented with a behavioral health chief complaint, had a concerning behavioral health screening, or a behavioral health diagnosis. Questions focus on safety of the patient during the stay and at discharge. This information may be found in nursing notes, orders, discharge instructions or the mental health section of a chart.

Behavioral Health

Were physical restraints required during the patient's stay? * required

- ☐ Yes
- ☐ No
- ☐ Unable to obtain

If the patient was discharged home, was the patient provided a safety plan at the time of discharge? * required

- ☐ Yes
- ☐ No
- ☐ Unable to obtain

If the patient was discharged from the ED, what type of outpatient follow up was provided? * required

- ☐ Primary Care
- ☐ Specialty Care
- ☐ Behavioral Health
- ☐ Other
- ☐ None

This section is for patients that were transferred to another facility. It focuses on how the transfer decision was made, time before transfer, and care provided at the receiving facility. Some of this information may need to be collected from the receiving facility when possible.

Transfers

What was the primary reason the patient was transferred to another facility? Select from the choices provided. * required

- ☐ Age
- ☐ Specific Specialty Consultation
- ☐ Emergency Intervention/Procedure
- ☐ Critical Care
- ☐ Mental Health
- ☐ Disaster
- ☐ Inpatient Management
- ☐ Trauma
- ☐ Other

Did the patient meet your facility's criteria for transfer? This could include specialized care or assessment, bed availability, need for a procedure. * required

- ☐ Yes
- ☐ No
- ☐ Unknown/NA

What was the mode of transportation used to transfer the patient to another facility? Select from the choices provided. * required

- ☐ Air pediatric-specific transport team
- ☐ Ground pediatric-specific team
- ☐ Air general critical care
- ☐ Ground general critical care
- ☐ Ground ALS

-
- ☐ Ground BLS
 - ☐ Law enforcement
 - ☐ Private vehicle
 - ☐ Other

Do you have any follow up or outcome data from the receiving facility? * required

- ☐ Yes
- ☐ No

Provide up to three discharge diagnoses ICD-10 codes from receiving facility (Optional)

We will only collect the first three characters of the ICD code.

For example, if the ICD code is J45.01, only enter J45.

If you are unable to find ICD10 Codes in the medical record please refer to our ICD10 reference guide.

Receiving Facility Discharge Diagnosis #1 (can be left blank)

Receiving Facility Discharge Diagnosis #2 (can be left blank)

Receiving Facility Discharge Diagnosis #3 (can be left blank)

Were any procedures performed at the receiving facility? CHECK ALL THAT APPLY. * required

-
- ☐ Diagnostic Imaging
 - ☐ Diagnostic Procedures
 - ☐ Surgical Procedures
 - ☐ Sedation
 - ☐ None
 - ☐ Other

What was the next type of disposition for the patient from the receiving ED facility?

CHECK ALL THAT APPLY. * required

- ☐ Discharged from ED
- ☐ Transferred to another facility
- ☐ Transferred to a mental health facility
- ☐ Admit to ICU
- ☐ Admit to Floor
- ☐ Transfer to OR
- ☐ Died
- ☐ Other