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National Hospital Ambulatory Medical Care Survey: 1992 Emergency Department Summary

March 1997

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Abstract

Objective—This report presents data on the provision and utilization of ambulatory medical care services in hospital emergency departments during 1992. Ambulatory medical care services are described in terms of patient, visit, and facility characteristics. Among these are the patient's reason for the visit, diagnostic and screening services ordered or provided, diagnosis, and medications provided or prescribed. Cause of injury data are presented for injury-related visits.

Methods—Data presented in this report are from the 1992 National Hospital Ambulatory Medical Care Survey (NHAMCS), a national survey of non-Federal, general and short-stay hospitals, conducted by the Division of Health Care Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention. This report reflects the survey's first year of data collection. A four-stage probability sample design was used, resulting in a sample of 524 non-Federal, general and short-stay hospitals. Ninety-two percent of eligible facilities participated in the survey. Hospital staff were asked to complete Patient Record forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period, and 36,271 forms were completed by participating emergency departments. Diagnosis and cause of injury were coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM). Reason for visit and medications were coded according to systems developed by the National Center for Health Statistics.

Results—An estimated 89.8 million visits were made to the emergency departments of non-Federal, general and short-stay hospitals in the United States during 1992—357.1 visits per 1,000 persons. Persons 75 years of age and over had a higher visit rate than persons in five other age categories. White persons accounted for 78.5 percent of all visits. However, the visit rate for black persons was significantly higher than for white persons overall and for every age category except 65–74 years and 75 years and over. More than half of all visits were illness related and more than one-third were injury related. Stomach and abdominal pain and chest pain were the most frequently mentioned reasons for visiting the emergency department, accounting for about five million visits each, or 10.7 percent of the total. Accidental falls accounted for the largest share of injury-related visits (22.7 percent).

Keywords: Utilization • Injury • Diagnoses • ICD–9–CM

Contents

Text tables

Text figures

Appendixes

National Hospital Ambulatory Medical Care Survey: 1992 Emergency Department Summary

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Introduction

This report presents national estimates of the utilization of ambulatory medical care services provided by hospital-based emergency departments in the United States during 1992. The estimates are based on data from the National Hospital Ambulatory Medical Care Survey (NHAMCS), a probability sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention.

The NHAMCS was inaugurated in December 1991 to gather and disseminate information about the health care provided by hospital emergency and outpatient departments in the United States. This report presents a broad summary of data from hospital emergency departments from the survey's first year (1992) of operation. Several reports that present highlights from the 1992 NHAMCS data have already been published (1–4), and additional reports on special topics are scheduled for publication.

This report describes the utilization of hospital-based emergency departments (ED's) in terms of patient and visit characteristics. Some data on facility characteristics are also included. The report concludes with a series of appendixes that contain technical information pertaining to the 1992 NHAMCS. Included are a description of the statistical design of the survey, guidelines for judging the precision of the estimates, definitions of terms used in the survey, and copies of the survey instruments. A complete description of the plan and operation of the NHAMCS has been published (5).

Ambulatory medical care is the predominant method for the provision of health care services in the United States. In 1991, there were approximately 1.43 billion ambulatory medical care visits in the United States (6). This care is provided in a wide variety of settings, and physicians' office visits account for the largest proportion. Since 1973, NCHS has collected data on patient visits to physicians' office visits through the National Ambulatory Medical Care Survey (NAMCS). However, visits to hospital emergency departments and outpatient departments represent the second largest segment of the ambulatory medical care system and are not included in the NAMCS. The omission of hospital ambulatory care from the ambulatory medical care database has left a significant gap in coverage and has limited the utility of the NAMCS data. The NHAMCS is meant to fill this data gap and to respond to the increasing demands for more complete ambulatory medical care data.

The NHAMCS was developed and tested over a 15-year period that included three major research projects. In 1976, a study was conducted under contract with the National Opinion Research Center (NORC) to assess the feasibility of collecting data from hospital outpatient departments by applying then-current NAMCS Patient Record forms and data methodologies (7). This project demonstrated the feasibility of collecting data from hospital settings and provided valuable experience in hospital data collection.

A second project was conducted in 1984, again under contract with NORC, to test several alternative data collection methodologies in hospital ambulatory care settings (8). Results from this study included a variety of survey design recommendations: use of a multistage probability design, maintenance of both a prospective as well as a retrospective method of data collection, changes in the Patient Record form, and use of personal inductions of hospitals and clinics.

The final research project, conducted in 1989 under contract with Westat Inc., was a pilot study to develop the national sample design. This included the determination of the optimum number and allocation of the sampling units at each stage of sampling, the stratification variables, and the estimation and variance procedures (9). Recommendations from this study included the use of two of the four panels of the National Health Interview Survey (NHIS) sample of primary sampling units (PSU's) for the sampling frame; use of a four-stage design with a nonrotating sample of hospitals; stratification of hospitals by various indicators and the clinics by specialty area; and use of a 4-week data collection period.

The NHAMCS thus becomes one of the newest of the national surveys conducted by the Division of Health Care Statistics. NCHS has authority under Section 306(b) (1) (F) of the Public Health Service Act (42 USC 242k) to collect data concerning the public's use of health care and services. To address the need for expanded ambulatory medical data as well as the considerable diversification in the organization, financing, and delivery of ambulatory medical care, NCHS developed a plan to restructure its surveys of health care providers. Under this plan, the NAMCS, the National Hospital Discharge Survey (NHDS), the National Nursing Home Survey (NNHS), and the National Master Facility Inventory (NMFI) (all conducted within the Division of Health Care Statistics) have been modified and expanded into an integrated National Health Care Survey (NHCS). One objective of the NHCS is to expand coverage into health care providers and settings not previously surveyed, including hospital emergency and outpatient departments, ambulatory surgery centers, home health agencies, and hospices. The NHAMCS represents an important step in the expansion of the National Health Care Survey.

Source and limitations of the data

The 1992 NHAMCS consisted of a national probability sample of visits to the emergency and outpatient departments of noninstitutional general and short-stay hospitals, excluding Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. The NHAMCS was designed to provide estimates based on the following priority of survey objectives: United States, region, emergency and outpatient departments, and type of ownership. The NHAMCS used a four-stage probability design with samples of PSU's, hospitals within PSU's, clinics within hospitals, and patient visits within clinics. Within hospital emergency service areas and outpatient department clinics, patient visits were systematically selected over a randomly assigned 4-week reporting period. A visit was defined as a direct personal exchange between a patient and a physician, or a staff member acting under a physician's direction, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes, such as paying a bill, and visits in which no medical care was provided, such as visits to deliver a specimen, were out of scope. A more detailed description of the 1992 NHAMCS sample design and data collection procedures is in appendix I. Definitions of terms used in the survey are given in appendix II, and copies of the survey forms and instruments are shown in appendix III.

Of the 524 hospitals in the 1992 NHAMCS sample, 474 were in-scope, or eligible to participate in the survey. Ninety-two percent of the eligible facilities participated in the NHAMCS by completing Patient Record forms.

Based on an induction interview, 437 of the sample hospitals had emergency departments. Hospital staff were asked to complete Patient Record forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week period. The number of Patient Record forms completed for ED's was 36,271.

Because the estimates presented in this report are based on a sample of hospital emergency department visits rather than on the entire universe of such visits, they are subject to sampling variability. For this reason, the reader is urged to consult the technical notes in appendix I on reliability of the estimates and an explanation of sampling errors. Estimates with a relative standard error greater than 30 percent are considered to be unreliable according to the standards of the National Center for Health Statistics, and are shown in the text with an asterisk next to them. Figures marked with an asterisk may be combined with related estimates to possibly produce a more reliable overall estimate for a broader category.

It is important to keep in mind that the NHAMCS is an event-based survey, providing data on visits to hospital emergency and outpatient departments, rather than a person-based survey. Therefore, estimates of incidence and prevalence cannot be produced using NHAMCS data.

While a number of edit procedures ensure the completeness and consistency of data collected on the Patient Record form (see appendix I), no validation studies have been undertaken to assess the degree of correspondence between responses on the Patient Record form and source data from hospital medical records. A small scale followup of survey respondents was undertaken in 1994 to answer questions about data quality, participant reaction to the survey, and suggestions for redesign of the Patient Record forms. This study suggested that there was some inconsistency in how respondents were interpreting survey items on urgency of visits and whether the visit was alcohol- or drug-related. (See "Alcohol and drug-related visits.") Also, some respondents were not marking multiple expected sources of payment where appropriate and did not know whether the patient made a copayment. The majority of respondents, however, reported little or no difficulty in understanding and completing NHAMCS Patient Record forms.

It should also be noted that, while data on patient's race and ethnicity are collected on the Patient Record form, hospital staff are not instructed to ask this information of the patient. Results from the followup study suggested that in the majority of cases, determinations of race and ethnicity were based on visual observation by hospital staff, and, less frequently, on patient self-report. Ethnicity data are not included in this report because of the item's high nonresponse rate (15 percent).

The NHAMCS instruments continue to be refined, based on survey experience, participant feedback, and expert consultation. The Patient Record form was modified slightly for the 1993–94 NHAMCS, and more substantially for 1995–96 with an expanded section on expected source(s) of payment, injury status, and diagnostic/screening services ordered or provided at the visit. Several items were added, including time of the ED visit and patient's cigarette-smoking status. Redesign of the 1997–98 Patient Record form is currently underway. New items may include method of transport to the ED, level of patient's pain upon presentation, and perceived immediacy with which patients should be seen.

Data highlights

- An estimated 89.8 million visits were made to the emergency departments of non-Federal, general and short-stay hospitals in the United States in 1992—357.1 visits per 1,000 persons.
- Persons 75 years of age and over had a higher ED visit rate than persons in five other age categories—557.6 visits per 100 persons during 1992.
- White persons accounted for 78.5 percent of all ED visits, while black persons and Asians/Pacific Islanders made 19.1 percent and 1.6 percent, respectively. However, the ED visit rate for black persons was significantly higher than the rate for white persons overall and for every age category except 65–74 years and 75 years and over.
- More than half of all ED visits were illness related, and more than one-third were injury related. The majority of ED visits (87.0 percent) were first visits for the presenting problem.
- ''Stomach and abdominal pain, cramps, and spasms'' and ''chest pain and related symptoms'' were the two most frequently mentioned reasons for visiting the ED, accounting for about five million visits each, or 10.7 percent of the total.
- The most frequent specific diagnosis at ED visits was ''suppurative and unspecified otitis media,'' accounting for 3.2 million visits, or 3.5 percent of the total. The majority of ED visits received principal diagnoses within the broad categories of injury and poisoning (32.7 percent), diseases of the respiratory system (12.1 percent), and ''symptoms, signs, and ill-defined conditions'' (11.7 percent).
- Accidental falls accounted for the largest share of injury-related ED visits (22.7 percent), followed by motor vehicle accidents (12.2 percent). Homicide and other injury purposely inflicted by others accounted for 4.6 percent of injury-related ED visits overall, but 10.9 percent of injury-related visits by black persons.
- 2.5 million ED visits were alcohol related (2.7 percent), and 1 million (1.1 percent) were drug related.
- 87.9 percent of ED visits included one or more diagnostic or screening service, with blood pressure check being reported most frequently, at 73.7 percent of visits.
- Procedures were performed at 42.3 percent of ED visits. The administration of intravenous fluids (14.9 percent) and wound care (12.9 percent) were reported most frequently.
- Expected sources of payment at ED visits were most often private/commercial insurance (36.0 percent), Medicaid (22.7 percent), and Medicare (15.1 percent).
- Health care providers seen at ED visits were most commonly registered nurses (83.1 percent) and staff physicians (82.5 percent).
- 13.5 percent of ED visits resulted in admission to the hospital; the most frequent disposition was referral to another physician or clinic (37.0 percent). One-quarter (25.0 percent) were instructed to return to the emergency room as needed for followup care.
- The likelihood of hospital admission increased with patient's age. About one-fifth (21.1 percent) of ED visits by persons 45–64 years of age resulted in hospital admission compared with almost half (45.9 percent) of the visits by persons 75 years and over.

Visits to hospital emergency departments

In this section, visits to hospital emergency departments (ED's) are discussed in terms of patient characteristics and visit characteristics. These include age, sex, and race of patients; geographic region of the visit; major reason for the visit as reported by hospital staff (illness, injury, or other); principal reason for visit as expressed by the patient; injury-related visits; alcohol- and drug-related visits; diagnostic and screening services ordered or provided; principal diagnosis rendered by hospital staff; procedures performed; medication therapy; providers seen; expected sources of payment; visit disposition; facility ownership status; and urgency of visit. References are made throughout the text to the detailed tables found at the back of the report. Some overlap of topics is unavoidable, and cross-references are made to related topics in the report.

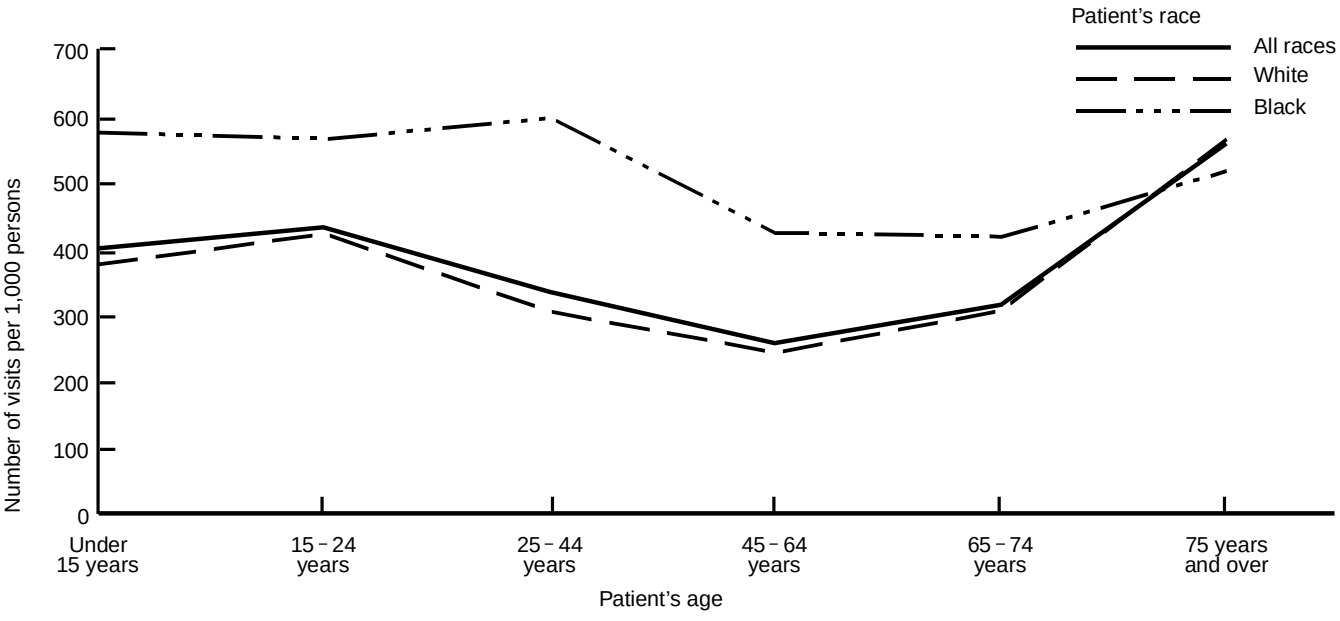
Age, sex, and race of patients

During the 12-month period from January–December 1992, an estimated 89.8 million visits were made to ED's of non-Federal, general or short-stay hospitals in the United States, or 357.1 visits per 1,000 persons. Persons 25–44 years of age accounted for nearly one-third (30.3 percent) of all ED visits, while those under 15 years made one-quarter of the visits (25.1). Persons 75 years of age and over had a higher ED visit rate (557.6 visits per 1,000 persons) than persons in the other five age categories. Females made 51.9 percent of all ED visits, but there was no significant difference in total visit rates by sex. ED visits by patient's age, sex, and race are shown in table 1.

White persons made 78.5 percent of all ED visits, with black persons and Asians/Pacific Islanders accounting for 19.1 percent and 1.6 percent, respectively. The visit rate for black persons was significantly higher than for white persons overall and in each age category except 65–74 years and 75 years and over (figure 1).

Geographic region of visit

ED visits by geographic region are shown in table 2. The largest proportion of ED visits occurred in the South (32.9 percent), but that region's visit rate (349.8 visits per 1,000



NOTES: Visit rate is based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992. Estimates for other races are not shown separately because of statistical unreliability.

Figure 1. Annual rate of emergency department visits by patient's age and race: United States, 1992

Table A. Number, percent distribution, and annual rate of emergency department visits by whether visit was injury related: United States, 1992

Was visit injury related?	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[1]
All visits	89,796	100.0	357.1
All injury-related visits[2]	33,950	37.8	135.0
Reported in item 9 as injury related[3]	31,566	35.2	125.5
Cause of injury reported in item 10[4]	2,383	2.7	9.5
All noninjury-related visits	55,846	62.2	222.1
Illness related[5]	50,931	56.7	202.6
Other reason[6]	4,915	5.5	19.5

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[2]Includes visits reported by hospital staff as injury related in item 9 of the Patient Record form as well as visits that had a stated cause of injury in item 10, regardless of the response to item 9.

[3]Major reasons reported by hospital staff in item 9 were illness, injury, and other (for example, preadmission examination).

[4]Includes visits that were not reported as injury related in item 9, but that had a stated cause of injury reported in item 10.

[5]Includes visits that were reported as illness related in item 9 and that did not have a stated cause of injury in item 10.

[6]Other reasons include preadmission examination.

NOTE: Numbers may not add to totals because of rounding.

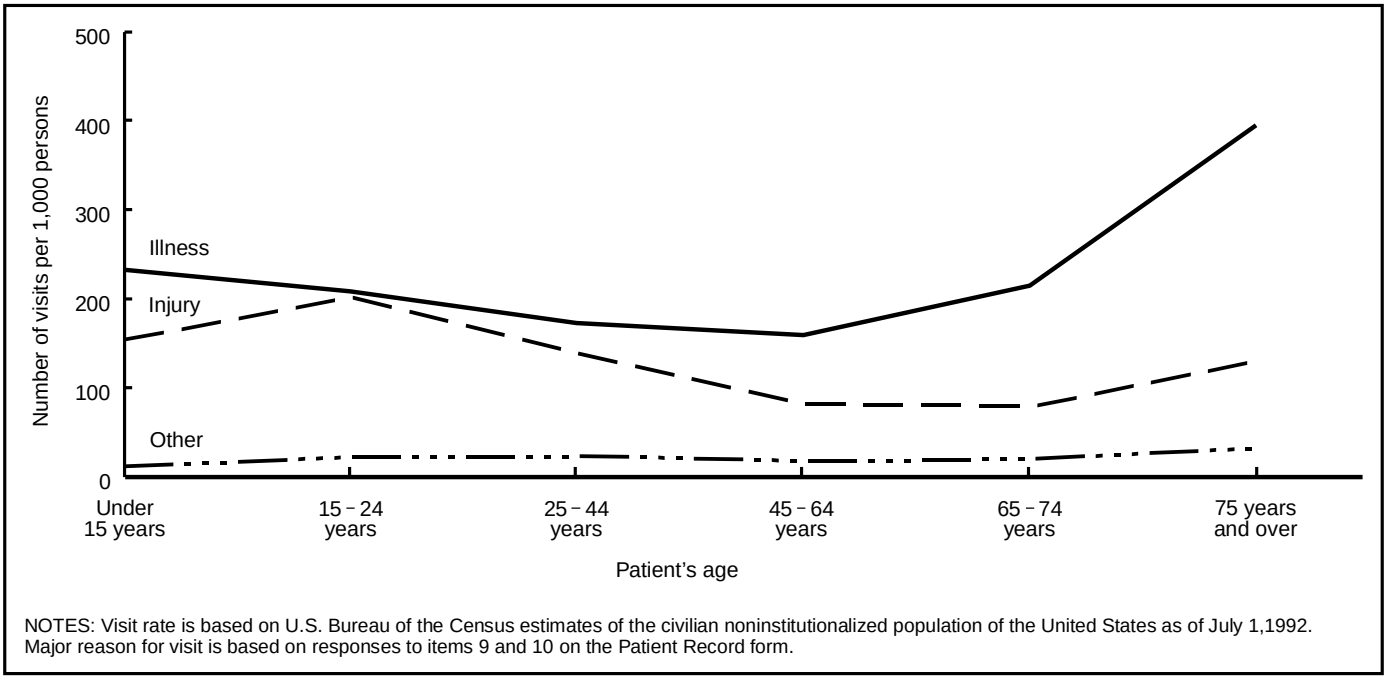
persons per year) was not significantly different than the Northeast or Midwest. The Midwest had a higher ED visit rate (419.6 visits per 1,000 persons) than the West (315.8 visits per 1,000 persons) did. The visit rate for black persons in the Midwest was markedly higher (759.9 visits per 1,000 persons) than visit rates for black persons in the other three regions, but this finding should be treated with caution. The difference may be due to the inclusion in the 1992 sample of a large number of hospitals in Illinois and Ohio that reported high concentrations of black patients.

Major reason for visit as reported by hospital staff

While the majority of ED visits (56.7 percent) were illness related, more than one-third (37.8 percent) were injury related. There were 202.6 illness visits and 135.0 injury visits per 1,000 persons, respectively. For this report, visits were defined as injury related if ''injury, first visit'' or ''injury, followup visit'' was reported in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 (table A). Illness-related visits were defined as those for which ''illness, first visit'' or ''illness, followup visit'' was reported in item 9 of the Patient Record form and which did not have a cause of injury specified in item 10.

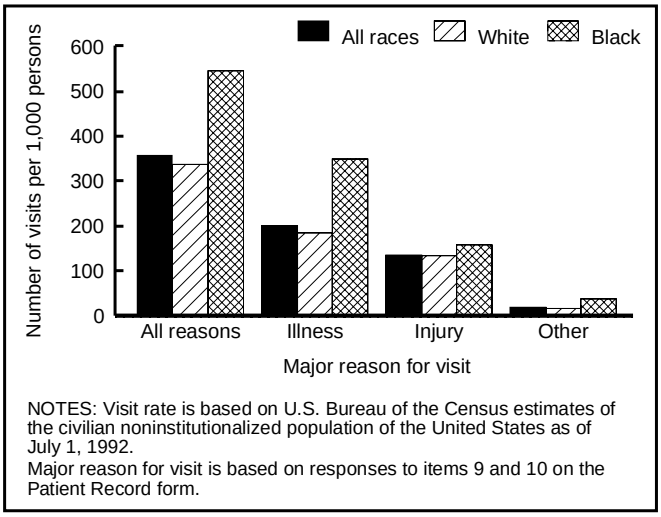
As shown in figure 2, the rate of illness-related ED visits was higher than injury-related visits for each age group except 15–24 years, and the gap between the illness and injury rates widens with patient's age. Persons 75 years and over had the highest rate of illness-related ED visits (394.7 per 1,000 persons).

Data on major reason for visit according to patient's age, sex, and race are shown in table 3. Visits by black persons were more likely to be illness-related (349.1 visits per 1,000 black persons) than were visits by white persons (185.2 visits per 1,000 white persons). However, the rate of injury-related visits was not significantly different for white persons compared with black persons (figure 3). Eighty-seven percent of all ED visits were first visits for the presenting problem.



NOTES: Visit rate is based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1,1992. Major reason for visit is based on responses to items 9 and 10 on the Patient Record form.

Figure 2. Annual rate of emergency department visits by patient's age and major reason for visit: United States, 1992



NOTES: Visit rate is based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.
Major reason for visit is based on responses to items 9 and 10 on the Patient Record form.

Figure 3. Annual rate of emergency department visits by patient's race and major reason for visit: United States, 1992

Injury-related ED visits are discussed in greater detail in a later section of this report.

Patient's principal reason for visit

In item 11 of the Patient Record form, hospital staff were asked to record the patient's (or patient's spokesperson's) ''complaint(s), symptom(s), or other reason(s) for this visit'' using the patient's own words, if possible. Up to three reasons for visit were coded and classified according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (10). The principal reason is the problem, complaint, or reason listed in item 11a of the ED Patient Record form.

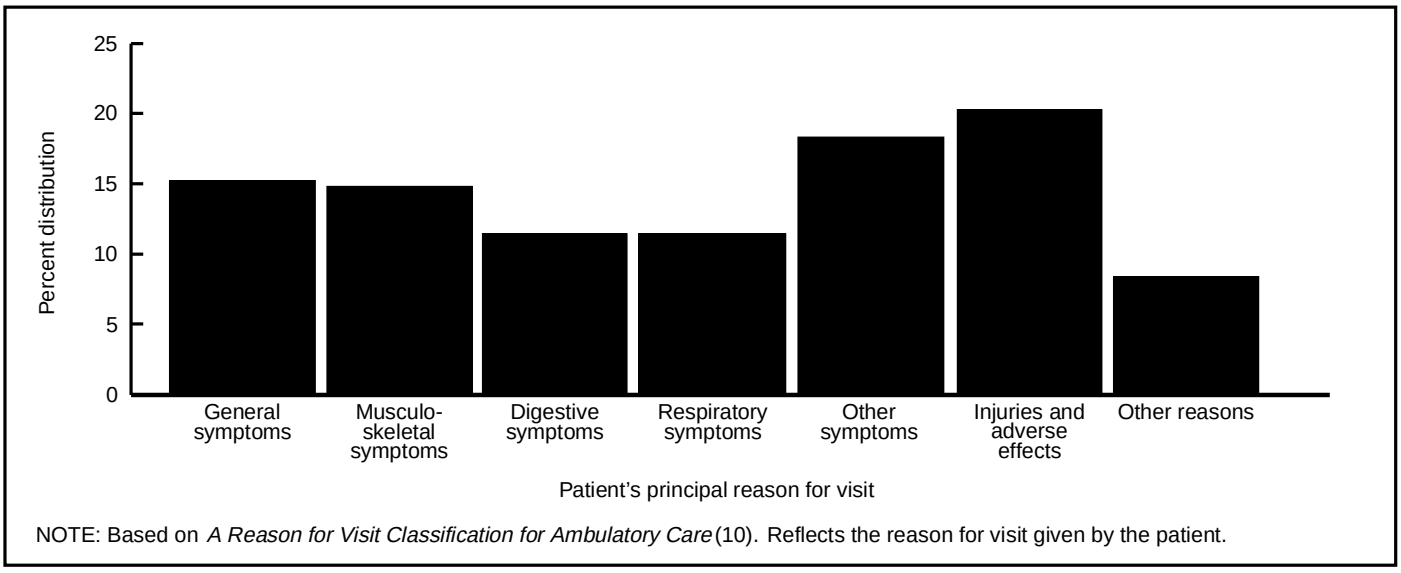
Table 4 shows ED visits by the patient's principal reason for visit. The RVC is divided into eight modules or groups of reasons: symptom; disease; diagnostic/screening and preventive; treatment; injuries and adverse effects; test results; administrative; and other, which includes problems and complaints not classified elsewhere, illegible entries, blanks, and entries of ''none.'' The symptom module accounted for nearly three-quarters of all ED visits (71.3 percent), with general symptoms accounting for 15.2 percent of visits and symptoms referable to the musculoskeletal system accounting for 14.8 percent (figure 4).

The injuries and adverse effects module accounted for one-fifth of ED visits overall (20.3 percent) and one-quarter of ED visits made by males (24.9 percent). One might have expected this module to account for a higher proportion of ED visits because more than one-third of all visits were injury related. However, the patient's reason for visit was expressed in symptomatic terms rather than injury terms at a substantial proportion of these visits.

Table 5 shows the 60 principal reasons for ED visits most often mentioned by patients. These reasons accounted for three-quarters (75.0 percent) of all ED visits. ''Stomach and abdominal pain, cramps and spasms'' was mentioned most frequently (5.5 percent of the total), followed by chest pain (5.2 percent), and fever (4.1 percent). ''Lacerations and cuts of upper extremity'' was the most frequently mentioned reason for visit in the injury module, accounting for 2.6 percent of ED visits overall.

The RVC differentiates between shortness of breath (6th in the overall ranking) and labored or difficult breathing (17th in the ranking). It is interesting to note that if estimates for these two reasons were combined, the total would be 3.3 million ED visits, and shortness of breath/labored breathing would appear as the fourth most frequent reason for visiting the ED.

The 10 principal reasons for visit most frequently mentioned by patients according to patient's age, sex, and race are shown in table 6. The most frequent reason for visits by persons under age 15 was fever, accounting for 50.5 visits per 1,000 persons. ''Stomach and abdominal pain, cramps and spasms'' was the most frequent reason given by persons 15–24 years (35.5 visits per 1,000) and 25–44 years (21.6 visits per



NOTE: Based on *A Reason for Visit Classification for Ambulatory Care* (10). Reflects the reason for visit given by the patient.

Figure 4. Percent distribution of emergency department visits by patient's principal reason for visit: United States, 1992

1,000). Chest pain and related symptoms led the list for visits by age groups 45–64, 65–74 years, and 75 years and over, accounting for as many as 62.1 visits per 1,000 persons 75 years and over. Seven of the top 10 reasons for visit were the same for males and females, and 8 of the top 10 were the same for white persons and black persons. It should be noted that estimates that differ in ranked order may not be significantly different from each other.

Emergency department visits are shown by selected principal reasons for visit according to patient's age, sex, and race in table 7. Fever accounted for 12.7 percent of all ED visits by persons under the age of 15 years, but only 1–2 percent of the visits for all other age groups. Among persons 45–64 years and 65 years and over, chest pain accounted for 10–11 percent of ED visits.

Table 8 shows the percent distribution of ED visits by patient's age and sex according to selected principal reasons for visit. Females made 63.3 percent of all ED visits for ''stomach and abdominal pain, cramps, and spasms,'' while males made 71.1 percent of all visits for ''lacerations and cuts of upper extremity.'' More than three-quarters (77.5 percent) of all visits for fever were made by persons under the age of 15. This age group also accounted for more than half (54.9 percent) of the visits for cough. Additional information on a patient's reason for visit is contained within the sections on diagnostic services, diagnosis, and urgency.

Injury-related visits

As previously noted, an ED visit was considered to be injury related if ''injury, first visit'' or ''injury, followup'' was recorded in item 9 of the Patient Record form, or if a cause of injury was listed in item 10, regardless of what was recorded in item 9.

There were 34.0 million injury-related ED visits in 1992, or 37.8 percent of all ED visits, and the annual rate of injury-related visits was 135.0 per 1,000 persons. Males had a significantly higher rate of injury-related visits than females had. Injury-related visits by age, sex, and race, and geographic region of the visit are shown in table 9.

Table 10 shows injury-related ED visits by the 20 most frequent principal reasons for visit as expressed by the patient according to the patient's age, sex, and race. ''Lacerations and cuts of the upper extremity'' was cited most frequently overall (6.8 percent of all injury-related ED visits), and for every age group except those under 15 years. Within that group, ''lacerations and cuts of the facial area'' accounted for 8.5 percent of visits.

Table 11 shows the percent distribution of injury-related ED visits by patient's age, sex, and race for each of the 20 most frequent principal reasons for visit. Nearly three-quarters (71.4 percent) of the visits for upper extremity lacerations were made by males, and about one-third (37.8 percent) were made by persons 25–44 years of age.

Table 12 presents injury-related ED visits by the 20 most frequent three-digit principal diagnoses according to a patient's age, sex, and race. The principal diagnosis or problem associated with the patient's most important reason for visit is recorded in item 12 of the Patient Record form, along with any other significant current diagnoses. Up to three diagnoses are coded and classified according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

Overall, ''other open wound of head'' (which excludes injury to the eye and ear, but includes the scalp, face, nose, and mouth) was the diagnosis reported most frequently at injury-related ED visits. It accounted for the largest proportion of visits (14.2 percent) by those under 15 years, as well as for those 65 years and over (8.6 percent of visits).

In table 13, the percent distribution of injury-related ED visits are shown by patient's age, sex, and race according to the 20 most frequent three-digit principal diagnoses. About half (48.2 percent) of the visits with the diagnosis of ''other open wound of head'' were made by persons under 15 years of age and nearly two-thirds (64.9 percent) were made by males.

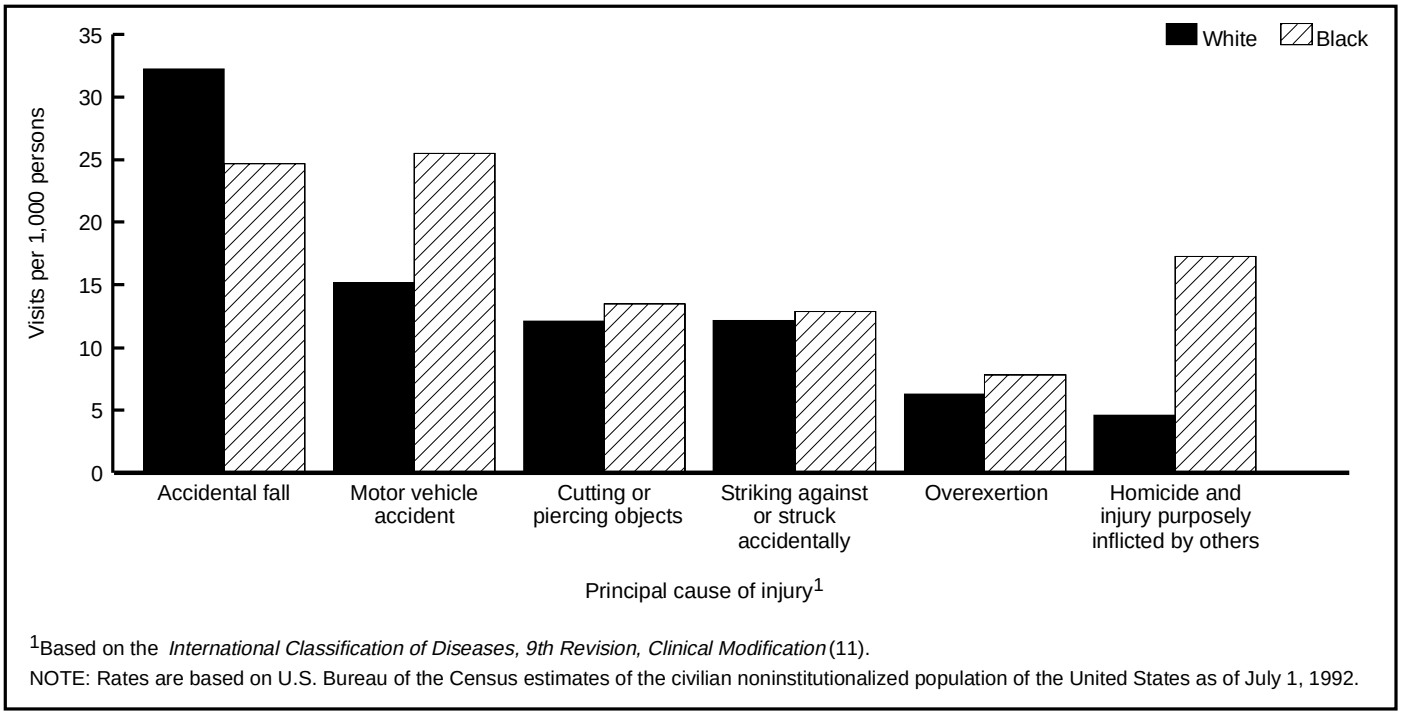
Up to three external causes of injury were coded and classified according to the ICD–9–CM (11). External causes of injury were reported for 84.2 percent of the injury-related visits. For some visits, place of occurrence was reported as the first-listed cause of injury. In cases where this occurred, if there was a valid cause of injury in the second position, the latter was used in place of the former for the purpose of this analysis.

Table 14 shows injury-related ED visits by first-listed cause of injury (classified by ICD–9–CM E-codes) according to patient's age, sex, and race. Accidental falls were the leading cause of injury-related ED visits overall (22.7 percent), and in each age group except 15–24 years. Among injury visits by that group, motor vehicle accidents accounted for 17.9 percent of the total.

In table 15, the percent distribution of injury-related ED visits is shown by patient's age, sex, and race according to principal cause of injury. About one-third (32.8 percent) of all visits precipitated by accidental falls were made by children under the age of 15 years.

Table 16 displays injury-related visits by the top 10 principal causes of injury, according to patient's age, sex, and race. Although accidental falls ranked as the top cause of injury-related ED visits among all age groups but one, the rate of visits varied widely and was highest among persons under 15 years (44.8 visits per 1,000 in 1992) and among those 65 years and over (48.6 visits per 1,000).

Accidents caused by cutting or piercing instruments or objects and striking against or being struck accidentally by objects or persons were the third and fourth leading causes of injury-related ED visits for both males and females, but the rates stood in sharp contrast by sex. Together, these two causes accounted for 16.2 visits per 1,000 females in 1992, compared with 32.7 visits per 1,000 males. ''Homicide and other injury purposely inflicted by others'' was the sixth leading cause of injury visits overall. However, it was the third leading cause for black persons, accounting for 17.3 ED visits per 1,000 persons compared with 4.6 visits per 1,000 white persons (figure 5). Black persons were, therefore, almost four times more likely than white persons to make an ED visit for injuries related to intentional violence by others.



[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (11).

NOTE: Rates are based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

Figure 5. Annual rate of injury-related emergency department visits by the most frequent principal causes of injury and patient's race: United States, 1992

Additional data on injury-related visits to hospital ED's have been published (3).

Alcohol- and drug-related visits

An estimated 4.1 million alcohol- and/or drug-related visits were made to hospital ED's in 1992 (table B). In response to a direct question on the survey form, hospital staff reported 2.5 million alcohol-related ED visits, 1.0 million drug-related visits, and 327,000 visits that were listed as both alcohol and drug related. An additional 340,000 visits, while not recorded as alcohol or drug related in item 14 of the Patient Record form, included principal diagnoses considered to be alcohol or drug related and have been included in the total count. A report containing additional information on alcohol- and drug- related ED visits, as well as a list of the ICD–9–CM codes used in determining whether a visit was alcohol or drug related, has been published (4). It should be noted that NHAMCS estimates of ED visits that are alcohol and/or drug related may actually understate the actual number of such visits. This is because the information used to identify alcohol- and drug- related visits may not always be included on the patient's medical record.

Males had a rate of 20.4 alcohol- and/or drug-related ED visits per 1,000, compared with 12.6 visits per 1,000 females. Corresponding rates for white persons and black persons were 14.6 and 29.7 visits per 1,000, respectively. Black males had the highest risk of making an alcohol- or drug-related ED visit compared with other sex and race groups (4). Alcohol- and drug-related ED visits are shown by patient's age, sex, and race in table 17.

Diagnostic and screening services

Statistics on various diagnostic and screening services ordered or provided by hospital staff during the ED visit are shown by patient's age, sex, and race in table 18. About 9 of every 10 ED visits included one or more diagnostic or screening services (87.9 percent). Blood pressure check was mentioned most frequently, occurring at about three-quarters of the visits (73.7 percent). Other frequently mentioned services included ''other'' blood test (28.7 percent), chest x ray

Table B. Number, percent distribution, and annual rate of emergency department visits by whether visit was alcohol and/or drug related: United States, 1992

Visit characteristic	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[1]
All visits	89,796	100.0	357.1
All alcohol- and/or drug-related visits	4,122	4.6	16.4
Alcohol related	2,459	2.7	9.8
Drug related	996	1.1	4.0
Both alcohol and drug related	327	0.4	1.3
Alcohol- and/or drug-related diagnosis[2]	340	0.4	1.4
All other visits	85,674	95.4	340.7

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[2]Includes visits that were not listed as alcohol or drug related in item 14 of the Patient Record form, but had alcohol and/or drug-related diagnoses as defined in a previous report (4).

NOTE: Numbers may not add to totals because of rounding.

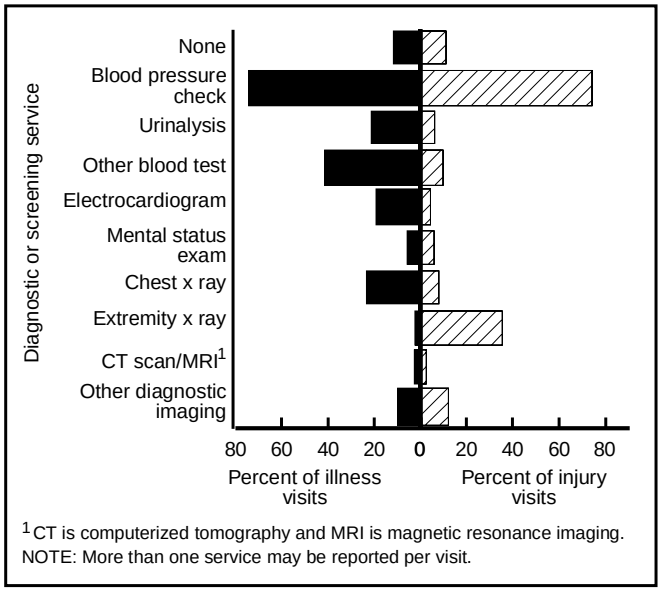


Figure 6. Percent of emergency department visits by major reason for visit, according to selected diagnostic and screening services ordered or provided: United States, 1992

(16.8 percent), urinalysis (15.2 percent), and extremity x ray (15.1 percent). Diagnostic services were reported at 71.8 percent of visits made by children under age 15, compared with 96.9 percent of visits made by persons 75 years and over. Figure 6 shows diagnostic services ordered or provided at illness-related and injury-related ED visits.

In table 19, four diagnostic services—chest x ray, extremity x ray, electrocardiogram, and mental status exam—are shown according to ranked principal reasons for visit. Of the 15.1 million ED visits at which chest x rays were ordered or performed, one-fifth (20.7 percent) occurred at visits for chest pain. Additionally, chest x rays were reported at two-thirds (67.5 percent) of visits for chest pain overall.

Electrocardiograms (EKG's) were reported at three-quarters (75.0 percent) of visits for chest pain, and one-half (51.8 percent) of visits for shortness of breath.

Principal diagnosis

As mentioned earlier, the principal diagnosis or problem associated with the patient's most important reason for the visit is recorded in item 12 of the Patient Record form, along with any other significant current diagnoses. Up to three diagnoses are coded and classified according to the ICD–9–CM (11). Data on principal diagnosis are shown in tables 20–25, using the major disease categories specified by the ICD–9–CM as well as selected three-digit diagnoses. Among the broad diagnostic categories, injury and poisoning accounted for 32.7 percent of all ED visits, and diseases of the respiratory system accounted for 12.1 percent (figure 7).

The 60 most frequently rendered principal diagnoses at ED visits are shown in table 20. These are categorized at the three-digit coding level of the ICD–9–CM and account for 63.4 percent of ED visits. The most commonly recorded diagnosis was suppurative and unspecified otitis media, occurring at 3.5 percent

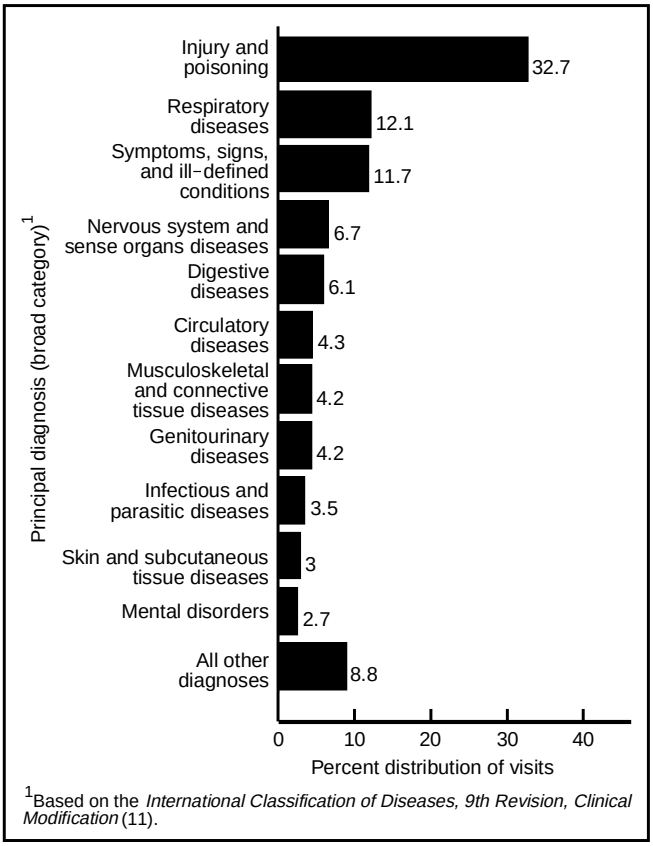


Figure 7. Percent distribution of emergency department visits by principal diagnosis: United States, 1992

of all visits. Table 21 displays the 10 principal diagnoses most frequently rendered by patient's age, sex, and race.

Table 22 shows ED visits by selected principal diagnoses according to patient's age, sex, and race. Injury and poisoning diagnoses accounted for one-third (33.8 percent) of visits by persons under 15 years, and accounted for the largest share of visits in each age group.

Table 23 shows the percent distribution of ED visits by patient's age, sex, and race according to selected principal diagnoses. Of visits with a principal diagnosis of suppurative and unspecified otitis media, 87.7 percent were made by children under 15 years. This age group also accounted for nearly two-thirds (64.7 percent) of visits for acute upper respiratory tract infections and more than one-third (39.4 percent) of visits with a diagnosis of asthma.

In table 24, ranked diagnoses are presented for each of the 10 top reasons given by patients for visiting the ED. Diagnostic services ordered or provided at visits for selected principal diagnoses are shown in table 25.

Procedures

Procedures were performed at 42.3 percent of ED visits (table 26). The most frequently mentioned procedure was the administration of intravenous fluids (14.4 percent of the total). The procedure was performed at 31.9 percent of visits by persons 65–74 years, and at 37.6 percent of visits by persons 75 years and over. Wound care (12.9 percent of

Table C. Number of occurrences and percent of all drug mentions by the 20 most frequent generic substances in drug mentions at emergency department visits: United States, 1992

Generic substance	*Number of occurrences in thousands*[1]	*Percent of all drug mentions*[2]
All generic substances	140,490	. . .
Acetaminophen	16,898	14.4
Ibuprofen	6,729	5.7
Amoxicillin	5,145	4.4
Codeine	4,067	3.5
Albuterol	3,342	2.8
Promethazine	3,236	2.8
Meperidine	3,040	2.6
Ketorolac tromethamine	2,961	2.5
Hydrocodone	2,353	2.0
Erythromycin	2,093	1.8
Lidocaine	1,918	1.6
Diphenhydramine	1,873	1.6
Hydroxyzine	1,840	1.6
Nitroglycerin	1,675	1.4
Oxygen	1,639	1.4
Tetanus toxoid	1,630	1.4
Magnesium antacids	1,589	1.4
Cephalexin	1,588	1.4
Propoxyphene	1,453	1.2
Polymixin B	1,326	1.1

. . . Category not applicable.

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Based on an estimated 117,419,000 drug mentions at visits to emergency departments in 1992.

all ED visits) and orthopedic care (7.9 percent) were also prominent. Wound care was performed at a higher percent of visits by males (17.0 percent) compared with visits by females (9.0 percent).

Medication therapy

About two-thirds of the total (69.1 percent), or 62.1 million ED visits, included a new or continued medication ordered or provided by hospital staff during 1992. Visits with one or more drug mentions are termed ‘‘drug visits’’ in the NHAMCS. As many as five medications or drug mentions could be reported per ED visit, resulting in a total of 117.4 million drug mentions. This yields an average of about 1.9 drugs per drug visit, or 1.3 drugs per ED visit overall.

Table 27 shows data on medication therapy at ED visits by age, sex, and race of the patient. Drug mentions at ED visits are displayed by therapeutic class in tables 28–30. This classification is based on the therapeutic categories used in the National Drug Code Directory, 1985 edition (12). The most frequently mentioned therapeutic class was drugs used for relief of pain (29.8 percent), followed by antimicrobial agents (16.7 percent), and respiratory tract drugs (11.4 percent).

Table C shows the drugs utilized at ED visits by generic ingredients. Acetaminophen was the most frequently occurring generic ingredient, occurring in 14.4 percent of drugs mentioned at ED visits. The top 20 drugs by entry name (the actual entry made by hospital staff on the Patient Record form) are shown in table D. These 20 accounted for more than one-third

Table D. Number, percent distribution, and therapeutic classification of the 20 drugs most often mentioned at emergency department visits, by entry name of drug: United States, 1992

Entry name of drug[1]	*Number of drug mentions in thousands*	*Percent distribution*	*Therapeutic classification*[2]
All drug mentions	117,419	100.0	. . .
Tylenol	8,334	7.1	Drugs used for relief of pain
Motrin	3,574	3.0	Drugs used for relief of pain
Amoxicillin	3,210	2.7	Antimicrobial agents
Toradol	2,961	2.5	Drugs used for relief of pain
Phenergan	2,873	2.4	Respiratory tract drugs
Demerol	2,825	2.4	Drugs used for relief of pain
Tylenol No. 3	2,476	2.1	Drugs used for relief of pain
Benadryl	1,819	1.5	Respiratory tract drugs
Oxygen	1,639	1.4	Anesthetic drugs
Vistaril	1,619	1.4	Psychopharmacologic drugs
Keflex	1,399	1.2	Antimicrobial agents
Vicodin	1,375	1.2	Drugs used for relief of pain
Advil	1,349	1.1	Drugs used for relief of pain
Proventil	1,325	1.1	Respiratory tract drugs
Darvocet-N	1,322	1.1	Drugs used for relief of pain
Diphtheria Tetanus Toxoids	1,291	1.1	Immunologic agents
Amoxil	1,255	1.1	Antimicrobial agents
Lasix	1,204	1.0	Cardiovascular-renal drugs
Rocephin	1,133	1.0	Antimicrobial agents
Ibuprofen	1,088	0.9	Drugs used for relief of pain
All other mentions	75,568	64.4	. . .

. . . Category not applicable.

[1]The entry made by the hospital staff on the prescription or other medical records. This may be a trade name, generic name, or desired therapeutic effect.

[2]Based on the National Drug Code Directory, 1985 edition (12). In cases where a drug had more than one therapeutic use, it was listed under the NDC classification that occurred with the greatest frequency.

NOTE: Numbers may not add to totals because of rounding.

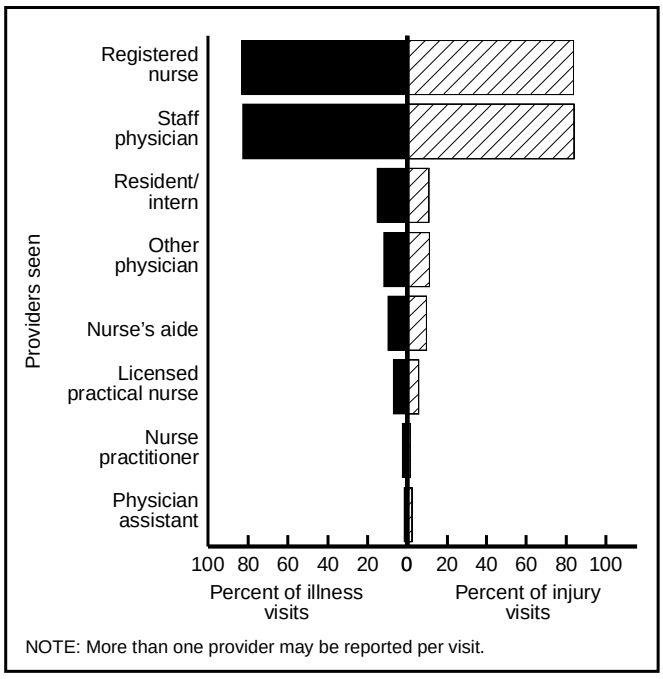


Figure 8. Percent of emergency department visits by major reason for visit, according to providers seen: United States, 1992

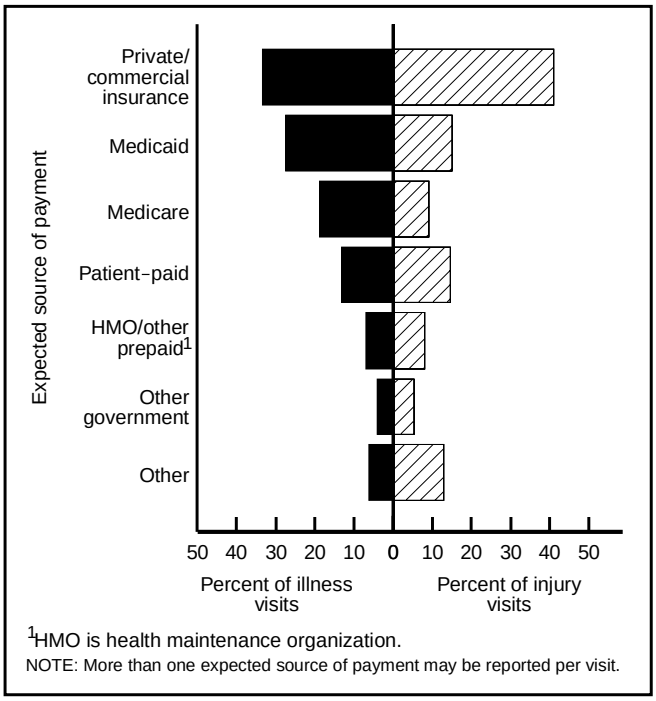


Figure 9. Percent of emergency department visits by major reason for visit, according to expected source of payment: United States, 1992

of all ED drug mentions (35.6 percent), and nearly half (9 out of 20) were agents of pain relief.

Table 31 shows ED visits by medication therapy for selected principal diagnoses. Medication therapy was ordered or provided at 93.8 percent of visits at which otitis media was the principal diagnosis.

Providers seen

About 8 of 10 ED visits were attended by a registered nurse (83.1 percent). In addition, staff physicians saw patients at 82.5 percent of ED visits. Data on providers seen at ED visits are shown by age, sex, and race in table 32, and by major reason for visit in figure 8.

Interestingly, there were an estimated 3.2 million ED visits not attended by any type of physician. Providers seen at these visits most often included registered nurses (87.1 percent), physician assistants (20.5 percent), and nurse practitioners (17.5 percent). These visits were more likely to be followup visits than were visits attended by a physician, and were more likely to be made for diagnostic or treatment reasons. About 13 percent included the disposition ''Left against medical advice'' compared with only 1 percent of ED visits in general (data not shown).

Expected source of payment

Expected sources of payment at ED visits were most often ''private/commercial insurance'' (36.0 percent), Medicaid (22.7 percent), and Medicare (15.1 percent). ''Patient-paid'' and ''HMO/other prepaid plan'' were mentioned at 13.8 percent and 7.3 percent of ED visits, respectively. Hospital staff were asked to record all expected sources of payment, so that more than one source could be reported per visit. The patient-paid category includes the patient's contribution toward ''co-payments'' and ''deductibles.'' Data on expected sources of payment are shown by patient's age, sex, and race in table 33. Four of every 10 ED visits by children under 15 years included Medicaid as an expected source of payment.

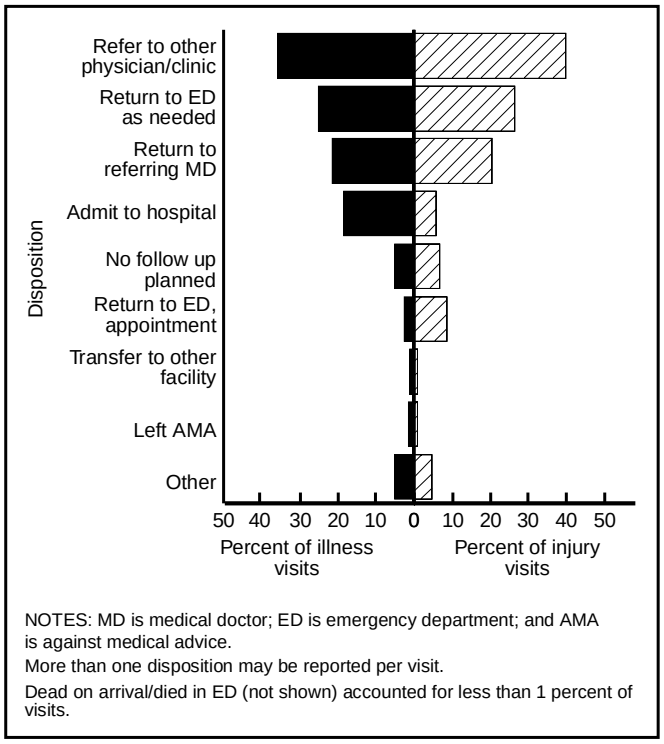
Visits by expected sources of payment according to major reason for visit are shown in figure 9. ''Private/commercial insurance'' was the expected pay source at four-tenths (41.4 percent) of injury visits and one-third (33.4 percent) of illness visits. Medicaid was expected to pay for more than one-quarter (27.5 percent) of illness visits compared with 14.3 percent of injury visits.

Visit disposition

More than one-third of ED visits resulted in a referral to another physician or clinic (37.0 percent). While 13.5 percent of all ED visits resulted in admission to the hospital, this was more likely for illness visits (18.2 percent) than injury visits (5.4 percent) (figure 10). Data on disposition of visit are shown by patient's age, sex, and race in table 34.

Facility characteristics

About two-thirds (65.8 percent) of ED visits occurred in voluntary, nonprofit hospitals. One-fifth (21.1 percent) occurred in proprietary facilities, and 13.1 percent were made to non-Federal government hospitals. The rate of visits to each of these facility types was 234.9, 46.8, and 75.5 visits per 1,000

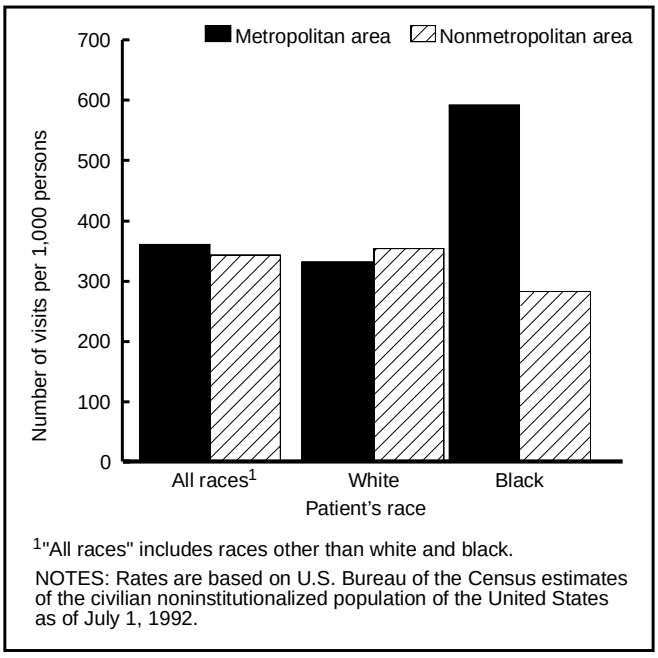


NOTES: MD is medical doctor; ED is emergency department; and AMA is against medical advice.

More than one disposition may be reported per visit.

Dead on arrival/died in ED (not shown) accounted for less than 1 percent of visits.

Figure 10. Percent of emergency department visits by major reason for visit, according to disposition of visit: United States, 1992



[1]"All races" includes races other than white and black.

NOTES: Rates are based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

Figure 11. Annual rate of emergency department visits by patient's race, according to location of hospital: United States, 1992

persons, respectively. Table 35 shows visit data by facility ownership according to metropolitan or nonmetropolitan location and patient's race.

Overall, black persons visited ED's at a rate of 592.0 visits per 1,000 in metropolitan areas compared with 283.9 visits per 1,000 in nonmetropolitan areas. In contrast, white persons made 331.5 visits per 1,000 persons in metropolitan areas and 353.0 visits per 1,000 in nonmetropolitan areas (figure 11). Black persons made 134.9 visits per 1,000 to non-Federal government facilities in metropolitan areas compared with only 30.6 visits per 1,000 white persons.

Data on ED visits for each of the three types of facility are presented by expected source(s) of payment and by disposition of visit in tables 36 and 37.

Urgency of visit

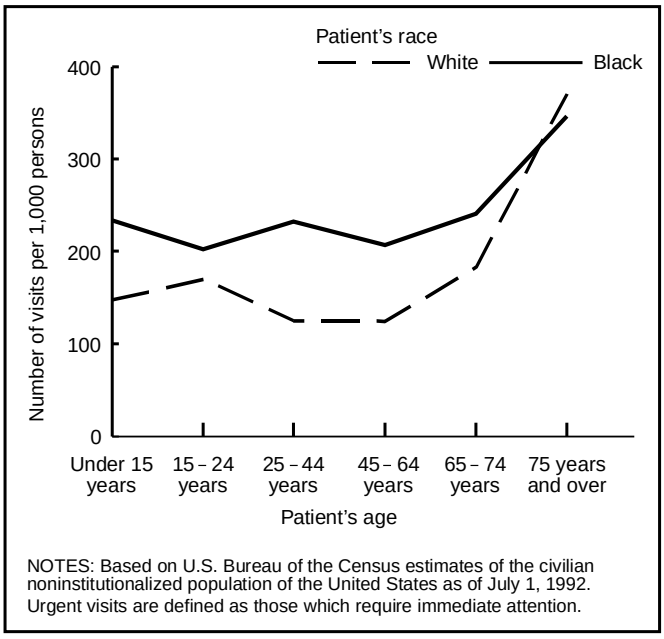
Much recent literature has focused on the increasing use of hospital emergency departments for medical conditions deemed to be nonurgent in nature (13–21). According to one study, ''the emergency department has become part primary care physician and part social worker to many Americans'' (22). But definitions of urgent or emergent care may vary. According to the American College of Emergency Physicians (ACEP),

> Emergency services are those health care services provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in 1) placing the patient's health in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily part or organ.

The emphasis above is on a prospective determination of the need for emergency services, rather than on a retrospective assessment by hospital staff based upon diagnosis of the patient's presenting problem.

The NHAMCS included an item on urgency to better understand the continuum of care provided by hospital ED's. For the survey, urgent visits were defined in the instructions given to sample hospitals as those meeting the following conditions: ''Patient requires immediate attention for acute illness or injury that threatens life or function. Delay would be harmful to the patient.'' Nonurgent visits were defined as those in which ''patient does not require attention immediately or within a few hours.''

The definition of urgency used in the NHAMCS does not directly address visits for symptoms that would cause a ''prudent layperson'' to seek emergency care, but for which it was later determined that emergency care was not necessary. Such visits would be considered urgent based on the definition used by the American College of Emergency Physicians, but would not be so categorized using a literal interpretation of the NHAMCS definition. An informal followup of 1994 NHAMCS respondents indicated that many ED's were basing their determination of urgency on the patient's symptoms, while other ED's based them on the physician's diagnosis or the treatment provided. Despite the uncertainties related to the manner in which these data were collected, they are useful for examining the complex issues surrounding urgency of care.



NOTES: Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992. Urgent visits are defined as those which require immediate attention.

Figure 12. Annual rate of urgent emergency department visits by patient's age and race: United States, 1992

There are many other factors influencing one's decision to seek treatment at an ED. These include the lack of a regular source of medical care, lack of health insurance, lack of transportation, need for after-hours care, exposure to violence, lack of education, dependency on others, lack of a telephone, and other barriers to care (23). It is important to acknowledge this continuing debate concerning the relationship between urgency of visit and appropriateness of ED utilization, and to avoid equating urgent visits as defined in the NHAMCS with appropriate visits to hospital ED's. A comprehensive picture of urgency and appropriateness must take into account other factors such as the patient's subjective reasons for visiting the ED, nature and severity of the patient's symptoms, and issues of access to and availability of alternate source of outpatient care. Analyses are currently being conducted to better understand the urgency data collected in the NHAMCS and to modify how the data are collected in future surveys. Additional data on urgency using NHAMCS data have been published (25,26).

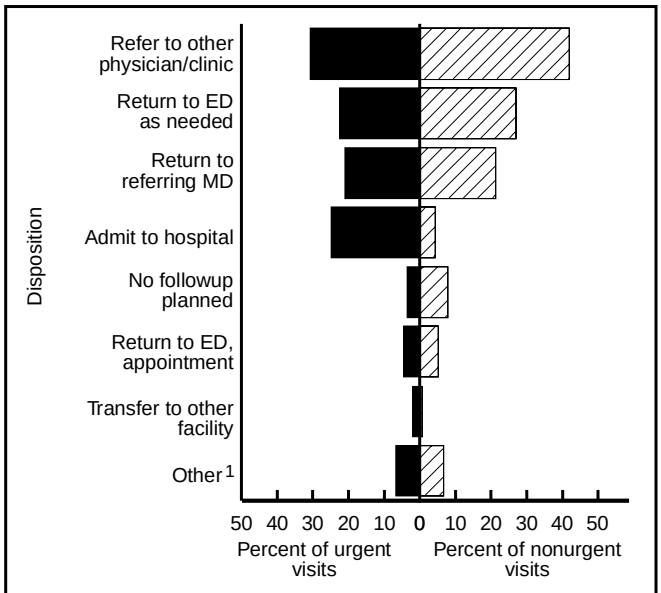
Based on the NHAMCS definition of urgency, the majority (55.4 percent) of ED visits were reported to be nonurgent in nature, and 44.6 percent were urgent/emergent (table 38). When compared with five other age categories, persons 75 years and over had the highest urgent visit rate (366.3 visits per 1,000 persons). Persons 15–24 years of age had a higher rate of nonurgent visits (263.1 visits per 1,000 persons) than any other age group except those under 15 years of age. There was no significant difference between urgent and nonurgent visit rates by sex. White persons made 153.2 urgent ED visits per 1,000 persons during the year compared with 227.5 urgent visits per 1,000 black persons (figure 12). This underscores the fact that black persons are at greater risk for emergency medical problems. In addition, there were 183.2 nonurgent visits per 1,000 white persons compared with 317.6 nonurgent visits per 1,000 black persons over the same period.

Data on urgency and major reason for visit as reported by hospital staff are shown in table 39. Almost half of all illness-related and injury-related visits were judged urgent (44.2 percent and 46.2 percent, respectively). As one would expect, a much smaller proportion of followup visits were reported to be urgent.

Table 40 shows data on urgency and patient's principal reason for visit. Of 23 selected principal reasons for ED visits, nine were judged to be urgent visits at least half of the time. These reasons were chest pain; lacerations and cuts of upper extremity, shortness of breath; vomiting; laceration and cuts of facial area; labored or difficult breathing; head, neck, and face injury; asthma; and wheezing. On the other hand, although reasons such as head cold, throat symptoms, and earache were reported as nonurgent visits in the majority of cases, as many as one-fifth to one-quarter were designated as urgent by hospital staff.

Table 41 displays the 25 most frequently mentioned principal reasons for visit for urgent and nonurgent visits. About half of the most frequent reasons for urgent visits also appear on the list of the most frequent reasons for nonurgent visits. For example, chest pain was the most frequently mentioned reason for visits that were determined by hospital staff to be urgent in nature, reported at 8.5 percent of all urgent visits. However, chest pain was listed as the eighth most frequent reason for nonurgent visits, accounting for 2.4 percent of that total.

Table 42 shows the percent distribution of selected ED visits by urgency according to selected principal diagnoses.



[1] Includes "Left against medical advice" and "dead on arrival/died in emergency department" (each accounting for 1 percent or less of all emergency department visits), and "other."

NOTES: More than one disposition may be reported per visit. ED is emergency department and MD is medical doctor.

Figure 13. Percent of urgent and nonurgent emergency department visits by disposition of visit: United States, 1992

Interestingly, four-fifths of the visits with circulatory disease diagnoses were reported to be urgent by hospital staff, but as many as one-fifth were reported to be nonurgent.

Data on ED visits by providers seen, according to urgency of visit, are shown in table 43. A significantly higher proportion of urgent visits was attended by a staff physician (85.0 percent) compared with nonurgent visits (80.5 percent).

Table 44 shows data on expected sources of payment according to urgency of visit. About one-fifth (20.4 percent) of urgent visits listed Medicare as an expected source of payment compared with only 10 percent of nonurgent visits, which might be expected considering the high rate of urgent visits among older persons.

As expected, urgent visits were more likely to result in admission to the hospital compared with nonurgent visits. About one-quarter (24.9 percent) of urgent visits resulted in hospital admission compared with 4.3 percent of nonurgent visits (figure 13). Furthermore, urgent visits that were illness related were more likely to result in hospital admission than urgent visits that were injury related. About one-third (34.1 percent) of urgent illness visits resulted in hospital admission compared with about one-tenth (11.0 percent) of urgent injury visits (figure 14).

Measurement of the urgency of hospital ED visits is a complicated and controversial task. The NHAMCS continues to refine this measure, based upon current research, ongoing consultation with health care experts, and experience gained through conducting the annual survey.

For the 1995 and 1996 NHAMCS, an item was added to the Patient Record form to collect the time of the ED visit. Data collected in this item will be used to determine, in part, how many ‘‘nonurgent’’ visits are the result of a need for after-hours care by the patient. Proposed changes for the 1997–98 NHAMCS include replacing the current item on urgency with a four-point time scale indicating the perceived need for immediacy with which the patient should be seen as determined at time of triage, and adding a measure of the severity of the patient’s pain upon presentation to the ED. Also, a new item on mode of arrival to the ED has been proposed. It is hoped that the data collected by these items will provide a better understanding of the complex nature of hospital ED visits.

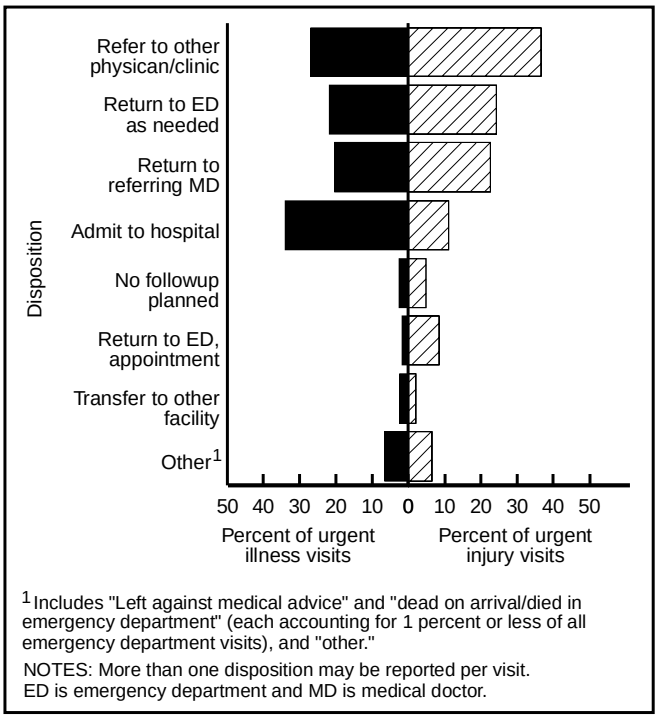


Figure 14. Percent of urgent illness- and injury-related emergency department visits by disposition of visit: United States, 1992

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List of detailed tables

Other visit characteristics

Facility characteristics

Urgency of visit

Table 1. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, and race: United States, 1992

Patient characteristic	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[1]
All visits	89,796	100.0	357.1
Age			
Under 15 years	22,523	25.1	399.0
15–24 years	14,848	16.5	431.8
25–44 years	27,240	30.3	334.9
45–64 years	12,509	13.9	257.9
65–74 years	5,806	6.5	314.3
75 years and over	6,871	7.7	557.6
Sex and age			
Female	46,612	51.9	360.6
Under 15 years	10,196	11.4	370.1
15–24 years	8,051	9.0	465.7
25–44 years	14,045	15.6	339.8
45–64 years	6,629	7.4	263.1
65–74 years	3,350	3.7	328.6
75 years and over	4,342	4.8	563.5
Male	43,184	48.1	353.4
Under 15 years	12,327	13.7	426.7
15–24 years	6,797	7.6	397.5
25–44 years	13,195	14.7	329.9
45–64 years	5,880	6.5	252.3
65–74 years	2,456	2.7	296.8
75 years and over	2,529	2.8	547.8
Race and age			
White	70,478	78.5	336.5
Under 15 years	16,878	18.8	375.2
15–24 years	11,598	12.9	422.1
25–44 years	20,579	22.9	303.9
45–64 years	10,134	11.3	242.8
65–74 years	5,017	5.6	306.2
75 years and over	6,272	7.0	562.3
Black	17,150	19.1	545.1
Under 15 years	5,132	5.7	573.1
15–24 years	2,877	3.2	564.1
25–44 years	5,840	6.5	596.2
45–64 years	2,111	2.4	423.0
65–74 years	685	0.8	416.5
75 years and over	505	0.6	516.8
All other races[2]	2,168	2.4	206.1

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[2]Includes Asians/Pacific Islanders and American Indians/Eskimos/Aleuts.

Table 2. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, and race, according to geographic region of visit: United States, 1992

Patient characteristic	All regions	Geographic region of visit			
		Northeast	Midwest	South	West
Age		Number of visits in thousands			
All ages	89,796	16,950	25,790	29,542	17,514
Under 15 years	22,523	3,658	6,740	7,792	4,334
15–24 years	14,848	2,821	4,476	4,572	2,978
25–44 years	27,240	5,281	7,558	8,723	5,678
45–64 years	12,509	2,541	3,474	4,183	2,312
65–74 years	5,806	1,247	1,557	1,924	1,077
75 years and over	6,871	1,402	1,985	2,348	1,135
Sex					
Female	46,612	8,641	13,093	15,700	9,179
Male	43,184	8,309	12,697	13,842	8,336
Race[1]					
White	70,478	13,404	20,433	21,078	15,563
Black	17,150	2,883	4,888	8,258	1,120
Age		Percent distribution			
All ages	100.0	100.0	100.0	100.0	100.0
Under 15 years	25.1	21.6	26.1	26.4	24.7
15–24 years	16.5	16.6	17.4	15.5	17.0
25–44 years	30.3	31.2	29.3	29.5	32.4
45–64 years	13.9	15.0	13.5	14.2	13.2
65–74 years	6.5	7.4	6.0	6.5	6.1
75 years and over	7.7	8.3	7.7	7.9	6.5
Sex					
Female	51.9	51.0	50.8	53.1	52.4
Male	48.1	49.0	49.2	46.9	47.6
Race[1]					
White	78.5	79.1	79.2	71.3	88.9
Black	19.1	17.0	19.0	28.0	6.4
Age		Number of visits per 1,000 persons[2]			
All ages	357.1	339.0	419.5	349.9	315.3
Under 15 years	399.0	350.8	492.9	409.8	325.1
15–24 years	431.8	443.4	508.6	393.3	392.0
25–44 years	334.9	325.9	382.5	324.2	307.6
45–64 years	257.9	249.4	295.6	257.2	224.5
65–74 years	314.3	307.6	356.1	300.1	296.5
75 years and over	557.6	506.6	637.0	558.7	507.8
Sex					
Female	360.6	333.7	413.3	360.7	325.9
Male	353.4	344.7	426.1	338.5	304.3
Race[1]					
White	336.5	312.1	379.0	320.5	332.2
Black	545.1	534.3	761.5	485.3	426.2

[1]Estimates for races other than white and black have been omitted because of small sample sizes.

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 3. Number, percent distribution, and annual rate of emergency department visits by major reason for visit, according to patient's age, sex, and race: United States, 1992

Patient characteristic	Major reason for visit								
	All visits	Illness related[1]			Injury related[2]				Other and unknown reason[3]
		Total	First visit	Followup visit	Total	First visit	Followup visit	Unknown	
	Number of visits in thousands								
All ages	89,796	50,931	48,224	2,707	33,950	29,856	3,308	787	4,915
Under 15 years	22,523	13,156	12,580	576	8,714	7,707	779	228	653
15–24 years	14,848	7,146	6,760	387	6,937	6,149	596	192	765
25–44 years	27,240	14,082	13,212	870	11,277	9,805	1,247	225	1,881
45–64 years	12,509	7,716	7,264	452	3,959	3,461	418	80	834
65–74 years	5,806	3,967	3,764	203	1,458	1,270	163	*	381
75 years and over	6,871	4,864	4,644	220	1,604	1,463	104	*	402
Sex									
Female	46,612	28,972	27,432	1,540	14,812	13,143	1,287	382	2,828
Male	43,184	21,959	20,791	1,168	19,138	16,712	2,021	405	2,087
Race[4]									
White	70,478	38,790	36,823	1,967	28,154	24,906	2,647	602	3,534
Black	17,150	10,984	10,305	679	4,987	4,250	573	164	1,179
Age	Percent distribution								
All ages	100.0	56.7	53.7	3.0	37.8	33.2	3.7	0.9	5.5
Under 15 years	100.0	58.4	55.9	2.6	38.7	34.2	3.5	1.0	2.9
15–24 years	100.0	48.1	45.5	2.6	46.7	41.4	4.0	1.3	5.1
25–44 years	100.0	51.7	48.5	3.2	41.4	36.0	4.6	0.8	6.9
45–64 years	100.0	61.7	58.1	3.6	31.6	27.7	3.3	0.6	6.7
65–74 years	100.0	68.3	64.8	3.5	25.1	21.9	2.8	*	6.6
75 years and over	100.0	70.8	67.6	3.2	23.3	21.3	1.5	*	5.9
Sex									
Female	100.0	62.2	58.9	3.3	31.8	28.2	2.8	0.8	6.1
Male	100.0	50.8	48.1	2.7	44.3	38.7	4.7	0.9	4.8
Race[4]									
White	100.0	55.0	52.2	2.8	39.9	35.3	3.8	0.9	5.0
Black	100.0	64.0	60.1	4.0	29.1	24.8	3.3	1.0	6.9
Age	Number of visits per 1,000 persons[5]								
All ages	357.1	202.6	191.8	10.8	135.0	118.7	13.2	3.1	19.5
Under 15 years	399.0	233.1	222.9	10.2	154.4	136.6	13.8	4.0	11.6
15–24 years	431.8	207.8	196.6	11.2	201.7	178.8	17.3	5.6	22.2
25–44 years	334.9	173.2	162.5	10.7	138.7	120.6	15.3	2.8	23.1
45–64 years	257.9	159.1	149.8	9.3	81.6	71.4	8.6	1.7	17.2
65–74 years	314.3	214.8	203.8	11.0	79.0	68.8	8.8	*	20.6
75 years and over	557.6	394.7	376.9	17.8	130.2	118.7	8.5	*	32.7
Sex									
Female	360.6	224.1	212.2	11.9	114.6	101.7	10.0	3.0	21.9
Male	353.4	179.7	170.2	9.6	156.6	136.8	16.5	3.3	17.1
Race[4]									
White	336.5	185.2	175.8	9.4	134.4	118.9	12.6	2.9	16.9
Black	545.1	349.1	327.5	21.6	158.5	135.1	18.2	5.2	37.5

* Figure does not meet standard of reliability or precision.

[1]Includes visits described as illness related in item 9 of the Patient Record form which did not have a specified cause of injury in item 10.

[2]Includes all visits described as injury related in item 9 or with a cause of injury specified in item 10. Three percent of the 52,528,000 visits described as "illness related" in item 9 reported a cause of injury in item 10, and 14 percent of the 5,701,000 visits made for other or unspecified reasons in item 9 reported a cause of injury in item 10.

[3]Includes preadmission examination. First or followup visit status was not collected for these visits.

[4]Estimates for races other than white and black have been omitted because of small sample sizes.

[5]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 4. Number and percent distribution of emergency department visits by patient's principal reason for visit, according to patient's age, sex, and race: United States, 1992

Principal reason for visit and RVC code[1]	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
Symptom module S001–S999	64,048	15,631	10,263	18,889	9,158	4,636	5,471	35,355	28,693	49,812	12,698
General symptoms S001–S099	13,614	3,873	1,385	3,303	2,301	1,189	1,563	7,098	6,517	10,708	2,597
Symptoms referable to psychological/mental disorders S100–S199	1,399	266	183	597	164	64	123	669	729	1,043	278
Symptoms referable to the nervous system (excluding sense organs) S200–S259	5,350	520	879	1,998	1,009	427	516	3,069	2,281	4,174	994
Symptoms referable to the cardiovascular/ lymphatic system S260–S299	659	*	*	193	133	118	102	406	253	560	88
Symptoms referable to the eyes and ears S300–S399	3,426	1,512	496	977	286	72	*	1,753	1,673	2,610	748
Symptoms referable to the respiratory system S400–S499	10,333	3,687	1,230	2,258	1,239	976	943	5,817	4,516	7,853	2,256
Symptoms referable to the digestive system S500–S639	10,359	2,483	2,061	2,908	1,351	692	865	6,121	4,238	8,000	2,124
Symptoms referable to the genitourinary system S640–S829	3,131	264	1,005	1,149	315	153	244	2,304	827	2,220	833
Symptoms referable to the skin, hair, and nails S830–S899	2,453	1,006	355	603	257	137	96	1,184	1,269	1,838	551
Symptoms referable to the musculoskeletal system S900–S999	13,324	1,967	2,607	4,904	2,104	808	934	6,933	6,391	10,807	2,230
Disease module D001–D999	2,828	488	388	1,046	549	179	179	1,561	1,266	2,004	754
Diagnostic, screening, and preventive module X100–X599	754	116	134	289	107	*	*	451	302	545	196
Treatment module T100–T899	2,364	513	325	884	380	159	102	973	1,391	1,852	457
Injuries and adverse effects module J001–J999	18,261	5,389	3,473	5,654	2,117	679	949	7,517	10,744	15,045	2,778
Other[3]	1,542	386	264	479	199	92	122	755	787	1,219	266
	Percent distribution										
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module S001–S999	71.3	69.4	69.1	69.3	73.2	79.9	79.6	75.8	66.4	70.7	74.0
General symptoms S001–S099	15.2	17.2	9.3	12.1	18.4	20.5	22.8	15.2	15.1	15.2	15.1
Symptoms referable to psychological/mental disorders S100–S199	1.6	1.2	1.2	2.2	1.3	1.1	1.8	1.4	1.7	1.5	1.6
Symptoms referable to the nervous system (excluding sense organs) S200–S259	6.0	2.3	5.9	7.3	8.1	7.4	7.5	6.6	5.3	5.9	5.8
Symptoms referable to the cardiovascular/lymphatic system S260–S299	0.7	*	*	0.7	1.1	2.0	1.5	0.9	0.6	0.8	0.5
Symptoms referable to the eyes and ears S300–S399	3.8	6.7	3.3	3.6	2.3	1.2	*	3.8	3.9	3.7	4.4
Symptoms referable to the respiratory system S400–S499	11.5	16.4	8.3	8.3	9.9	16.8	13.7	12.5	10.5	11.1	13.2
Symptoms referable to the digestive system S500–S639	11.5	11.0	13.9	10.7	10.8	11.9	12.6	13.1	9.8	11.4	12.4
Symptoms referable to the genitourinary system S640–S829	3.5	1.2	6.8	4.2	2.5	2.6	3.6	4.9	1.9	3.2	4.9
Symptoms referable to the skin, hair, and nails S830–S899	2.7	4.5	2.4	2.2	2.1	2.4	1.4	2.5	2.9	2.6	3.2
Symptoms referable to the musculoskeletal system S900–S999	14.8	8.7	17.6	18.0	16.8	13.9	13.6	14.9	14.8	15.3	13.0
Disease module D001–D999	3.1	2.2	2.6	3.8	4.4	3.1	2.6	3.3	2.9	2.8	4.4
Diagnostic, screening, and preventive module X100–X599	0.8	0.5	0.9	1.1	0.9	*	*	1.0	0.7	0.8	1.1
Treatment module T100–T899	2.6	2.3	2.2	3.2	3.0	2.7	1.5	2.1	3.2	2.6	2.7
Injuries and adverse effects module J001–J999	20.3	23.9	23.4	20.8	16.9	11.7	13.8	16.1	24.9	21.3	16.2
Other[3]	1.7	1.7	1.8	1.8	1.6	1.6	1.8	1.6	1.8	1.7	1.5

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Includes test results module (R100–R700), administrative module (A100–A140), and other reasons (U990–U999). ''Other'' includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

Table 5. Number, percent distribution, and annual rate of emergency department visits by the 60 principal reasons for visit most often mentioned by patients: United States, 1992

Rank	Reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution	Number of visits per 1,000 persons per year[2]
. . .	All visits	89,796	100.0	357.1
1	Stomach and abdominal pain, cramps, and spasms S545	4,955	5.5	19.7
2	Chest pain and related symptoms (not referable to body system) S050	4,625	5.2	18.4
3	Fever S010	3,678	4.1	14.6
4	Headache, pain in head S210	2,545	2.8	10.1
5	Lacerations and cuts of upper extremity J225	2,347	2.6	9.3
6	Shortness of breath S415	2,025	2.3	8.1
7	Cough S440	1,997	2.2	7.9
8	Back symptoms S905	1,959	2.2	7.8
9	Symptoms referable to throat S455	1,957	2.2	7.8
10	Vomiting S530	1,877	2.1	7.5
11	Pain, site not referable to specific body system S055	1,812	2.0	7.2
12	Earache or ear infection S355	1,614	1.8	6.4
13	Lacerations and cuts of facial area J210	1,485	1.7	5.9
14	Hand and finger symptoms S960	1,390	1.5	5.5
15	Neck symptoms S900	1,325	1.5	5.3
16	Skin rash S860	1,305	1.5	5.2
17	Labored or difficult breathing (dyspnea) S420	1,239	1.4	4.9
18	Leg symptoms S920	1,154	1.3	4.6
19	Knee symptoms S925	1,102	1.2	4.4
20	Foot and toe symptoms S935	1,085	1.2	4.3
21	Head, neck, and face injury, type unspecified J505	1,078	1.2	4.3
22	Vertigo-dizziness S225	1,066	1.2	4.2
23	Low back symptoms S910	1,061	1.2	4.2
24	Hand and finger(s) injury, type unspecified J570	996	1.1	4.0
25	Shoulder symptoms S940	923	1.0	3.7
26	Nausea S525	909	1.0	3.6
27	Ankle symptoms S930	891	1.0	3.5
28	Arm symptoms S945	868	1.0	3.5
29	Pain and related symptoms, generalized, site unspecified S060	827	0.9	3.3
30	Convulsions S205	796	0.9	3.2
31	Suture-insertion, removal T555	755	0.8	3.0
32	Head cold, upper respiratory infection (coryza) S445	751	0.8	3.0
33	Lacerations and cuts of the head and neck area J205	733	0.8	2.9
34	Accident, not otherwise specified J810	700	0.8	2.8
35	Nasal congestion S400	686	0.8	2.7
36	Wrist symptoms S955	660	0.7	2.6
37	Abnormal sensations of the eye S320	654	0.7	2.6
38	Unconscious on arrival J840	631	0.7	2.5
39	Asthma D625	613	0.7	2.4
40	General weakness S020	600	0.7	2.4
41	Lacerations and cuts of the lower extremity J220	594	0.7	2.4
42	Diarrhea S595	577	0.6	2.3
43	Lacerations and cuts, site unspecified J230	563	0.6	2.2
44	Motor vehicle accident, type of injury unspecified J805	539	0.6	2.1
45	Uterine and vaginal bleeding S755	502	0.6	2.0
46	Abnormal pulsations and palpitations S260	499	0.6	2.0
47	Hip symptoms S915	497	0.6	2.0
48	Painful urination S650	496	0.6	2.0
49	Fainting (syncope) S030	488	0.5	1.9
50	Wheezing S425	486	0.5	1.9
51	Problems of pregnancy S790	480	0.5	1.9
52	Symptoms of teeth and gums S500	477	0.5	1.9
53	Disturbances of sensations S220	469	0.5	1.9
54	Migraine headache D365	460	0.5	1.8
55	Violence, not otherwise specified J815	441	0.5	1.8
56	Ankle injury, type unspecified J540	437	0.5	1.7
57	Foot and toe(s) injury, type unspecified J545	433	0.5	1.7
58	Insect bite J755	431	0.5	1.7
59	Depression S110	418	0.5	1.7
60	Other symptoms of nose S405	415	0.5	1.7
. . .	All other reasons	22,421	25.0	89.2

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 6. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal reasons for visit: United States, 1992

Selected patient characteristic, principal reason for visit, and RVC code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Age			
All ages:			
All visits	89,796	100.0	357.1
Stomach and abdominal pain, cramps, and spasms S545	4,955	5.5	19.7
Chest pain and related symptoms (not referable to body system) S050	4,625	5.2	18.4
Fever S010	3,678	4.1	14.6
Headache, pain in head S210	2,545	2.8	10.1
Lacerations and cuts of upper extremity J225	2,347	2.6	9.3
Shortness of breath S415	2,025	2.3	8.1
Cough S440	1,997	2.2	7.9
Back symptoms S905	1,959	2.2	7.8
Symptoms referable to throat S455	1,957	2.2	7.8
Vomiting S530	1,877	2.1	7.5
All other reasons	61,831	68.9	245.9
Under 15 years:			
All visits	22,523	100.0	399.0
Fever S010	2,852	12.7	50.5
Cough S440	1,096	4.9	19.4
Vomiting S530	962	4.3	17.0
Earache or ear infection S355	942	4.2	16.7
Lacerations and cuts of facial area J210	741	3.3	13.1
Skin rash S860	637	2.8	11.3
Stomach and abdominal pain, cramps, and spasms S545	611	2.7	10.8
Symptoms referable to throat S455	563	2.5	10.0
Nasal congestion S400	460	2.0	8.1
Head, neck, and face injury, type unspecified J505	415	1.8	7.4
All other reasons	13,243	58.8	234.6
15–24 years:			
All visits	14,848	100.0	431.8
Stomach and abdominal pain, cramps, and spasms S545	1,222	8.2	35.5
Lacerations and cuts of upper extremity J225	619	4.2	18.0
Symptoms referable to throat S455	502	3.4	14.6
Headache, pain in head S210	497	3.3	14.4
Chest pain and related symptoms (not referable to body system) S050	399	2.7	11.6
Back symptoms S905	392	2.6	11.4
Pain, site not referable to specific body system S055	349	2.4	10.2
Hand and finger symptoms S960	346	2.3	10.1
Neck symptoms S900	305	2.1	8.9
Ankle symptoms S930	267	1.8	7.8
All other reasons	9,950	67.0	289.4
25–44 years:			
All visits	27,240	100.0	334.9
Stomach and abdominal pain, cramps, and spasms S545	1,759	6.5	21.6
Chest pain and related symptoms (not referable to body system) S050	1,348	4.9	16.6
Headache, pain in head S210	1,154	4.2	14.2
Lacerations and cuts of upper extremity J225	880	3.2	10.8
Back symptoms S905	875	3.2	10.8
Pain, site not referable to specific body system S055	739	2.7	9.1
Symptoms referable to throat S455	686	2.5	8.4
Neck symptoms S900	583	2.1	7.2
Low back symptoms S910	541	2.0	6.7
Hand and finger symptoms S960	495	1.8	6.1
All other reasons	18,180	66.7	223.5
45–64 years:			
All visits	12,509	100.0	257.9
Chest pain and related symptoms (not referable to body system) S050	1,294	10.3	26.7
Stomach and abdominal pain, cramps, and spasms S545	706	5.6	14.5
Headache, pain in head S210	421	3.4	8.7
Shortness of breath S415	380	3.0	7.8
Pain, site not referable to specific body system S055	374	3.0	7.7

Table 6. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal reasons for visit: United States, 1992—Con.

Selected patient characteristic, principal reason for visit, and RVC code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
45–64 years:—Con.			
Back symptoms . . . S905	348	2.8	7.2
Lacerations and cuts of upper extremity . . . J225	342	2.7	7.1
Leg symptoms . . . S920	248	2.0	5.1
Vertigo-dizziness . . . S225	244	2.0	5.0
Knee symptoms . . . S925	219	1.8	4.5
All other reasons . . .	7,934	63.4	163.6
65–74 years:			
All visits . . .	5,806	100.0	314.3
Chest pain and related symptoms (not referable to body system) . . . S050	653	11.3	35.4
Shortness of breath . . . S415	488	8.4	26.4
Stomach and abdominal pain, cramps, and spasms . . . S545	297	5.1	16.1
Labored or difficult breathing (dyspnea) . . . S420	196	3.4	10.6
Vertigo-dizziness . . . S225	168	2.9	9.1
Back symptoms . . . S905	118	2.0	6.4
Headache, pain in head . . . S210	112	1.9	6.1
Vomiting . . . S530	112	1.9	6.1
General weakness . . . S020	109	1.9	5.9
Abnormal pulsations and palpitations . . . S260	101	1.7	5.5
All other reasons . . .	3,453	59.5	186.9
75 years and over:			
All visits . . .	6,871	100.0	557.6
Chest pain and related symptoms (not referable to body system) . . . S050	765	11.1	62.1
Shortness of breath . . . S415	455	6.6	36.9
Stomach and abdominal pain, cramps, and spasms . . . S545	360	5.2	29.2
Unconscious on arrival . . . J840	235	3.4	19.0
General weakness . . . S020	215	3.1	17.5
Labored or difficult breathing (dyspnea) . . . S420	190	2.8	15.5
Vertigo-dizziness . . . S225	178	2.6	14.5
Back symptoms . . . S905	162	2.4	13.2
Hip symptoms . . . S915	160	2.3	13.0
Fever . . . S010	149	2.2	12.1
All other reasons . . .	4,000	58.2	324.6
Sex			
Female:			
All visits . . .	46,612	100.0	360.6
Stomach and abdominal pain, cramps, and spasms . . . S545	3,137	6.7	24.3
Chest pain and related symptoms (not referable to body system) . . . S050	2,492	5.3	19.3
Fever . . . S010	1,800	3.9	13.9
Headache, pain in head . . . S210	1,694	3.6	13.1
Symptoms referable to throat . . . S455	1,186	2.5	9.2
Shortness of breath . . . S415	1,131	2.4	8.7
Cough . . . S440	1,092	2.3	8.4
Vomiting . . . S530	1,088	2.3	8.4
Back symptoms . . . 905	1,084	2.3	8.4
Earache or ear infection . . . S355	923	2.0	7.1
All other reasons . . .	30,986	66.5	239.7
Male:			
All visits . . .	43,184	100.0	353.4
Chest pain and related symptoms (not referable to body system) . . . S050	2,134	4.9	17.5
Fever . . . S010	1,877	4.3	15.4
Stomach and abdominal pain, cramps, and spasms . . . S545	1,818	4.2	14.9
Lacerations and cuts of upper extremity . . . J225	1,669	3.9	13.7
Lacerations and cuts of facial area . . . J210	967	2.2	7.9
Pain, site not referable to specific body system . . . S055	930	2.2	7.6
Cough . . . S440	905	2.1	7.4
Shortness of breath . . . S415	894	2.1	7.3
Back symptoms . . . S905	875	2.0	7.2
Headache, pain in head . . . S210	851	2.0	7.0
All other reasons . . .	30,263	70.1	247.7

Table 6. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal reasons for visit: United States, 1992—Con.

Selected patient characteristic, principal reason for visit, and RVC code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Race[3]			
White:			
All visits	70,478	100.0	336.5
Stomach and abdominal pain, cramps, and spasms S545	3,843	5.5	18.3
Chest pain and related symptoms (not referable to body system) S050	3,825	5.4	18.3
Fever S010	2,686	3.8	12.8
Lacerations and cuts of upper extremity J225	2,049	2.9	9.8
Headache, pain in head S210	1,936	2.7	9.2
Shortness of breath S415	1,648	2.3	7.9
Cough S440	1,583	2.2	7.6
Back symptoms S905	1,551	2.2	7.4
Symptoms referable to throat S455	1,478	2.1	7.1
Vomiting S530	1,435	2.0	6.8
All other reasons	48,443	68.7	231.3
Black:			
All visits	17,150	100.0	545.1
Stomach and abdominal pain, cramps, and spasms S545	1,004	5.9	31.9
Fever S010	896	5.2	28.5
Chest pain and related symptoms (not referable to body system) S050	701	4.1	22.3
Headache, pain in head S210	507	3.0	16.1
Symptoms referable to throat S455	429	2.5	13.6
Vomiting S530	401	2.3	12.7
Cough S440	366	2.1	11.6
Back symptoms S905	364	2.1	11.6
Pain, site not referable to specific body system S055	342	2.0	10.9
Shortness of breath S415	334	1.9	10.6
All other reasons	11,805	68.8	375.2

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[3]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 7. Number and percent distribution of emergency department visits by selected principal reasons for visit, according to patient's age, sex, and race: United States, 1992

Principal reason for visit and RVC code[1]		Age						Sex		Race[2]	
		All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Number of visits in thousands									
All visits		89,796	22,523	14,848	27,240	12,509	12,676	46,612	43,184	70,478	17,150
Stomach and abdominal pain, cramps, and spasms	S545	4,955	611	1,222	1,759	706	657	3,137	1,818	3,843	1,004
Chest pain and related symptoms (not referable to body system)	S050	4,625	166	399	1,348	1,294	1,419	2,492	2,134	3,825	701
Fever	S010	3,678	2,852	175	292	135	224	1,800	1,877	2,686	896
Headache, pain in head	S210	2,545	265	497	1,154	421	209	1,694	851	1,936	507
Lacerations and cuts of upper extremity	J225	2,347	342	619	880	342	164	678	1,669	2,049	252
Shortness of breath	S415	2,025	166	143	394	380	943	1,131	894	1,648	334
Cough	S440	1,997	1,096	171	354	218	157	1,092	905	1,583	366
Back symptoms	S905	1,959	*	392	875	348	280	1,084	875	1,551	364
Symptoms referable to throat	S455	1,957	563	502	686	122	83	1,186	771	1,478	429
Vomiting	S530	1,877	962	227	290	163	235	1,088	789	1,435	401
Pain, site not referable to specific body system	S055	1,812	144	349	739	374	207	882	930	1,434	342
Earache or ear infection	S355	1,614	942	207	328	109	*	923	691	1,263	330
Lacerations and cuts of facial area	J210	1,485	741	204	291	137	113	517	967	1,182	284
Hand and finger symptoms	S960	1,390	367	346	495	106	75	570	820	1,217	166
Neck symptoms	S900	1,325	165	305	583	167	106	739	587	1,032	250
Skin rash	S860	1,305	637	186	298	132	*	610	695	968	292
Labored or difficult breathing (dyspnea)	S420	1,239	336	91	216	209	386	688	551	1,032	182
Leg symptoms	S920	1,154	184	143	349	248	230	542	612	882	256
Knee symptoms	S925	1,102	141	207	416	219	118	486	616	900	179
Head, neck, and face injury, type unspecified	J505	1,078	415	225	278	90	*	434	644	888	173
Low back symptoms	S910	1,061	*	216	541	159	117	564	496	820	220
Head cold, upper respiratory infection (coryza)	S445	751	397	*	138	*	*	484	267	446	290
Asthma	D625	613	258	122	157	*56	*	319	293	326	260
Wheezing	S425	486	401	*	*	*	*	208	278	252	224
All other reasons		45,417	10,280	7,808	14,355	6,286	6,687	23,265	22,152	35,800	8,449
		Percent distribution									
All visits		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Stomach and abdominal pain, cramps, and spasms	S545	5.5	2.7	8.2	6.5	5.6	5.2	6.7	4.2	5.5	5.9
Chest pain and related symptoms (not referable to body system)	S050	5.2	0.7	2.7	4.9	10.3	11.2	5.3	4.9	5.4	4.1
Fever	S010	4.1	12.7	1.2	1.1	1.1	1.8	3.9	4.3	3.8	5.2
Headache, pain in head	S210	2.8	1.2	3.3	4.2	3.4	1.6	3.6	2.0	2.7	3.0
Lacerations and cuts of upper extremity	J225	2.6	1.5	4.2	3.2	2.7	1.3	1.5	3.9	2.9	1.5
Shortness of breath	S415	2.3	0.7	1.0	1.4	3.0	7.4	2.4	2.1	2.3	1.9
Cough	S440	2.2	4.9	1.2	1.3	1.7	1.2	2.3	2.1	2.2	2.1
Back symptoms	S905	2.2	*	2.6	3.2	2.8	2.2	2.3	2.0	2.2	2.1
Symptoms referable to throat	S455	2.2	2.5	3.4	2.5	1.0	0.7	2.5	1.8	2.1	2.5
Vomiting	S530	2.1	4.3	1.5	1.1	1.3	1.9	2.3	1.8	2.0	2.3
Pain, site not referable to specific body system	S055	2.0	0.6	2.4	2.7	3.0	1.6	1.9	2.2	2.0	2.0
Earache or ear infection	S355	1.8	4.2	1.4	1.2	0.9	*	2.0	1.6	1.8	1.9
Lacerations and cuts of facial area	J210	1.7	3.3	1.4	1.1	1.1	0.9	1.1	2.2	1.7	1.7
Hand and finger symptoms	S960	1.5	1.6	2.3	1.8	0.8	0.6	1.2	1.9	1.7	1.0
Neck symptoms	S900	1.5	0.7	2.1	2.1	1.3	0.8	1.6	1.4	1.5	1.5
Skin rash	S860	1.5	2.8	1.3	1.1	1.1	*	1.3	1.6	1.4	1.7
Labored or difficult breathing (dyspnea)	S420	1.4	1.5	0.6	0.8	1.7	3.0	1.5	1.3	1.5	1.1
Leg symptoms	S920	1.3	0.8	1.0	1.3	2.0	1.8	1.2	1.4	1.3	1.5
Knee symptoms	S925	1.2	0.6	1.4	1.5	1.8	0.9	1.0	1.4	1.3	1.0
Head, neck, and face injury, type unspecified	J505	1.2	1.8	1.5	1.0	0.7	*	0.9	1.5	1.3	1.0
Low back symptoms	S910	1.2	*	1.5	2.0	1.3	0.9	1.2	1.1	1.2	1.3
Head cold, upper respiratory infection (coryza)	S445	0.8	1.8	*	0.5	*	*	1.0	0.6	0.6	1.7
Asthma	D625	0.7	1.1	0.8	0.6	*0.4	*	0.7	0.7	0.5	1.5
Wheezing	S425	0.5	1.8	*	*	*	*	0.4	0.6	0.4	1.3
All other reasons		50.6	45.6	52.6	52.7	50.2	52.8	49.9	51.3	50.8	49.3

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 8. Number and percent distribution of emergency department visits by patient's age, sex, and race, according to selected principal reasons for visit: United States, 1992

Principal reason for visit and RVC code[1]	Number of visits in thousands	Age					Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Percent distribution									
All visits	89,796	100.0	25.1	16.5	30.3	13.9	14.1	51.9	48.1	78.5	19.1
Stomach and abdominal pain, cramps, and spasms S545	4,955	100.0	12.3	24.7	35.5	14.2	13.3	63.3	36.7	77.6	20.3
Chest pain and related symptoms (not referable to body system) S050	4,625	100.0	3.6	8.6	29.1	28.0	30.7	53.9	46.1	82.7	15.2
Fever S010	3,678	100.0	77.5	4.8	7.9	3.7	6.1	48.9	51.1	73.0	24.4
Headache, pain in head S210	2,545	100.0	10.4	19.5	45.4	16.5	8.2	66.6	33.4	76.1	19.9
Lacerations and cuts of upper extremity J225	2,347	100.0	14.6	26.4	37.5	14.6	7.0	28.9	71.1	87.3	10.7
Shortness of breath S415	2,025	100.0	8.2	7.0	19.5	18.8	46.6	55.8	44.2	81.4	16.5
Cough S440	1,997	100.0	54.9	8.6	17.7	10.9	7.9	54.7	45.3	79.3	18.3
Back symptoms S905	1,959	100.0	*	20.0	44.7	17.8	14.3	55.3	44.7	79.2	18.6
Symptoms referable to throat S455	1,957	100.0	28.8	25.6	35.1	6.3	4.3	60.6	39.4	75.5	21.9
Vomiting S530	1,877	100.0	51.3	12.1	15.5	8.7	12.5	58.0	42.0	76.4	21.4
Pain, site not referable to specific body system S055	1,812	100.0	7.9	19.3	40.8	20.6	11.4	48.7	51.3	79.2	18.9
Earache or ear infection S355	1,614	100.0	58.4	12.8	20.3	6.8	*	57.2	42.8	78.2	20.4
Lacerations and cuts of facial area J210	1,485	100.0	49.9	13.7	19.6	9.2	7.6	34.8	65.2	79.6	19.1
Hand and finger symptoms S960	1,390	100.0	26.4	24.9	35.6	7.6	5.4	41.0	59.0	87.6	12.0
Neck symptoms S900	1,325	100.0	12.4	23.0	44.0	12.6	8.0	55.7	44.3	77.9	18.9
Skin rash S860	1,305	100.0	48.8	14.3	22.8	10.2	*	46.7	53.3	74.2	22.4
Labored or difficult breathing (dyspnea) S420	1,239	100.0	27.1	7.4	17.4	16.9	31.2	55.6	44.4	83.3	14.7
Leg symptoms S920	1,154	100.0	15.9	12.4	30.3	21.5	19.9	46.9	53.1	76.4	22.1
Knee symptoms S925	1,102	100.0	12.8	18.8	37.8	19.9	10.7	44.1	55.9	81.7	16.2
Head, neck, and face injury, type unspecified J505	1,078	100.0	38.5	20.9	25.8	8.3	*	40.2	59.8	82.4	16.0
Low back symptoms S910	1,061	100.0	*	20.3	51.0	15.0	11.0	53.2	46.8	77.3	20.7
Head cold, upper respiratory infection (coryza) S445	751	100.0	52.9	*	18.4	*	*	64.5	35.5	59.4	38.6
Asthma D625	613	100.0	42.1	19.9	25.7	9.1	*	52.1	47.9	53.3	42.4
Wheezing S425	486	100.0	82.4	*	*	*	*	42.7	57.3	51.8	46.0
All other reasons	45,417	100.0	22.6	17.2	31.6	13.8	14.7	51.2	48.8	78.8	18.6

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 9. Number, percent distribution, and annual rate of injury-related emergency department visits by patient's age, sex, and race, and geographic region of the visit: United States, 1992

Selected patient and emergency department characteristics	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[1]
Patient characteristic			
All injury-related visits	33,950	100.0	135.0
Age:			
Under 15 years	8,714	25.7	154.4
15–24 years	6,937	20.4	201.7
25–44 years	11,277	33.2	138.7
45–64 years	3,959	11.7	81.6
65–74 years	1,458	4.3	78.9
75 years and over	1,605	4.7	130.2
Sex and age:			
Female	14,812	43.6	114.6
Under 15 years	3,567	10.5	129.5
15–24 years	2,670	7.9	154.4
25–44 years	4,714	13.9	114.0
45–64 years	1,796	5.3	71.3
65–74 years	940	2.8	92.2
75 years and over	1,124	3.3	145.9
Male	19,138	56.4	156.6
Under 15 years	5,147	15.2	178.1
15–24 years	4,267	12.6	249.6
25–44 years	6,564	19.3	164.1
45–64 years	2,163	6.4	92.8
65–74 years	518	1.5	62.6
75 years and over	480	1.4	104.0
Race and age:			
White	28,154	82.9	134.4
Under 15 years	7,227	21.3	160.7
15–24 years	5,823	17.2	211.9
25–44 years	8,970	26.4	132.5
45–64 years	3,331	9.8	79.8
65–74 years	1,283	3.8	78.4
75 years and over	1,520	4.5	136.3
Black	4,987	14.7	158.5
Under 15 years	1,311	3.9	146.4
15–24 years	972	2.9	190.7
25–44 years	1,974	5.8	201.5
45–64 years	524	1.5	105.1
65–74 years	138	0.4	83.9
75 years and over	67	0.2	68.9
All other races[2]	808	2.4	76.8
Emergency department characteristic			
Geographic region:			
Northeast	6,787	20.0	135.7
Midwest	9,877	29.1	160.7
South	10,448	30.8	123.8
West	6,838	20.1	123.1

[1]Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1992.

[2]Includes Asians/Pacific Islanders and American Indians/Eskimos/Aleuts.

NOTE: Numbers may not add to totals because of rounding.

Table 10. Number and percent distribution of injury-related emergency department visits by the 20 most frequent principal reasons for visit, according to patient's age, sex, and race: United States, 1992

Principal reason for visit and RVC code[1]	All ages	Age					Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Number of visits in thousands									
All injury-related visits[3]	33,950	8,714	6,937	11,277	3,959	3,063	14,812	19,138	28,154	4,987
Lacerations and cuts of upper extremity J225	2,321	339	610	877	332	163	664	1,657	2,027	248
Lacerations and cuts of facial area J210	1,483	739	204	291	137	113	517	966	1,182	283
Hand and finger symptoms S960	1,225	344	333	421	*	*	473	751	1,090	130
Head, neck, and face injury, type unspecified J505	1,065	407	225	273	90	*	426	638	879	171
Hand and finger(s) injury, type unspecified J570	993	308	189	375	96	*	329	664	815	139
Neck symptoms S900	933	90	275	410	119	*39	511	421	720	178
Back symptoms S905	913	*	220	421	136	95	436	477	757	131
Knee symptoms S925	880	131	180	324	154	92	381	499	726	134
Ankle symptoms S930	838	150	255	264	115	*	438	399	723	98
Foot and toe symptoms S935	780	161	147	294	136	*	412	367	646	124
Lacerations and cuts of head and neck area J205	728	316	84	164	*	114	249	479	617	84
Suture-insertion/removal T555	693	289	110	198	*	*	195	498	543	134
Accident, not otherwise specified J810	687	290	*	157	*	147	372	315	583	81
Shoulder symptoms S940	642	*	146	230	115	75	288	354	517	107
Arm symptoms S945	635	268	90	157	*	*	380	256	528	92
Pain, site not referable to a specific body system S055	621	*	136	241	112	66	272	349	516	93
Headache, pain in head S210	621	78	197	255	*	*	349	272	442	135
Leg symptoms S920	601	139	102	167	85	109	236	365	503	94
Low back symptoms S910	601	*	107	326	92	*	248	352	441	141
Wrist symptoms S955	591	173	161	146	*	*	312	279	547	*
All other reasons	16,099	4,290	3,127	5,286	1,854	1,542	7,321	8,779	13,353	2,372
	Percent distribution									
All injury-related visits[3]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lacerations and cuts of upper extremity J225	6.8	3.9	8.8	7.8	8.4	5.3	4.5	8.7	7.2	5.0
Lacerations and cuts of facial area J210	4.4	8.5	2.9	2.6	3.5	3.7	3.5	5.0	4.2	5.7
Hand and finger symptoms S960	3.6	3.9	4.8	3.7	*	*	3.2	3.9	3.9	2.6
Head, neck, and face injury, type unspecified J505	3.1	4.7	3.3	2.4	2.3	*	2.9	3.3	3.1	3.4
Hand and finger(s) injury, type unspecified J570	2.9	3.5	2.7	3.3	*	*	2.2	3.5	2.9	2.8
Neck symptoms S900	2.7	1.0	4.0	3.6	3.0	*	3.5	2.2	2.6	3.6
Back symptoms S905	2.7	*	3.2	3.7	3.4	3.1	2.9	2.5	2.7	2.6
Knee symptoms S925	2.6	1.5	2.6	2.9	3.9	3.0	2.6	2.6	2.6	2.7
Ankle symptoms S930	2.5	1.7	3.7	2.3	2.9	*	3.0	2.1	2.6	2.0
Foot and toe symptoms S935	2.3	1.9	2.1	2.6	3.4	*	2.8	1.9	2.3	2.5
Lacerations and cuts of head and neck area J205	2.1	3.6	1.2	1.5	*	3.7	1.7	2.5	2.2	1.7
Suture-insertion/removal T555	2.0	3.3	1.6	1.8	*	*	1.3	2.6	1.9	2.7
Accident, not otherwise specified J810	2.0	3.3	*	1.4	*	4.8	2.5	1.6	2.1	1.6
Shoulder symptoms S940	1.9	*	2.1	2.0	2.9	2.5	1.9	1.8	1.8	2.1
Arm symptoms S945	1.9	3.1	1.3	1.4	*	*	2.6	1.3	1.9	1.8
Pain, site not referable to a specific body system S055	1.8	*	2.0	2.1	2.8	2.2	1.8	1.8	1.8	1.9
Headache, pain in head S210	1.8	0.9	2.8	2.3	*	*	2.4	1.4	1.6	2.7
Leg symptoms S920	1.8	1.6	1.5	1.5	2.2	3.6	1.6	1.9	1.8	1.9
Low back symptoms S910	1.8	*	1.5	2.9	2.3	*	1.7	1.8	1.6	2.8
Wrist symptoms S955	1.7	2.0	2.3	1.3	*	*	2.1	1.5	1.9	*
All other reasons	47.4	49.2	45.1	46.9	46.8	50.3	49.4	45.9	47.4	47.6

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Visits were considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was checked in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

NOTE: Numbers may not add to totals because of rounding.

Table 11. Number and percent distribution of injury-related emergency department visits by patient's age, sex, and race, according to the 20 most frequent principal reasons for visit: United States, 1992

Principal reason for visit and RVC code[1]	Number of visits in thousands	Age						Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Percent distribution									
All injury-related visits[3]	33,950	100.0	25.7	20.4	33.2	11.7	9.0	43.6	56.4	82.9	14.7
Lacerations and cuts of upper extremity J225	2,321	100.0	14.6	26.3	37.8	14.3	7.0	28.6	71.4	87.3	10.7
Lacerations and cuts of facial area J210	1,483	100.0	49.8	13.7	19.6	9.2	7.6	34.9	65.1	79.7	19.1
Hand and finger symptoms S960	1,225	100.0	28.1	27.2	34.4	*	*	38.6	61.4	89.0	10.6
Head, neck, and face injury, type unspecified J505	1,065	100.0	38.3	21.2	25.7	8.5	*	40.1	59.9	82.5	16.1
Hand and finger(s) injury, type unspecified J570	993	100.0	31.0	19.0	37.8	*	*	33.2	66.8	82.1	14.0
Neck symptoms S900	933	100.0	9.7	29.5	43.9	12.8	*	54.8	45.2	77.2	19.0
Back symptoms S905	913	100.0	*	24.1	46.1	14.9	10.5	47.8	52.2	82.9	14.3
Knee symptoms S925	880	100.0	14.8	20.4	36.8	17.5	10.4	43.3	56.7	82.5	15.2
Ankle symptoms S930	838	100.0	17.9	30.5	31.5	13.7	*	52.3	47.7	86.3	11.6
Foot and toe symptoms S935	780	100.0	20.7	18.9	37.7	17.5	*	52.9	47.1	82.9	15.9
Lacerations and cuts of head and neck area J205	728	100.0	43.4	11.6	22.5	*	15.7	34.3	65.7	84.8	11.6
Suture-insertion/removal T555	693	100.0	41.6	15.9	28.6	*	*	28.2	71.8	78.3	19.4
Accident, not otherwise specified J810	687	100.0	42.2	*	22.8	*	21.4	54.1	45.9	84.8	11.8
Shoulder symptoms S940	642	100.0	*	22.7	35.9	17.9	11.7	44.9	55.1	80.6	16.6
Arm symptoms S945	635	100.0	42.2	14.1	24.8	*	*	59.8	40.2	83.2	14.4
Pain, site not referable to a specific body system S055	621	100.0	*	22.0	38.8	18.0	10.6	43.8	56.2	83.1	15.0
Headache, pain in head S210	621	100.0	12.6	31.7	41.1	*	*	56.2	43.8	71.1	21.8
Leg symptoms S920	601	100.0	23.1	16.9	27.7	14.2	18.2	39.2	60.8	83.7	15.6
Low back symptoms S920	601	100.0	*	17.7	54.3	15.2	*	41.3	58.7	73.3	23.4
Wrist symptoms S910	591	100.0	29.2	27.3	24.7	*	*	52.8	47.2	92.6	*
All other reasons	16,100	100.0	26.6	19.4	32.8	11.5	9.6	45.5	54.5	82.9	14.7

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Visits were considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was checked in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

NOTE: Numbers may not add to totals because of rounding.

Table 12. Number and percent distribution of injury-related emergency department visits by the 20 most frequent principal diagnoses, according to patient's age, sex, and race: United States, 1992

Principal diagnosis and ICD–9–CM code[1]	All ages	Age					Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Number of visits in thousands									
All injury-related visits[3]	33,950	8,714	6,937	11,277	3,959	3,063	14,812	19,138	28,154	4,987
Other open wound of head 873	2,561	1,234	336	511	216	263	899	1,662	2,106	405
Confusion of lower limb and of other and unspecified sites 924	1,755	378	355	618	252	151	900	856	1,405	321
Open wound of fingers 883	1,604	220	401	636	266	*	515	1,088	1,403	165
Sprains and strains of other and unspecified parts of back 847	1,597	76	461	796	144	120	721	876	1,233	311
Sprains and strains of ankle and foot 845	1,311	288	409	444	126	*	600	712	1,119	171
Open wound of other and unspecified sites, except limbs 879	1,257	461	236	335	138	*	561	696	1,024	187
Contusion of upper limb 923	1,255	302	312	438	128	*	648	607	1,108	103
Contusion of face, scalp, and neck except eye(s) 920	863	311	225	213	*	*	441	422	716	120
Contusion of trunk 922	744	119	211	265	*	77	374	371	616	105
Injury, other and unspecified 959	720	176	147	274	*	*	333	387	572	129
Open wound of hand except finger(s) alone 882	675	96	170	316	61	*	175	501	558	105
Intracranial injury of other and unspecified nature 854	564	233	135	132	*	*	227	336	458	96
Open wound of knee, leg (except thigh), and ankle 891	548	193	142	126	*	*	181	367	455	80
Other and unspecified aftercare V58	540	192	117	138	*	*	166	375	459	*
Fracture of radius and ulna 813	518	315	*	*	*	*	253	265	482	*
Sprains and strains of wrist and hand 842	518	206	120	175	*	*	246	271	472	*
Sprains and strains of knee and leg 844	509	*	150	220	*	*	177	331	436	63
Fracture of one or more phalanges of hand 816	482	186	104	123	*	*	137	345	411	*
Superficial injury of eye and adnexa 918	442	90	73	244	*	*	219	223	400	*
Other and unspecified disorders of back 724	392	*	*	191	76	*	204	188	309	80
All other diagnoses	15,095	3,541	2,742	5,030	2,020	1,763	6,835	8,260	12,412	2,323
	Percent distribution									
All injury-related visits[3]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other open wound of head 873	7.5	14.2	4.9	4.5	5.5	8.6	6.1	8.7	7.5	8.1
Confusion of lower limb and of other and unspecified sites 924	5.2	4.3	5.1	5.5	6.4	4.9	6.1	4.5	5.0	6.4
Open wound of fingers 883	4.7	2.5	5.8	5.6	6.7	*	3.5	5.7	5.0	3.3
Sprains and strains of other and unspecified parts of back 847	4.7	0.9	6.6	7.1	3.6	3.9	4.9	4.6	4.4	6.2
Sprains and strains of ankle and foot 845	3.9	3.3	5.9	3.9	3.2	*	4.0	3.7	4.0	3.4
Open wound of other and unspecified sites, except limbs 879	3.7	5.3	3.4	3.0	3.5	*	3.8	3.6	3.6	3.8
Contusion of upper limb 923	3.7	3.5	4.5	3.9	3.2	*	4.4	3.2	3.9	2.1
Contusion of face, scalp, and neck except eye(s) 920	2.5	3.6	3.2	1.9	*	*	3.0	2.2	2.5	2.4
Contusion of trunk 922	2.2	1.4	3.0	2.4	*	2.5	2.5	1.9	2.2	2.1
Injury, other and unspecified 959	2.1	2.0	2.1	2.4	*	*	2.2	2.0	2.0	2.6
Open wound of hand except finger(s) alone 882	2.0	1.1	2.4	2.8	1.5	*	1.2	2.6	2.0	2.1
Intracranial injury of other and unspecified nature 854	1.7	2.7	2.0	1.2	*	*	1.5	1.8	1.6	1.9
Open wound of knee, leg (except thigh), and ankle 891	1.6	2.2	2.0	1.1	*	*	1.2	1.9	1.6	1.6
Other and unspecified aftercare V58	1.6	2.2	1.7	1.2	*	*	1.1	2.0	1.6	*
Fracture of radius and ulna 813	1.5	3.6	*	*	*	*	1.7	1.4	1.7	*
Sprains and strains of wrist and hand 842	1.5	2.4	1.7	1.5	*	*	1.7	1.4	1.7	*
Sprains and strains of knee and leg 844	1.5	*	2.2	2.0	*	*	1.2	1.7	1.5	1.3
Fracture of one or more phalanges of hand 816	1.4	2.1	1.5	1.1	*	*	0.9	1.8	1.5	*
Superficial injury of eye and adnexa 918	1.3	1.0	1.0	2.2	*	*	1.5	1.2	1.4	*
Other and unspecified disorders of back 724	1.2	*	*	1.7	1.9	*	1.4	1.0	1.1	1.6
All other diagnoses	44.5	40.6	39.5	44.6	51.0	57.6	46.1	43.2	44.1	46.6

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]A visit was considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was reported in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

NOTE: Numbers may not add to totals because of rounding.

Table 13. Number and percent distribution of injury-related emergency department visits by patient's age, sex, and race, according to the 20 most frequent principal diagnoses: United States, 1992

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Age						Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Percent distribution									
All injury-related visits[3]	33,950	100.0	25.7	20.4	33.2	11.7	9.0	43.6	56.4	82.9	14.7
Other open wound of head 873	2,561	100.0	48.2	13.1	20.0	8.5	10.3	35.1	64.9	82.2	15.8
Confusion of lower limb and of other and unspecified sites 924	1,755	100.0	21.5	20.2	35.2	14.4	8.6	51.2	48.8	80.1	18.3
Open wound of fingers 883	1,604	100.0	13.7	25.0	39.7	16.6	*	32.1	67.9	87.5	10.3
Sprains and strains of other and unspecified parts of back 847	1,597	100.0	4.8	28.8	49.8	9.0	7.5	45.2	54.8	77.2	19.5
Sprains and strains of ankle and foot 845	1,311	100.0	22.0	31.2	33.8	9.6	*	45.7	54.3	85.3	13.0
Open wound of other and unspecified sites, except limbs 879	1,257	100.0	36.7	18.8	26.6	11.0	*	44.7	55.4	81.5	14.9
Contusion of upper limb 923	1,255	100.0	24.1	24.9	34.9	10.2	*	51.6	48.4	88.3	8.2
Contusion of face, scalp, and neck except eye(s) 920	863	100.0	36.1	26.1	24.7	*	*	51.1	48.9	83.0	13.9
Contusion of trunk 922	744	100.0	16.0	28.3	35.7	*	10.3	50.2	49.8	82.8	14.2
Injury, other and unspecified 959	720	100.0	24.5	20.4	38.1	*	*	46.2	53.8	79.4	17.9
Open wound of hand except finger(s) alone 882	675	100.0	14.2	25.2	46.7	9.0	*	25.8	74.2	82.6	15.6
Intracranial injury of other and unspecified nature 854	564	100.0	41.4	24.0	23.4	*	*	40.3	59.7	81.3	17.0
Open wound of knee, leg (except thigh), and ankle 891	548	100.0	35.1	25.9	22.9	*	*	33.0	67.0	83.1	14.6
Other and unspecified aftercare V58	540	100.0	35.4	21.6	25.6	*	*	30.7	69.3	85.0	*
Fracture of radius and ulna 813	518	100.0	60.9	*	*	*	*	48.9	51.1	93.0	*
Sprains and strains of wrist and hand 842	518	100.0	39.7	23.2	33.7	*	*	47.6	52.4	91.1	*
Sprains and strains of knee and leg 844	509	100.0	*	29.4	43.3	*	*	34.9	65.1	85.7	12.4
Fracture of one or more phalanges of hand 816	482	100.0	38.7	21.5	25.6	*	*	28.4	71.6	85.3	*
Superficial injury of eye and adnexa 918	442	100.0	20.4	16.5	55.2	*	*	49.5	50.5	90.5	*
Other and unspecified disorders of back 724	392	100.0	*	*	48.7	19.5	*	52.1	47.9	78.9	20.4
All other diagnoses	15,095	100.0	23.5	18.2	33.3	13.4	11.7	45.3	54.7	82.2	15.4

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]A visit was considered to be injury related if ''injury, first visit'' or injury, followup visit'' was reported in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

NOTE: Numbers may not add to totals because of rounding.

Table 14. Number and percent distribution of injury-related emergency department visits by principal cause of injury, according to patient's age, sex, and race: United States, 1992

Principal cause of injury and E code[1]	All ages	Age					Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Number of visits in thousands									
All injury-related visits[3]	33,950	8,714	6,937	11,277	3,959	3,063	14,812	19,138	28,154	4,987
Accidental falls E880–E888	7,706	2,527	941	1,747	995	1,496	3,983	3,722	6,744	778
Other and unspecified falls E888	4,223	1,404	492	785	446	1,097	2,310	1,913	3,717	421
Fall on same level from slipping, tripping, or stumbling E885	1,289	295	222	390	198	184	691	599	1,152	97
Other fall from one level to another E884	987	524	*	162	111	134	455	531	869	107
Fall on or from stairs or steps E880	639	161	68	215	138	*56	396	243	534	89
Residual E881–E883,E886–E887	567	143	104	194	101	*	131	436	472	*
Motor vehicle accidents, traffic and nontraffic E810–E825	4,130	529	1,243	1,555	493	311	1,984	2,147	3,191	802
Unspecified motor vehicle accident E819	2,694	286	822	1,099	305	183	1,344	1,349	2,062	548
Other motor vehicle accident involving collision with another motor vehicle E812	403	*	112	152	62	*	199	204	298	92
Other noncollision motor vehicle accident E818	333	*	84	103	*	*	160	173	234	*
Residual E810–E811,E813–E817,E820–E825	701	143	224	201	*	*	281	420	596	89
Accidents caused by cutting or piercing instruments or objects E920	3,077	715	663	1,163	394	142	1,050	2,027	2,540	426
Striking against or struck accidentally by objects or persons E917	3,018	1,032	751	841	267	127	1,048	1,970	2,557	406
Overexertion and strenuous movements E927	1,587	185	364	750	242	*	676	911	1,314	244
Homicide and injury purposely inflicted by other persons[4] E960–E969	1,554	151	489	763	136	*	602	952	970	544
Assault by other or unspecified means E968	731	*	234	385	*	*	292	439	429	279
Fight, brawl, rape E960	588	69	199	265	*	*	253	334	395	183
Assault by cutting and piercing instrument E966	173	*	*	108	*	*	*	149	94	73
Accidents due to natural and environmental factors[4] E900–E909	1,374	527	198	415	144	91	739	635	1,177	194
Other injury caused by animals E906	864	393	99	234	90	*	459	405	743	121
Venomous animals and plants E905	442	113	*	158	*	*	238	204	376	62
Accidents caused by submersion, suffocation, and foreign bodies[4] E910–E915	1,040	334	141	423	88	*55	413	627	876	136
Foreign body accidentally entering eye and adnexa E914	646	94	130	353	*	*	213	433	578	57
Foreign body accidentally entering other orifice E915	324	192	*	70	*	*	160	163	241	74
Caught accidentally in or between objects E918	670	219	131	201	*	*	289	380	589	*55
Struck accidentally by falling object E916	639	95	142	251	100	*	272	368	552	80
Other road vehicle accidents[4] E826–E829	638	424	105	86	*	*	224	414	572	*
Pedal accident E826	547	390	*	*	*	*	152	396	488	*
Accidents caused by machinery E919	488	*	*	240	113	*	148	340	437	*
Accidents caused by hot substance or object, caustic or corrosive material, and steam E924	473	136	106	186	*	*	220	253	367	101
Surgical and medical procedures as the cause of abnormal reaction of patient or later complication without mention of misadventure at time of procedure E878–E879	404	*	*	176	64	88	216	188	291	*
Drugs, medicinal and biological substances causing adverse effects in therapeutic use E930–E949	370	*	*	128	*	*	238	132	297	*
Accidental poisoning by drugs, medicinal substances, and biologicals E850–E858	333	91	96	73	*	*	204	130	256	*
Accidental poisoning by other solid and liquid substances, gases, and vapors E860–E869	192	*	*	*	*	*	*	123	163	*
Suicide and self-inflicted injury E950–E959	160	*	*	*	*	*	*	*	143	*
Accidents caused by fire and flames E890–E899	127	*	*	*	*	*	*	84	112	*
Other[5]	617	125	139	271	*	*	219	398	490	110
Unknown[6]	5,351	1,391	1,124	1,805	592	440	2,086	3,265	4,517	757
	Percent distribution									
All injury-related visits[3]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accidental falls E880–E888	22.7	29.0	13.6	15.5	25.1	48.8	26.9	19.5	24.0	15.6
Other and unspecified falls E888	12.4	16.1	7.1	7.0	11.3	35.8	15.6	10.0	13.2	8.4
Fall on same level from slipping, tripping, or stumbling E885	3.8	3.4	3.2	3.5	5.0	6.0	4.7	3.1	4.1	2.0
Other fall from one level to another E884	2.9	6.0	*	1.4	2.8	4.4	3.1	2.8	3.1	2.2
Fall on or from stairs or steps E880	1.9	1.9	1.0	1.9	3.5	*1.8	2.7	1.3	1.9	1.8
Residual E881–E883,E886–E887	1.7	1.6	1.5	1.7	2.6	*	0.9	2.3	1.7	*

Table 14. Number and percent distribution of injury-related emergency department visits by principal cause of injury, according to patient's age, sex, and race: United States, 1992—Con.

Principal cause of injury and E code[1]	All ages	Age					Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Percent distribution									
Motor vehicle accidents, traffic and nontraffic E810–E825	12.2	6.1	17.9	13.8	12.5	10.2	13.4	11.2	11.3	16.1
Unspecified motor vehicle accident E819	7.9	3.3	11.8	9.7	7.7	6.0	9.1	7.0	7.3	11.0
Other motor vehicle accident involving collision with another motor vehicle E812	1.2	*	1.6	1.3	1.6	*	1.3	1.1	1.1	1.9
Other noncollision motor vehicle accident E818	1.0	*	1.2	0.9	*	*	1.1	0.9	0.8	*
Residual E810–E811,E813–E817,E820–E825	2.1	1.6	3.2	1.8	*	*	1.9	2.2	2.1	1.8
Accidents caused by cutting or piercing instruments or objects E920	9.1	8.2	9.6	10.3	9.9	4.6	7.1	10.6	9.0	8.5
Striking against or struck accidentally by objects or persons E917	8.9	11.8	10.8	7.5	6.7	4.1	7.1	10.3	9.1	8.1
Overexertion and strenuous movements E927	4.7	2.1	5.2	6.7	6.1	*	4.6	4.8	4.7	4.9
Homicide and injury purposely inflicted by other persons[4] E960–E969	4.6	1.7	7.1	6.8	3.4	*	4.1	5.0	3.4	10.9
Assault by other and unspecified means E968	2.2	*	3.4	3.4	*	*	2.0	2.3	1.5	5.6
Fight, brawl, rape E960	1.7	0.8	2.9	2.3	*	*	1.7	1.7	1.4	3.7
Assault by cutting or piercing instrument E966	0.5	*	*	1.0	*	*	*	0.8	0.3	1.5
Accidents due to natural and environmental factors[4] E900–E909	4.0	6.0	2.8	3.7	3.6	3.0	5.0	3.3	4.2	3.9
Other injury caused by animals E906	2.5	4.5	1.4	2.1	2.3	*	3.1	2.1	2.6	2.4
Venomous animals and plants E905	1.3	1.3	*	1.4	*	*	1.6	1.1	1.3	1.2
Accidents caused by submersion, suffocation, and foreign bodies[4] E910–E915	3.1	3.8	2.0	3.7	2.2	*1.8	2.8	3.3	3.1	2.7
Foreign body accidentally entering eye and adnexa E914	1.9	1.1	1.9	3.1	*	*	1.4	2.3	2.1	1.1
Foreign body accidentally entering other orifice E915	1.0	2.2	*	0.6	*	*	1.1	0.9	0.9	1.5
Caught accidentally in or between objects E918	2.0	2.5	1.9	1.8	*	*	2.0	2.0	2.1	*1.1
Struck accidentally by falling object E916	1.9	1.1	2.0	2.2	2.5	*	1.8	1.9	2.0	1.6
Other road vehicle accidents[4] E826–E829	1.9	4.9	1.5	0.8	*	*	1.5	2.2	2.0	*
Pedal accident E826	1.6	4.5	*	*	*	*	1.0	2.1	1.7	*
Accidents caused by machinery E919	1.4	*	*	2.1	2.8	*	1.0	1.8	1.6	*
Accidents caused by hot substance or object, caustic or corrosive material, and steam E924	1.4	1.6	1.5	1.7	*0.9	*0.3	1.5	1.3	1.3	2.0
Surgical and medical procedures as the cause of abnormal reaction of patient or later complication without mention of misadventure at time of procedure E878–E879	1.2	*0.5	*0.5	1.6	1.6	2.9	1.5	1.0	1.0	*
Drugs, medicinal and biological substances causing adverse effects in therapeutic use E930–E949	1.1	0.9	*0.7	1.1	*1.4	2.0	1.6	0.7	1.1	*
Accidental poisoning by drugs, medicinal substances, and biologicals E850–E858	1.0	1.0	1.4	0.7	*0.9	*1.2	1.4	0.7	0.9	*
Accidental poisoning by other solid and liquid substances, gases, and vapors E860–E869	0.6	*	*	*	*	*	*	0.6	0.6	*
Suicide and self-inflicted injury E950–E959	0.5	*	*	*	*	*	*	*	0.5	*
Accidents caused by fire and flames E890–E899	0.4	*	*	*	*	*	*	0.4	0.4	*
Other[5]	1.8	1.4	2.0	2.4	*	*	1.5	2.1	1.7	2.2
Unknown[6]	15.8	16.0	16.2	16.0	15.0	14.4	14.1	17.1	16.0	15.2

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]For the purposes of this table, visits were considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was checked in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

[4]Residual category not shown because of small sample sizes.

[5]Includes railway accidents (E800–E807), water transport accidents (E830–E838), air and space transport accidents (E840–E845), vehicle accidents not elsewhere classifiable (E846–E848), misadventures to patients during surgical and medical care (E870–E876), accident caused by explosion of pressure vessel (E921), accident caused by firearm missile (E922), accident caused by explosive material (E923), accident caused by electric current (E925), exposure to radiation (E926), other and unspecified environmental and accidental causes (E928), late effects of accidental injury (E929), legal intervention (E970–E978), injury undetermined whether accidentally or purposely inflicted (E980–E989), and injury resulting from operations of war (E990–E999).

[6]Includes uncodable, illegible, and blank entries.

NOTE: Numbers may not add to totals because of rounding.

Table 15. Number and percent distribution of injury-related emergency department visits by patient's age, sex, and race, according to principal cause of injury: United States, 1992

Principal cause of injury and E code[1]	Number of visits in thousands	Age						Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Percent distribution									
All injury-related visits[3]	33,950	100.0	25.7	20.4	33.2	11.7	9.0	43.6	56.4	82.9	14.7
Accidental falls E880–E888	7,706	100.0	32.8	12.2	22.7	12.9	19.4	51.7	48.3	87.5	10.1
Other and unspecified falls E888	4,223	100.0	33.2	11.6	18.6	10.6	26.0	54.7	45.3	88.0	10.0
Fall on same level from slipping, tripping, or stumbling E885	1,289	100.0	22.9	17.2	30.3	15.3	14.3	53.6	46.4	89.3	7.6
Other fall from one level to another E884	987	100.0	53.1	*	16.4	11.2	13.6	46.1	53.9	88.1	10.9
Fall on or from stairs or steps E880	639	100.0	25.2	10.7	33.6	21.6	8.8	61.9	38.1	83.5	13.9
Residual E881–E883,E886–E887	567	100.0	25.3	18.3	34.3	17.9	*	23.1	76.9	83.2	*
Motor vehicle accidents, traffic and nontraffic E810–E825	4,130	100.0	12.8	30.1	37.6	11.9	7.5	48.0	52.0	77.2	19.4
Unspecified motor vehicle accident E819	2,694	100.0	10.6	30.5	40.8	11.3	6.8	49.9	50.1	76.5	20.3
Other motor vehicle accident involving collision with another motor vehicle E812	403	100.0	*	27.9	37.6	15.4	*	49.4	50.6	73.8	22.9
Other noncollision motor vehicle accident E818	333	100.0	*	25.4	31.1	*	*	48.0	52.0	70.5	*
Residual E810–E811,E813–E817,E820–E825	701	100.0	*	31.9	28.6	*	*	40.1	59.9	85.1	12.7
Accidents caused by cutting or piercing instruments or objects E920	3,077	100.0	23.2	21.6	37.8	12.8	4.6	34.1	65.9	82.6	13.8
Striking against or struck accidentally by objects or persons E917	3,018	100.0	34.2	24.9	27.9	8.9	4.2	34.7	65.3	84.7	13.5
Overexertion and strenuous movements E927	1,587	100.0	11.7	22.9	47.3	15.3	*	42.6	57.4	82.8	15.4
Homicide and injury purposely inflicted by other persons[4] E960–E969	1,554	100.0	9.7	31.5	49.1	8.7	*	38.7	61.2	62.4	35.0
Assault by other and unspecified means E968	731	100.0	*	32.0	52.6	*	*	39.9	60.1	58.7	38.2
Fight, brawl, rape E960	588	100.0	11.7	33.9	45.1	*	*	43.1	56.9	67.1	31.1
Assault by cutting or piercing instrument E966	173	100.0	*	*	62.6	*	*	*	86.0	54.2	42.2
Accidents due to natural and environmental factors[4] E900–E909	1,374	100.0	38.4	14.4	30.2	10.4	6.6	53.8	46.2	85.6	14.1
Other injury caused by animals E906	864	100.0	45.4	11.4	27.0	10.4	*	53.2	46.8	86.0	14.0
Venomous animals and plants E905	442	100.0	25.5	*	35.8	*	*	53.8	46.2	85.1	14.1
Accidents caused by submersion, suffocation, and foreign bodies[4] E910–E915	1,040	100.0	32.1	13.5	40.6	8.4	5.3	39.7	60.3	84.2	13.1
Foreign body accidentally entering eye and adnexa E914	646	100.0	14.5	20.2	54.6	*	*	33.0	67.1	89.4	8.8
Foreign body accidentally entering other orifice E915	324	100.0	59.5	*	21.6	*	*	49.5	50.5	74.6	22.9
Caught accidentally in or between objects E918	670	100.0	32.7	19.5	30.0	*	*	43.2	56.8	87.9	8.3
Struck accidentally by falling object E916	639	100.0	14.8	22.2	39.2	15.7	*	42.5	57.5	86.3	12.6
Other road vehicle accidents[4] E826–E829	638	100.0	66.4	16.4	13.5	*	*	35.1	64.9	89.7	*
Pedal accident E826	547	100.0	71.2	*	*	*	*	27.7	72.3	89.2	*
Accidents caused by machinery E919	488	100.0	*	*	49.2	23.1	*	30.2	69.8	89.6	*
Accidents caused by hot substance or object, caustic or corrosive material, and steam E924	473	100.0	28.7	22.4	39.4	*	*	46.6	53.4	77.5	21.3
Surgical and medical procedures as the cause of abnormal reaction of patient or later complication without mention of misadventure at time of procedure E878–E879	404	100.0	*	*	43.6	15.9	21.8	53.4	46.6	72.1	*
Drugs, medicinal and biological substances causing adverse effects in therapeutic use E930–E949	370	100.0	*	*	34.5	*	*	64.3	35.7	80.3	*
Accidental poisoning by drugs, medicinal substances, and biologicals E850–E858	333	100.0	27.4	28.6	22.0	*	*	61.1	38.9	76.8	*
Accidental poisoning by other solid and liquid substances, gases, and vapors E860–E869	192	100.0	*	*	*	*	*	*	64.1	84.8	*
Suicide and self-inflicted injury E950–E959	160	100.0	*	*	*	*	*	*	*	89.5	*
Accidents caused by fire and flames E890–E899	127	100.0	*	*	*	*	*	*	66.2	87.8	*
Other[5]	617	100.0	20.2	22.4	43.8	*	*	35.5	64.5	79.4	17.9
Unknown[6]	5,351	100.0	26.0	21.0	33.7	11.1	8.2	39.0	61.0	84.4	14.1

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]For the purposes of this table, visits were considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was checked in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

[4]Residual category not shown because of small sample sizes.

[5]Includes railway accidents (E800–E807), water transport accidents (E830–E838), air and space transport accidents (E840–E845), vehicle accidents not elsewhere classifiable (E846–E848), misadventures to patients during surgical and medical care (E870–E876), accident caused by explosion of pressure vessel (E921), accident caused by firearm missile (E922), accident caused by explosive material (E923), accident caused by electric current (E925), exposure to radiation (E926), other and unspecified environmental and accidental causes (E928), late effects of accidental injury (E929), legal intervention (E970–E978), injury undetermined whether accidentally or purposely inflicted (E980–E989), and injury resulting from operations of war (E990–E999).

[6]Includes uncodable, illegible, and blank entries.

NOTE: Numbers may not add to totals because of rounding.

Table 16. Number, percent distribution, and annual rate of injury-related emergency department visits by patient's age, sex, race, and most frequent principal causes of injury: United States, 1992

Selected patient characteristic, principal cause of injury, and E code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Age			
All ages:			
All injury-related visits[3]	33,950	100.0	135.0
Accidental falls E880–E888	7,706	22.7	30.6
Motor vehicle accidents, traffic and nontraffic E810–E825	4,130	12.2	16.4
Accidents caused by cutting or piercing instruments or objects E920	3,077	9.1	12.2
Striking against or struck accidentally by objects or persons E917	3,018	8.9	12.0
Overexertion and strenuous movements E927	1,587	4.7	6.3
Homicide and injury purposely inflicted by other persons E960–E969	1,554	4.6	6.2
Accidents due to natural and environmental factors E900–E909	1,374	4.0	5.5
Accidents caused by submersion, suffocation, and foreign bodies E910–E915	1,040	3.1	4.1
Caught accidentally in or between objects E918	670	2.0	2.7
Struck accidentally by falling object E916	639	1.9	2.5
All other causes	9,154	27.0	36.4
Under 15 years:			
All injury-related visits[3]	8,714	100.0	154.4
Accidental falls E880–E888	2,527	29.0	44.8
Striking against or struck accidentally by objects or persons E917	1,032	11.8	18.3
Accidents caused by cutting or piercing instruments or objects E920	715	8.2	12.7
Motor vehicle accidents, traffic and nontraffic E810–E825	529	6.1	9.4
Accidents due to natural and environmental factors E900–E909	527	6.0	9.3
Other road vehicle accidents E826–E829	424	4.9	7.5
Accidents caused by submersion, suffocation, and foreign bodies E910–E915	334	3.8	5.9
Caught accidentally in or between objects E918	219	2.5	3.9
Overexertion and strenuous movements E927	185	2.1	3.3
Homicide and injury purposely inflicted by other persons E960–E969	151	1.7	2.7
All other causes	2,071	23.8	36.7
15–24 years:			
All injury-related visits[3]	6,937	100.0	201.7
Motor vehicle accidents, traffic and nontraffic E810–E825	1,243	17.9	36.1
Accidental falls E880–E888	941	13.6	27.4
Striking against or struck accidentally by objects or persons E917	751	10.8	21.8
Accidents caused by cutting or piercing instruments or objects E920	663	9.6	19.3
Homicide and injury purposely inflicted by other persons E960–E969	489	7.1	14.2
Overexertion and strenuous movements E927	364	5.2	10.6
Accidents due to natural and environmental factors E900–E909	198	2.8	5.7
Accidents caused by submersion, suffocation, and foreign bodies E910–E915	142	2.0	4.1
Struck accidentally by falling object E916	141	2.0	4.1
Caught accidentally in or between objects E918	131	1.9	3.8
All other causes	1,875	27.0	54.5
25–44 years:			
All injury-related visits[3]	11,277	100.0	138.7
Accidental falls E880–E888	1,747	15.5	21.5
Motor vehicle accidents, traffic and nontraffic E810–E825	1,555	13.8	19.1
Accidents caused by cutting or piercing instruments or objects E920	1,163	10.3	14.3
Striking against or struck accidentally by objects or persons E917	841	7.5	10.3
Homicide and injury purposely inflicted by other persons E960–E969	763	6.8	9.4
Overexertion and strenuous movements E927	750	6.7	9.2
Accidents caused by submersion, suffocation, and foreign bodies E910–E915	423	3.7	5.2
Accidents due to natural and environmental factors E900–E909	415	3.7	5.1
Struck accidentally by falling object E916	251	2.2	3.1
Accidents caused by machinery E919	240	2.1	3.0
Caught accidentally in or between objects E918	201	1.8	2.5
All other causes	2,929	26.0	36.0
45–64 years:			
All injury-related visits[3]	3,959	100.0	81.6
Accidental falls E880–E888	995	25.1	20.5
Motor vehicle accidents, traffic and nontraffic E810–E825	493	12.5	10.2
Accidents caused by cutting or piercing instruments or objects E920	394	9.9	8.1
Striking against or struck accidentally by objects or persons E917	267	6.7	5.5
Overexertion and strenuous movements E927	242	6.1	5.0
Accidents due to natural and environmental factors E900–E909	144	3.6	3.0
Homicide and injury purposely inflicted by other persons E960–E969	136	3.4	2.8

Table 16. Number, percent distribution, and annual rate of injury-related emergency department visits by patient's age, sex, race, and most frequent principal causes of injury: United States, 1992—Con.

Selected patient characteristic, principal cause of injury, and E code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
45–64 years:—Con.			
Accidents caused by machinery . . . E919	113	2.9	2.3
Struck accidentally by falling object . . . E916	100	2.5	2.1
All other causes . . .	1,075	27.2	22.2
65 years and over:			
All injury-related visits[3] . . .	3,063	100.0	99.5
Accidental falls . . . E880–E888	1,496	48.8	48.6
Motor vehicle accidents, traffic and nontraffic . . . E810–E825	311	10.2	10.1
Accidents caused by cutting or piercing instruments or objects . . . E920	142	4.6	4.6
Striking against or struck accidentally by objects or persons . . . E917	127	4.1	4.1
Accidents due to natural and environmental factors . . . E900–E909	91	3.0	3.0
Surgical and medical procedures as the cause of abnormal reaction of patient or later complication without mention of misadventure at time of procedure . . . E878–E879	88	2.9	2.9
All other causes . . .	808	26.4	26.3
Sex			
Female:			
All injury-related visits[3] . . .	14,812	100.0	114.6
Accidental falls . . . E880–E888	3,983	26.9	30.8
Motor vehicle accidents, traffic and nontraffic . . . E810–E825	1,984	13.4	15.3
Accidents caused by cutting or piercing instruments or objects . . . E920	1,050	7.1	8.1
Striking against or struck accidentally by objects or persons . . . E917	1,048	7.1	8.1
Accidents due to natural and environmental factors . . . E900–E909	739	5.0	5.7
Overexertion and strenuous movements . . . E927	676	4.6	5.2
Homicide and injury purposely inflicted by other persons . . . E960–E969	602	4.1	4.7
Accidents caused by submersion, suffocation, and foreign bodies . . . E910–E915	413	2.8	3.2
Caught accidentally in or between objects . . . E918	289	2.0	2.2
Struck accidentally by falling object . . . E916	272	1.8	2.1
All other causes . . .	3,756	25.4	29.1
Male:			
All injury-related visits[3] . . .	19,138	100.0	156.6
Accidental falls . . . E880–E888	3,722	19.5	30.5
Motor vehicle accidents, traffic and nontraffic . . . E810–E825	2,147	11.2	17.6
Accidents caused by cutting or piercing instruments or objects . . . E920	2,027	10.6	16.6
Striking against or struck accidentally by objects or persons . . . E917	1,970	10.3	16.1
Homicide and injury purposely inflicted by other persons . . . E960–E969	952	5.0	7.8
Overexertion and strenuous movements . . . E927	911	4.8	7.5
Accidents due to natural and environmental factors . . . E900–E909	635	3.3	5.2
Accidents caused by submersion, suffocation, and foreign bodies . . . E910–E915	627	3.3	5.1
Other road vehicle accidents . . . E826–E829	414	2.2	3.4
Caught accidentally in or between objects . . . E918	380	2.0	3.1
All other causes . . .	5,352	28.0	43.8
Race[4]			
White:			
All injury-related visits[3] . . .	28,154	100.0	134.4
Accidental falls . . . E880–E888	6,744	24.0	32.2
Motor vehicle accidents, traffic and nontraffic . . . E810–E825	3,191	11.3	15.2
Striking against or struck accidentally by objects or persons . . . E917	2,557	9.1	12.2
Accidents caused by cutting or piercing instruments or objects . . . E920	2,540	9.0	12.1
Overexertion and strenuous movements . . . E927	1,314	4.7	6.3
Accidents due to natural and environmental factors . . . E900–E909	1,177	4.2	5.6
Homicide and injury purposely inflicted by other persons . . . E960–E969	970	3.4	4.6
Accidents caused by submersion, suffocation, and foreign bodies . . . E910–E915	876	3.1	4.2
Caught accidentally in or between objects . . . E918	589	2.1	2.8
Struck accidentally by falling object . . . E916	552	2.0	2.6
All other causes . . .	7,644	27.2	36.5

Table 16. Number, percent distribution, and annual rate of injury-related emergency department visits by patient's age, sex, race, and most frequent principal causes of injury: United States, 1992—Con.

Selected patient characteristic, principal cause of injury, and E code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Race[4]—Con.			
Black:			
All injury-related visits[3]	4,987	100.0	158.5
Motor vehicle accidents, traffic and nontraffic E810–E825	802	16.1	25.5
Accidental falls E880–E888	778	15.6	24.7
Homicide and injury purposely inflicted by other persons E960–E969	544	10.9	17.3
Accidents caused by cutting or piercing instruments or objects E920	426	8.5	13.5
Striking against or struck accidentally by objects or persons E917	406	8.1	12.9
Overexertion and strenuous movements E927	244	4.9	7.8
Accidents due to natural and environmental factors E900–E909	194	3.9	6.2
Accidents caused by submersion, suffocation, and foreign bodies E910–E915	136	2.7	4.3
Accidents caused by hot substance or object, caustic or corrosive material, and steam E924	101	2.0	3.2
All other causes	1,356	27.2	43.1

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[3]For the purposes of this table, visits were considered to be injury related if ''injury, first visit'' or ''injury, followup visit'' was checked in item 9 of the Patient Record form, or if a cause of injury was reported in item 10 of the Patient Record form.

[4]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 17. Number, percent distribution, and annual rate of alcohol- and/or drug-related emergency department visits by patient's age, sex, and race: United States, 1992

Patient characteristic	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[1]
All alcohol- and/or drug-related visits[2]	4,122	100.0	16.4
Age			
Under 15 years	306	7.4	5.4
15–24 years	677	16.4	19.7
25–44 years	2,184	53.0	26.9
45–64 years	722	17.5	14.9
65 years and over	234	5.7	7.6
Sex and age			
Female	1,627	39.5	12.6
Under 15 years	149	3.6	5.4
15–24 years	299	7.3	17.3
25–44 years	766	18.6	18.5
45–64 years	316	7.7	12.5
65 years and over	97	2.4	5.4
Male	2,495	60.5	20.4
Under 15 years	157	3.8	5.4
15–24 years	378	9.2	22.1
25–44 years	1418	34.4	35.5
45–64 years	406	9.8	17.4
65 years and over	136	3.3	10.5
Race and age			
White	3,060	74.2	14.6
Under 15 years	252	6.1	5.6
15–24 years	557	13.5	20.3
25–44 years	1,517	36.8	22.4
45–64 years	533	12.9	12.8
65 years and over	201	4.9	7.3
Black	933	22.6	29.7
Under 15 years	*39	*0.9	*4.4
15–24 years	97	2.4	19.0
25–44 years	591	14.3	60.3
45–64 years	173	4.2	34.7
65 years and over	*33	*0.8	*12.6
All other races	130	3.2	12.4

* Figure does not meet standard of reliability or precision.

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[2]Visits were considered to be alcohol or drug related if "alcohol related," "drug related," or "both" was reported in item 14 of the Patient Record form or if an alcohol-related diagnosis was reported in item 12. A list of diagnoses used in this analysis is available (4).

NOTE: Numbers may not add to totals because of rounding.

Table 18. Number and percent of emergency department visits by diagnostic and screening services ordered or provided, and patient's age, sex, and race: United States, 1992

Diagnostic or screening service ordered or provided	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands[1]										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
None	10,861	6,345	1,204	2,105	757	235	216	5,130	5,731	8,370	2,289
Blood pressure check	66,177	10,544	11,874	22,357	10,479	4,928	5,995	35,001	31,176	51,935	12,550
Urinalysis	13,620	1,776	2,756	4,090	2,132	1,107	1,759	8,524	5,096	10,561	2,728
HIV serology[3]	270	*	*	120	*	*	*	124	147	172	*
Other blood test	25,812	3,156	3,645	6,951	4,932	3,050	4,077	14,853	10,959	20,773	4,456
EKG[4]	11,886	242	544	2,577	3,058	2,331	3,134	6,407	5,479	10,013	1,633
Mental status exam	5,276	1,257	754	1,495	789	430	551	2,664	2,613	3,956	1,222
Chest x ray	15,081	2,162	1,119	3,308	3,240	2,185	3,067	7,974	7,107	12,228	2,511
Extremity x ray	13,539	2,953	2,763	4,397	1,828	791	807	6,318	7,221	11,306	1,910
CT scan/MRI[5]	2,161	234	303	557	424	283	361	936	1,226	1,789	319
Other diagnostic imaging	9,363	1,191	1,580	3,112	1,656	743	1,083	5,001	4,362	7,579	1,563
Other	17,725	4,611	3,100	5,133	2,183	1,302	1,396	10,005	7,720	14,099	3,236
	Percent										
All visits	...	...	...	...	...	...	...	...	...	...	...
None	12.1	28.2	8.1	7.7	6.0	4.0	3.1	11.0	13.3	11.9	13.3
Blood pressure check	73.7	46.8	80.0	82.1	83.8	84.9	87.3	75.1	72.2	73.7	73.2
Urinalysis	15.2	7.9	18.6	15.0	17.0	19.1	25.6	18.3	11.8	15.0	15.9
HIV serology[3]	0.3	*	*	0.4	*	*	*	0.3	0.3	0.2	*
Other blood test	28.7	14.0	24.6	25.5	39.4	52.5	59.3	31.9	25.4	29.5	26.0
EKG[4]	13.2	1.1	3.7	9.5	24.4	40.2	45.6	13.7	12.7	14.2	9.5
Mental status exam	5.9	5.6	5.1	5.5	6.3	7.4	8.0	5.7	6.0	5.6	7.1
Chest x ray	16.8	9.6	7.5	12.1	25.9	37.6	44.6	17.1	16.5	17.4	14.6
Extremity x ray	15.1	13.1	18.6	16.1	14.6	13.6	11.8	13.6	16.7	16.0	11.1
CT scan/MRI[5]	2.4	1.0	2.0	2.0	3.4	4.9	5.3	2.0	2.8	2.5	1.9
Other diagnostic imaging	10.4	5.3	10.6	11.4	13.2	12.8	15.8	10.7	10.1	10.8	9.1
Other	19.7	20.5	20.9	18.8	17.4	22.4	20.3	21.5	17.9	20.0	18.9

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one diagnostic or screening service may be reported per visit.

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]HIV is human immunodeficiency virus.

[4]EKG is electrocardiogram.

[5]CT scan is computerized tomography scan and MRI is magnetic resonance imaging.

NOTE: Example of use of table: Electrocardiograms were ordered or provided at 45.6 percent of all visits by persons 75 years and over.

Table 19. Number and percent distribution of emergency department visits by selected diagnostic and screening services ordered or provided, and most frequent principal reasons for visit: United States, 1992

Diagnostic or screening service, principal reason for visit, and RVC code[1]		*Number of visits in thousands*	*Percent distribution*	*Percent of visits service was ordered or provided*
Chest x ray, all reasons		15,081	100.0	16.8
Chest pain and related symptoms	S050	3,120	20.7	67.5
Shortness of breath	S415	1,336	8.9	65.9
Fever	S010	834	5.5	22.7
Labored or difficult breathing	S420	757	5.0	61.1
Cough	S440	697	4.6	34.9
Stomach and abdominal pain, cramps, and spasms	S545	661	4.4	13.3
Pain, site not referable to a specific body system	S055	485	3.2	26.8
Vomiting	S530	329	2.2	17.5
General weakness	S020	298	2.0	49.6
Back symptoms	S905	294	2.0	15.0
Unconscious on arrival	J840	238	1.6	37.8
Vertigo-dizziness	S225	227	1.5	21.3
Headache, pain in head	S210	223	1.5	8.7
Asthma	D625	201	1.3	32.8
Nausea	S525	193	1.3	21.3
All other reasons		5,189	34.3	8.8
Extremity x ray, all reasons		13,539	100.0	15.1
Hand and finger symptoms	S960	968	7.1	69.6
Knee symptoms	S925	784	5.8	71.1
Hand and finger(s) injury, type unspecified	J570	780	5.8	78.4
Ankle symptoms	S930	737	5.4	82.8
Foot and toe symptoms	S935	673	5.0	62.0
Wrist symptoms	S955	544	4.0	82.4
Leg symptoms	S920	498	3.7	43.2
Arm symptoms	S945	472	3.5	54.3
Shoulder symptoms	S940	458	3.4	49.6
Lacerations and cuts of upper extremity	J225	433	3.2	18.4
Foot and toe(s) injury, type unspecified	J545	370	2.7	85.4
Ankle injury, type unspecified	J540	353	2.6	80.7
Arm injury, type unspecified	J555	303	2.2	85.2
Hip symptoms	S915	285	2.1	57.3
All other reasons		5,882	43.5	7.7
Electrocardiogram, all reasons		11,886	100.0	13.2
Chest pain and related symptoms	S050	3,471	29.2	75.0
Shortness of breath	S415	1,049	8.8	51.8
Stomach and abdominal pain, cramps, and spasms	S545	641	5.4	12.9
Labored or difficult breathing	S420	468	3.9	37.8
Vertigo-dizziness	S225	454	3.8	42.6
Abnormal pulsations and palpitations	S260	389	3.3	77.9
Unconscious on arrival	J840	317	2.7	50.2
General weakness	S020	290	2.4	48.3
Fainting (syncope)	S030	261	2.2	53.5
Vomiting	S530	243	2.0	12.9
Fever	S010	181	1.5	4.9
Headache, pain in head	S210	169	1.4	6.6
Nausea	S525	168	1.4	18.5
Convulsions	S205	149	1.3	18.7
Back symptoms	S905	142	1.2	7.2
All other reasons		3,496	29.5	5.6
Mental status exam, all reasons		5,276	100.0	5.9
Headache, pain in head	S210	268	5.1	10.5
Fever	S010	255	4.8	6.9
Chest pain and related symptoms	S050	205	3.9	4.4
Stomach and abdominal pain, cramps, and spasms	S545	187	3.6	3.8
Convulsions	S205	171	3.2	21.5
Unconscious on arrival	J840	164	3.1	26.0
Shortness of breath	S415	135	2.6	6.7
Other symptoms or problems relating to psychological or mental disorders not elsewhere classified	S165	133	2.5	34.1
Lacerations and cuts of facial area	J210	128	2.4	8.6
Head, neck, and face injury, type unspecified	J505	121	2.3	11.3
All other reasons		3,509	66.5	5.2

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

Table 20. Number, percent distribution, and annual rate of emergency department visits by the 60 most frequent principal diagnoses: United States, 1992

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution	Number of visits per 1,000 persons per year[2]
. . .	All visits	89,796	100.0	357.1
1	Suppurative and unspecified otitis media 382	3,162	3.5	12.6
2	Symptoms involving respiratory system and other chest symptoms 786	2,667	3.0	10.6
3	Other open wound of head 873	2,578	2.9	10.3
4	Other symptoms involving abdomen and pelvis 789	2,353	2.6	9.4
5	General symptoms 780	2,340	2.6	9.3
6	Acute upper respiratory infections of multiple or unspecified sites 465	1,998	2.2	7.9
7	Sprains and strains of other and unspecified parts of back 847	1,829	2.0	7.3
8	Other noninfectious gastroenteritis and colitis 558	1,805	2.0	7.2
9	Contusion of lower limb and of other and unspecified sites 924	1,784	2.0	7.1
10	Open wound of finger(s) 883	1,617	1.8	6.4
11	Asthma 493	1,467	1.6	5.8
12	Sprains and strains of ankle and foot 845	1,357	1.5	5.4
13	Other disorders of urethra and urinary tract 599	1,340	1.5	5.3
14	Open wound of other and unspecified sites, except limbs 879	1,295	1.4	5.1
15	Contusion of upper limb 923	1,273	1.4	5.1
16	Acute pharyngitis 462	1,260	1.4	5.0
17	Symptoms involving head and neck 784	1,244	1.4	4.9
18	Pneumonia, organism unspecified 486	1,142	1.3	4.5
19	Bronchitis, not specified as acute or chronic 490	1,041	1.2	4.1
20	Other and unspecified disorders of back 724	991	1.1	3.9
21	Contusion of face, scalp, and neck except eye(s) 920	877	1.0	3.5
22	Viral infection in conditions classified elsewhere and of unspecified site 079	876	1.0	3.5
23	Contusion of trunk 922	763	0.8	3.0
24	Acute bronchitis and bronchiolitis 466	744	0.8	3.0
25	Migraine 346	744	0.8	3.0
26	Other cellulitis and abscess 682	739	0.8	2.9
27	Injury, other and unspecified 959	731	0.8	2.9
28	Certain adverse effects, not elsewhere classified 995	699	0.8	2.8
29	Other disorders of soft tissues 729	690	0.8	2.7
30	Open wound of hand except finger(s) alone 882	677	0.8	2.7
31	Heart failure 428	652	0.7	2.6
32	Other and unspecified aftercare V58	628	0.7	2.5
33	Cardiac dysrhythmias 427	601	0.7	2.4
34	Neurotic disorders 300	592	0.7	2.4
35	Intracranial injury of other and unspecified nature 854	577	0.6	2.3
36	Open wound of knee, leg (except thigh), and ankle 891	565	0.6	2.2
37	Sprains and strains of knee and leg 844	560	0.6	2.2
38	Other and unspecified disorders of joint 719	553	0.6	2.2
39	Disorders of conjunctiva 372	551	0.6	2.2
40	Sprains and strains of wrist and hand 842	521	0.6	2.1
41	Fracture of radius and ulna 813	518	0.6	2.1
42	Contact dermatitis and other eczema 692	516	0.6	2.1
43	Chronic sinusitis 473	512	0.6	2.0
44	Gastritis and duodenitis 535	511	0.6	2.0
45	Superficial injury of eye and adnexa 918	505	0.6	2.0
46	Other and ill-defined sprains and strains 848	500	0.6	2.0
47	Acute tonsillitis 463	487	0.5	1.9
48	Fracture of one or more phalanges of hand 816	483	0.5	1.9
49	Observation and evaluation for suspected conditions V71	483	0.5	1.9
50	Symptoms involving urinary system 788	469	0.5	1.9
51	Acute myocardial infarction 410	451	0.5	1.8
52	Streptococcal sore throat and scarlet fever 034	426	0.5	1.7
53	Symptoms involving skin and other integumentary tissue 782	416	0.5	1.7
54	Calculus of kidney and ureter 592	399	0.4	1.6
55	Disorders of fluid, electrolyte, and acid-base balance 276	397	0.4	1.6
56	Other diseases of respiratory system 519	391	0.4	1.6
57	Open wound of elbow, forearm, and wrist 881	390	0.4	1.6
58	Other personal history presenting hazards to health V15	390	0.4	1.5
59	Disorders of external ear 380	385	0.4	1.5
60	Sprains and strains of sacroiliac region 846	385	0.4	1.5
. . .	All other diagnoses	32,902	36.6	130.8

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification,* ICD–9–CM (11).

[2]Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 21. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal diagnoses: United States, 1992

Selected patient characteristic, principal diagnosis, and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Age			
All ages:			
All visits	89,796	100.0	357.1
Suppurative and unspecified otitis media 382	3,162	3.5	12.6
Symptoms involving respiratory system and other chest symptoms 786	2,667	3.0	10.6
Other open wound of head 873	2,578	2.9	10.3
Other symptoms involving abdomen and pelvis 789	2,353	2.6	9.4
General symptoms 780	2,340	2.6	9.3
Acute upper respiratory infections of multiple or unspecified sites 465	1,998	2.2	7.9
Sprains and strains of other and unspecified parts of back 847	1,829	2.0	7.3
Other noninfectious gastroenteritis and colitis 558	1,805	2.0	7.2
Contusion of lower limb and of other and unspecified sites 924	1,784	2.0	7.1
Open wound of finger(s) 883	1,617	1.8	6.4
All other diagnoses	67,663	75.4	269.1
Under 15 years:			
All visits	22,523	100.0	399.0
Suppurative and unspecified otitis media 382	2,773	12.3	49.1
Acute upper respiratory infections of multiple or unspecified sites 465	1,293	5.7	22.9
Other open wound of head 873	1,244	5.5	22.0
Other noninfectious gastroenteritis and colitis 558	902	4.0	16.0
General symptoms 780	631	2.8	11.2
Asthma 493	579	2.6	10.2
Acute pharyngitis 462	525	2.3	9.3
Open wound of other and unspecified site 879	469	2.1	8.3
Viral infection in conditions classified elsewhere 079	450	2.0	8.0
Contusion of lower limb and of other and unspecified sites 924	379	1.7	6.7
All other diagnoses	13,278	59.0	235.2
15–24 years:			
All visits	14,848	100.0	431.8
Other symptoms involving abdomen and pelvis 789	578	3.9	16.8
Sprains and strains of other and unspecified parts of back 847	506	3.4	14.7
Sprains and strains of ankle and foot 845	435	2.9	12.7
Open wound of finger(s) 883	404	2.7	11.7
Contusion of lower limb and of other and unspecified sites 924	361	2.4	10.5
Other open wound of head 873	336	2.3	9.8
Contusion of upper limb 923	315	2.1	9.2
Acute pharyngitis 462	294	2.0	8.6
Other disorders of urethra and urinary tract 599	262	1.8	7.6
Other noninfectious gastroenteritis and colitis 558	260	1.8	7.6
All other diagnoses	11,097	74.7	322.7
25–44 years:			
All visits	27,240	100.0	334.9
Sprains and strains of other and unspecified parts of back 847	929	3.4	11.4
Symptoms involving respiratory system and other chest symptoms 786	803	2.9	9.9
Other symptoms involving abdomen and pelvis 789	753	2.8	9.3
Open wound of fingers 883	639	2.3	7.9
Contusion of lower limb and of other and unspecified sites 924	630	2.3	7.7
Symptoms involving head and neck 784	571	2.1	7.0
General symptoms 780	547	2.0	6.7
Other open wound of head 873	515	1.9	6.3
Migraine 346	469	1.7	5.8
Sprains and strains of ankle and foot 845	449	1.6	5.5
All other diagnoses	20,935	76.9	257.4
45–64 years:			
All visits	12,509	100.0	257.9
Symptoms involving respiratory system and other chest symptoms 786	730	5.8	15.0
Other symptoms involving abdomen and pelvis 789	489	3.9	10.1
General symptoms 780	342	2.7	7.1
Open wound of fingers 883	273	2.2	5.6

Table 21. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal diagnoses: United States, 1992—Con.

Selected patient characteristic, principal diagnosis, and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
45–64 years:—Con.			
Contusion of lower limb and of other and unspecified sites 924	255	2.0	5.3
Symptoms involving head and neck 784	241	1.9	5.0
Other and unspecified disorders of back 724	226	1.8	4.7
Other open wound of head 873	220	1.8	4.5
Asthma 493	197	1.6	4.1
Other disorders of urethra and urinary tract 599	195	1.6	4.0
All other diagnoses	9,342	74.7	192.6
65–74 years:			
All visits	5,806	100.0	314.3
Symptoms involving respiratory system and other chest symptoms 786	356	6.1	19.3
General symptoms 780	229	3.9	12.4
Pneumonia, organism unspecified 486	176	3.0	9.6
Heart failure 428	159	2.7	8.6
Chronic airway obstruction, not elsewhere classified 496	145	2.5	7.8
Other disorders of urethra and urinary tract 599	141	2.4	7.7
Cardiac dysrhythmias 427	139	2.4	7.5
Other open wound of head 873	127	2.2	6.9
Other symptoms involving abdomen and pelvis 789	120	2.1	6.5
Acute myocardial infarction 410	109	1.9	5.9
All other diagnoses	4,103	70.7	222.2
75 years and over:			
All visits	6,871	100.0	557.6
Symptoms involving respiratory system and other chest symptoms 786	373	5.4	30.2
General symptoms 780	355	5.2	28.8
Heart failure 428	320	4.7	26.0
Pneumonia, organism unspecified 486	275	4.0	22.3
Other disorders of urethra and urinary tract 599	220	3.2	17.8
Cardiac dysrhythmias 427	197	2.9	16.0
Other symptoms involving abdomen and pelvis 789	173	2.5	14.0
Disorders of fluid, electrolyte, and acid-base balance 276	171	2.5	13.9
Fracture of neck of femur 820	138	2.0	11.2
Other open wound of head 873	136	2.0	11.1
All other diagnoses	4,513	65.7	366.2
Sex			
Female:			
All visits	46,612	100.0	360.6
Other symptoms involving abdomen and pelvis 789	1,587	3.4	12.3
Suppurative and unspecified otitis media 382	1,559	3.3	12.1
Symptoms involving respiratory system and other chest symptoms 786	1,396	3.0	10.8
General symptoms 780	1,135	2.4	8.8
Acute upper respiratory infections of multiple or unspecified sites 465	1,094	2.3	8.5
Other noninfectious gastroenteritis and colitis 558	1,075	2.3	8.3
Other disorders of urethra and urinary tract 599	1,032	2.2	8.0
Contusion of lower limb and of other and unspecified sites 924	917	2.0	7.1
Other open wound of head 873	910	2.0	7.0
Sprains and strains of other and unspecified parts of back 847	863	1.9	6.7
All other diagnoses	35,043	75.2	271.1
Male:			
All visits	43,184	100.0	353.4
Other open wound of head 873	1,668	3.9	13.7
Suppurative and unspecified otitis media 382	1,603	3.7	13.1
Symptoms involving respiratory system and other chest symptoms 786	1,271	2.9	10.4
General symptoms 780	1,205	2.8	9.9
Open wound of finger(s) 883	1,092	2.5	8.9
Sprains and strains of other and unspecified parts of back 847	966	2.2	7.9
Acute upper respiratory infections of multiple or unspecified sites 465	904	2.1	7.4
Contusion of lower limb and of other and unspecified sites 924	866	2.0	7.1
Other symptoms involving abdomen and pelvis 789	766	1.8	6.3
Other noninfectious gastroenteritis and colitis 558	730	1.7	6.0
All other diagnoses	32,114	74.4	262.8

Table 21. Number, percent distribution, and annual rate of emergency department visits by patient's age, sex, race, and 10 most frequent principal diagnoses: United States, 1992—Con.

Selected patient characteristic, principal diagnosis, and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*	*Number of visits per 1,000 persons per year*[2]
Race[3]			
White:			
All visits	70,478	100.0	336.5
Suppurative and unspecified otitis media 382	2,347	3.3	11.2
Symptoms involving respiratory system and other chest symptoms 786	2,206	3.1	10.5
Other open wound of head 873	2,118	3.0	10.1
Other symptoms involving abdomen and pelvis 789	1,950	2.8	9.3
General symptoms 780	1,870	2.7	8.9
Contusion of lower limb and of other and unspecified sites 924	1,422	2.0	6.8
Open wound of finger(s) 883	1,411	2.0	6.7
Sprains and strains of other and unspecified parts of back 847	1,408	2.0	6.7
Acute upper respiratory infections of multiple or unspecified sites 465	1,374	2.0	6.6
Other noninfectious gastroenteritis and colitis 558	1,343	1.9	6.4
All other diagnoses	53,027	75.2	253.2
Black:			
All visits	17,150	100.0	545.1
Suppurative and unspecified otitis media 382	758	4.4	24.1
Acute upper respiratory infections of multiple or unspecified sites 465	559	3.3	17.8
Asthma 493	488	2.8	15.5
Symptoms involving respiratory system and other chest symptoms 786	418	2.4	13.3
Other noninfectious gastroenteritis and colitis 558	416	2.4	13.2
Other open wound of head 873	408	2.4	13.0
General symptoms 780	400	2.3	12.7
Sprains and strains of other and unspecified parts of back 847	366	2.1	11.6
Other symptoms involving abdomen and pelvis 789	362	2.1	11.5
Contusion of lower limb and of other and unspecified sites 924	333	1.9	10.6
All other diagnoses	12,642	73.7	401.8

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[3]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 22. Number and percent distribution of emergency department visits by selected principal diagnoses, according to patient's age, sex, and race: United States, 1992

Principal diagnosis and ICD–9–CM code[1]	Age						Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Number of visits in thousands									
All visits	89,796	22,523	14,848	27,240	12,509	12,676	46,612	43,184	70,478	17,150
Infectious and parasitic diseases 001–139	3,113	1,431	588	678	208	209	1,590	1,523	2,100	915
Viral infection in conditions classified elsewhere and of unspecified site 079	876	450	149	196	*	*	447	428	630	198
Neoplasms 140–239	254	*	*	*	71	113	151	103	223	*
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	1,087	111	*	247	252	420	609	478	795	286
Mental disorders 290–319	2,381	75	356	1,258	399	293	1,225	1,156	1,803	504
Diseases of the nervous system and sense organs 320–389	6,026	3,296	514	1,363	605	249	3,247	2,779	4,573	1,290
Disorders of conjunctiva 372	551	238	88	155	*	*	278	273	343	193
Suppurative and unspecified otitis media 382	3,162	2,773	125	202	*	*	1,559	1,603	2,347	758
Diseases of the circulatory system 390–459	3,875	*	*	532	1,194	2,056	2,062	1,813	3,207	608
Diseases of the respiratory system 460–519	10,905	4,324	1,483	2,368	1,175	1,555	6,000	4,905	8,008	2,576
Acute pharyngitis 462	1,260	526	294	333	*	*	742	517	917	315
Acute upper respiratory infections of multiple or unspecified sites 465	1,998	1,293	248	258	108	91	1,094	904	1,374	559
Pneumonia, organism unspecified 486	1,142	288	*	192	155	452	536	606	875	206
Bronchitis, not specified as acute or chronic 490	1,041	254	160	356	135	136	638	403	765	249
Asthma 493	1,467	579	207	395	197	89	800	667	925	488
Diseases of the digestive system 520–579	5,469	1,354	791	1,598	796	931	3,023	2,446	4,181	1,140
Other noninfectious gastroenteritis and colitis 558	1,805	902	260	328	184	131	1,075	730	1,343	416
Diseases of the genitourinary system 580–629	3,810	311	1,017	1,494	461	528	2,694	1,116	2,804	943
Other disorders of urethra and urinary tract 599	1,340	116	262	406	195	361	1,032	308	1,016	303
Diseases of the skin and subcutaneous tissue 680–709	2,666	678	422	884	388	294	1,270	1,396	2,004	580
Diseases of the musculoskeletal system and connective tissue 710–739	3,812	363	470	1,549	808	622	2,261	1,551	2,944	814
Other and unspecified disorders of back 724	991	*	144	428	226	143	573	418	805	174
Other disorders of soft tissues 729	690	*	95	261	157	122	420	271	489	189
Symptoms, signs, and ill-defined conditions 780–799	10,484	1,488	1,463	3,164	2,090	2,280	5,791	4,693	8,547	1,709
General symptoms 780	2,340	631	237	547	342	584	1,135	1,205	1,870	400
Symptoms involving head and neck 784	1,244	84	138	571	241	210	813	431	1,030	197
Symptoms involving respiratory system and other chest symptoms 786	2,667	193	212	803	730	729	1,396	1,271	2,206	418
Other symptoms involving abdomen and pelvis 789	2,353	239	578	753	489	293	1,587	766	1,950	362
Injury and poisoning 800–999	29,389	7,615	6,156	9,871	3,308	2,439	12,851	16,537	24,513	4,183
Sprains and strains of ankle and foot 845	1,357	289	435	449	133	*	638	720	1,163	173
Sprains and strains of other and unspecified parts of back 847	1,829	83	506	929	188	124	863	966	1,408	366
Other open wound of head 873	2,578	1,244	336	515	220	263	910	1,668	2,118	408
Open wound of other and unspecified sites, except limbs 879	1,295	469	246	340	146	94	573	722	1,058	190
Open wound of finger(s) 883	1,617	222	404	639	273	*	526	1,092	1,411	170
Contusion of upper limb 923	1,273	310	315	438	129	81	659	614	1,126	103
Contusion of lower limb and of other and unspecified sites 924	1,784	379	361	630	255	159	917	866	1,422	333
Supplementary classification V01–V82	3,000	684	600	1,010	335	371	1,537	1,463	2,318	599
All other diagnoses[3]	1,227	170	455	488	*	73	1,044	183	837	356
Unknown[4]	2,297	569	401	706	381	241	1,257	1,040	1,622	621
	Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	3.5	6.4	4.0	2.5	1.7	1.7	3.4	3.5	3.0	5.3
Viral infection in conditions classified elsewhere and of unspecified site 079	1.0	2.0	1.0	0.7	*	*	1.0	1.0	0.9	1.2
Neoplasms 140–239	0.3	*	*	*	0.6	0.9	0.3	0.2	0.3	*
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	1.2	*	0.4	0.9	2.0	3.3	1.3	1.1	1.1	1.7

Table 22. Number and percent distribution of emergency department visits by selected principal diagnoses, according to patient's age, sex, and race: United States, 1992—Con.

Principal diagnosis and ICD–9–CM code[1]	Age						Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
	Percent distribution									
Mental disorders 290–319	2.7	0.3	2.4	4.6	3.2	2.3	2.6	2.7	2.6	2.9
Diseases of the nervous system and sense organs 320–389	6.7	14.6	3.5	5.0	4.8	2.0	7.0	6.4	6.5	7.5
Disorders of conjunctiva 372	0.6	1.1	0.6	0.6	*	*	0.6	0.6	0.5	1.1
Suppurative and unspecified otitis media 382	3.5	12.3	0.8	0.7	*	*	3.3	3.7	3.3	4.4
Diseases of the circulatory system 390–459	4.3	*	*	2.0	9.5	16.2	4.4	4.2	4.6	3.5
Diseases of the respiratory system 460–519	12.1	19.2	10.0	8.7	9.4	12.3	12.9	11.4	11.4	15.0
Acute pharyngitis 462	1.4	2.3	2.0	1.2	*	*	1.6	1.2	1.3	5.3
Acute upper respiratory infections of multiple or unspecified sites 465	2.2	5.7	1.7	0.9	0.9	0.7	2.3	2.1	2.0	3.3
Pneumonia, organism unspecified 486	1.3	1.3	*	0.7	1.2	3.6	1.1	1.4	1.2	1.2
Bronchitis, not specified as acute or chronic 490	1.2	1.1	1.1	1.3	1.1	1.1	1.4	0.9	1.1	1.5
Asthma 493	1.6	2.6	1.4	1.5	1.6	0.7	1.7	1.5	1.3	2.8
Diseases of the digestive system 520–579	6.1	6.0	5.3	5.9	6.4	7.3	6.5	5.7	5.9	6.6
Other noninfectious gastroenteritis and colitis 558	2.0	4.0	1.8	1.2	1.5	1.0	2.3	1.7	1.9	2.4
Diseases of the genitourinary system 580–629	4.2	1.4	6.8	5.5	3.7	4.2	5.8	2.6	4.0	5.5
Other disorders of urethra and urinary tract 599	1.5	0.5	1.8	1.5	1.6	2.8	2.2	0.7	1.4	1.8
Diseases of the skin and subcutaneous tissue 680–709	3.0	3.0	2.8	3.2	3.1	2.3	2.7	3.2	2.8	3.4
Diseases of the musculoskeletal system and connective tissue 710–739	4.2	1.6	3.2	5.7	6.5	4.9	4.9	3.6	4.2	4.7
Other and unspecified disorders of back 724	1.1	*	1.0	1.6	1.8	1.1	1.2	1.0	1.1	1.0
Other disorders of soft tissues 729	0.8	*	0.6	1.0	1.3	1.0	0.9	0.6	0.7	1.1
Symptoms, signs, and ill-defined conditions 780–799	11.7	6.6	9.9	11.6	16.7	18.0	12.4	10.9	12.1	10.0
General symptoms 780	2.6	2.8	1.6	2.0	2.7	4.6	2.4	2.8	2.7	2.3
Symptoms involving head and neck 784	1.4	0.4	0.9	2.1	1.9	1.7	1.7	1.0	1.5	1.2
Symptoms involving respiratory system and other chest symptoms 786	3.0	0.9	1.4	2.9	5.8	5.8	3.0	2.9	3.1	2.4
Other symptoms involving abdomen and pelvis 789	2.6	1.1	3.9	2.8	3.9	2.3	3.4	1.8	2.8	2.1
Injury and poisoning 800–999	32.7	33.8	41.5	36.2	26.4	19.2	27.6	38.3	34.8	24.4
Sprains and strains of ankle and foot 845	1.5	1.3	2.9	1.6	1.1	*	1.4	1.7	1.6	1.0
Sprains and strains of other and unspecified parts of back 847	2.0	0.4	3.4	3.4	1.5	1.0	1.9	2.2	2.0	2.1
Other open wound of head 873	2.9	5.5	2.3	1.9	1.8	2.1	2.0	3.9	3.0	2.4
Open wound of other and unspecified sites, except limbs 879	1.4	2.1	1.7	1.2	1.2	0.7	1.2	1.7	1.5	1.1
Open wound of finger(s) 883	1.8	1.0	2.7	2.3	2.2	*	1.1	2.5	2.0	1.0
Contusion of upper limb 923	1.4	1.4	2.1	1.6	1.0	0.6	1.4	1.4	1.6	0.6
Contusion of lower limb and of other and unspecified sites 924	2.0	1.7	2.4	2.3	2.0	1.3	2.0	2.0	2.0	1.9
Supplementary classification V01–V82	3.3	3.0	4.0	3.7	2.7	2.9	3.3	3.4	3.3	3.5
All other diagnoses[3]	1.4	0.8	3.1	1.8	*	0.6	2.2	0.4	1.2	2.1
Unknown[4]	2.6	2.5	2.7	2.6	3.0	1.9	2.7	2.4	2.3	3.6

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[4]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 23. Number and percent distribution of emergency department visits by patient's age, sex, and race, according to selected principal diagnoses: United States, 1992

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Age						Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black
		Percent distribution									
All visits	89,796	100.0	25.1	16.5	30.3	13.9	14.1	51.9	48.1	78.5	19.1
Infectious and parasitic diseases 001–139	3,113	100.0	45.9	18.9	21.8	6.7	6.7	51.1	48.9	67.4	29.4
Viral infection in conditions classified elsewhere and of unspecified site 079	876	100.0	51.4	17.1	22.4	*4.6	*4.5	51.1	48.9	71.9	22.7
Neoplasms 140–239	254	100.0	*	*	*	28.0	44.4	59.6	40.4	87.9	*
Endocrine, nutritional and metabolic diseases and immunity disorders 240–279	1,087	100.0	10.2	*	22.7	23.2	38.7	56.0	44.0	73.1	26.3
Mental disorders 290–319	2,381	100.0	3.2	14.9	52.8	16.7	12.3	51.4	48.6	75.8	21.2
Diseases of the nervous system and sense organs 320–389	6,026	100.0	54.7	8.5	22.6	10.0	4.1	53.9	46.1	75.9	21.4
Disorders of conjunctiva 372	551	100.0	43.2	16.0	28.1	*	*	50.5	49.5	62.3	35.1
Suppurative and unspecified otitis media 382	3,162	100.0	87.7	3.9	6.4	*	*	49.3	50.7	74.2	24.0
Diseases of the circulatory system 390–459	3,875	100.0	*	*	13.7	30.8	53.1	53.2	46.8	82.8	15.7
Diseases of the respiratory system 460–519	10,905	100.0	39.7	13.6	21.7	10.8	14.3	55.0	45.0	73.4	23.6
Acute pharyngitis 462	1,260	100.0	41.7	23.4	26.4	*	*	58.9	41.1	72.8	25.0
Acute upper respiratory infections of multiple or unspecified sites 465	1,998	100.0	64.7	12.4	12.9	5.4	4.5	54.8	45.2	68.8	28.0
Pneumonia, organism unspecified 486	1,142	100.0	25.2	*	16.8	13.5	39.6	46.9	53.1	76.6	18.0
Bronchitis, not specified as acute or chronic 490	1,041	100.0	24.4	15.4	34.2	13.0	13.1	61.3	38.7	73.5	23.9
Asthma 493	1,467	100.0	39.4	14.1	26.9	13.4	6.1	54.6	45.4	63.1	33.2
Diseases of the digestive system 520–579	5,469	100.0	24.8	14.5	29.2	14.6	17.0	55.3	44.7	76.4	20.9
Other noninfectious gastroenteritis and colitis 558	1,805	100.0	50.0	14.4	18.1	10.2	7.3	59.6	40.4	74.4	23.0
Diseases of the genitourinary system 580–629	3,810	100.0	8.2	26.7	39.2	12.1	13.9	70.7	29.3	73.6	24.8
Other disorders of urethra and urinary tract 599	1,340	100.0	8.6	19.5	30.3	14.6	27.0	77.0	23.0	75.8	22.6
Diseases of the skin and subcutaneous tissue 680–709	2,666	100.0	25.4	15.8	33.2	14.6	11.0	47.6	52.4	75.2	21.7
Diseases of the musculoskeletal system and connective tissue 710–739	3,812	100.0	9.5	12.3	40.6	21.2	16.3	59.3	40.7	77.2	21.3
Other and unspecified disorders of back 724	991	100.0	*	14.6	43.2	22.8	14.4	57.8	42.2	81.3	17.6
Other disorders of soft tissues 729	690	100.0	*	13.8	37.8	22.7	17.7	60.8	39.2	70.8	27.3
Symptoms, signs, and ill-defined conditions 780–799	10,484	100.0	14.2	14.0	30.2	19.9	21.7	55.2	44.8	81.5	16.3
General symptoms 780	2,340	100.0	27.0	10.1	23.4	14.6	24.9	48.5	51.5	79.9	17.1
Symptoms involving head and neck 784	1,244	100.0	6.7	11.1	45.9	19.4	16.9	65.4	34.6	82.8	15.9
Symptoms involving respiratory system and other chest symptoms 786	2,667	100.0	7.3	7.9	30.1	27.4	27.3	52.3	47.7	82.7	15.7
Other symptoms involving abdomen and pelvis 789	2,353	100.0	10.2	24.6	32.0	20.8	12.5	67.5	32.5	82.9	15.4
Injury and poisoning 800–999	29,389	100.0	25.9	20.9	33.6	11.3	8.3	43.7	56.3	83.4	14.2
Sprains and strains of ankle and foot 845	1,357	100.0	21.3	32.1	33.1	9.8	*	47.0	53.0	85.7	12.7
Sprains and strains of other and unspecified parts of back 847	1,829	100.0	4.5	27.6	50.8	10.3	6.8	47.2	52.8	77.0	20.0
Other open wound of head 873	2,578	100.0	48.2	13.1	20.0	8.5	10.2	35.3	64.7	82.1	15.8
Open wound of other and unspecified sites, except limbs 879	1,295	100.0	36.2	19.0	26.2	11.3	7.3	44.3	55.7	81.7	14.7
Open wound of finger(s) 883	1,617	100.0	13.7	25.0	39.5	16.9	*	32.5	67.5	87.3	10.5
Contusion of upper limb 923	1,273	100.0	24.3	24.7	34.4	10.1	6.4	51.7	48.3	88.4	8.1
Contusion of lower limb and of other and unspecified sites 924	1,784	100.0	21.3	20.2	35.4	14.3	8.9	51.4	48.6	79.7	18.6
Supplementary classification V01–V82	3,000	100.0	22.8	20.0	33.7	11.2	12.4	51.2	48.8	77.3	20.0
All other diagnoses[3]	1,227	100.0	13.9	37.0	39.8	*	6.0	85.1	14.9	68.2	29.0
Unknown[4]	2,297	100.0	24.8	17.4	30.7	16.6	10.5	54.7	45.3	70.6	27.0

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[4]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 24. Number and percent distribution of emergency department visits by selected principal reasons for visit and most frequent principal diagnoses: United States, 1992

Principal reason for visit, RVC code[1], *principal diagnosis, and ICD–9–CM code*[2]		*Number of visits in thousands*	*Percent distribution*
All visits		89,796	. . .
Stomach and abdominal pain, cramps and spasms	S545	4,955	100.0
Abdominal pain	789.0	1,379	27.8
Other noninfectious gastroenteritis and colitis	558.9	369	7.4
Gastritis and duodenitis	535.0–535.6	223	4.5
Urinary tract infection, site not specified	599.0	201	4.1
Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum	614.0–614.9	146	2.9
Intestinal obstruction without mention of hernia	560.0–560.9	107	2.2
Constipation	564.0	103	2.1
Calculus of gallbladder	574.0–574.2	101	2.0
Appendicitis, unqualified	541	101	2.0
All other diagnoses		2,224	44.9
Chest pain and related symptoms (not referable to body system)	S050	4,625	100.0
Chest pain	786.5	1,642	35.5
Acute myocardial infarction	410.0–410.9	337	7.3
Intermediate coronary syndrome	411.1	298	6.4
Other and unspecified angina pectoris	413.9	212	4.6
Contusion of chest wall	922.1	131	2.8
Pneumonia, organism unspecified	486	131	2.8
Heart failure	428.0–428.9	109	2.3
Other and unspecified disorders of bone and cartilage	733.9	104	2.2
All other diagnoses		1,661	35.9
Fever	S010	3,678	100.0
Suppurative and unspecified otitis media	382.0–382.9	853	23.2
Pyrexia of unknown origin	780.6	362	9.8
Acute upper respiratory infections of multiple or unspecified sites	465.0–465.9	332	9.0
Unspecified viral infection	079.9	229	6.2
Pneumonia, organism unspecified	486	223	6.1
Acute pharyngitis	462	191	5.2
Other noninfectious gastroenteritis and colitis	558.9	117	3.2
Acute tonsillitis	463	112	3.1
Streptococcal sore throat and scarlet fever	034.0–034.1	93	2.5
All other diagnoses		1,165	31.7
Headache, pain in head	S210	2,545	100.0
Headache	784.0	587	23.1
Migraine, unspecified	346.9	409	16.1
Psychalgia	307.8	140	5.5
Contusion of face, scalp, and neck except eye(s)	920	108	4.2
Sprains and strains of neck	847.0	79	3.1
Intracranial injury of other and unspecified nature	845.0–845.1	75	2.9
All other diagnoses		1,146	45.0
Shortness of breath	S415	2,025	100.0
Heart failure	428.0–428.9	292	14.4
Asthma	493.0–493.9	266	13.1
Symptoms involving respiratory system and other chest symptoms	786.0–786.9	202	10.0
Chronic airway obstruction, not elsewhere classified	496	168	8.3
Pneumonia, organism unspecified	486	131	6.5
All other diagnoses		966	47.7
Cough	S440	1,997	100.0
Acute upper respiratory infections of multiple or unspecified sites	465.0–465.9	376	18.8
Bronchitis, not specified as acute or chronic	490	281	14.1
Suppurative and unspecified otitis media	382.0–382.9	235	11.8
Acute bronchitis and bronchiolitis	466.0–466.1	218	10.9
Asthma	493.0–493.9	134	6.7
Pneumonia, organism unspecified	486	107	5.4
All other diagnoses		645	32.3

Table 24. Number and percent distribution of emergency department visits by selected principal reasons for visit and most frequent principal diagnoses: United States, 1992—Con.

Principal reason for visit, RVC code[1], *principal diagnosis, and ICD–9–CM code*[2]		*Number of visits in thousands*	*Percent distribution*
Back symptoms	S905	1,959	100.0
Backache, unspecified	724.5	234	11.9
Lumbago	724.2	173	8.8
Sprains and strains of lumbar	847.2	159	8.1
Sprains and strains, unspecified site of back	847.9	126	6.4
Sprains and strains of sacroiliac region	846.0–846.9	122	6.2
Sprains and strains of neck, thoracic	847.0–847.1	91	4.7
All other diagnoses		1,053	53.8
Symptoms referable to throat	S455	1,957	100.0
Acute pharyngitis	462	628	32.1
Streptococcal sore throat and scarlet fever	034.0–034.1	209	10.7
Acute upper respiratory infections of multiple or unspecified sites	465.0–465.9	202	10.3
Acute tonsillitis	463	200	10.2
Unspecified otitis media	382.9	94	4.8
All other diagnoses		624	31.9
Vomiting	S530	1,877	100.0
Other noninfectious gastroenteritis and colitis	558.9	509	27.1
Nausea and vomiting	787.0	125	6.7
Unspecified otitis media	382.9	118	6.3
Gastritis and duodenitis	535.0–535.6	82	4.4
Intestinal infection due to other organism, not elsewhere classified	008.8	69	3.7
All other diagnoses		974	51.9
Pain, site not referable to specific body system	S055	1,812	100.0
Abdominal pain	789.0	192	10.6
Calculus of kidney and ureter	592.0–592.9	168	9.2
Contusion of chest wall	922.1	118	6.5
Chest pain	786.5	95	5.2
Closed fracture of ribs	807.0	74	4.1
All other diagnoses		1,166	64.3
All other reasons		62,366	69.5

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

NOTE: Numbers may not add to totals because of rounding.

Table 25. Number and percent of emergency department visits by diagnostic and screening service ordered or provided and selected principal diagnoses: United States, 1992

Principal diagnosis and ICD–9–CM code[2]	Number of visits in thousands	Diagnostic and screening services ordered or provided[1]								
		None	Blood pressure	Urinalysis	Other blood test[3]	EKG[4]	Chest x ray	Extremity x ray	Other imaging[5]	Other[6]
		Percent of visits in each diagnosis category at which service was ordered or provided								
All visits	89,796	12.1	73.7	15.2	28.8	13.2	16.8	15.1	12.3	24.3
Infectious and parasitic diseases 001–139	3,113	18.5	63.4	21.7	31.0	6.1	11.9	*	3.8	35.8
Viral infection in conditions classified elsewhere and of unspecified site 079	876	18.5	64.9	19.6	35.6	*5.1	16.2	*	*	26.0
Neoplasms 140–239	254	*	84.4	28.0	49.8	*	36.2	*	*	29.9
Endocrine, nutritional and metabolic diseases and immunity disorders 240–279	1,087	*2.6	87.5	40.1	76.9	32.1	30.7	*	17.8	35.5
Mental disorders 290–319	2,381	4.6	85.7	14.5	41.4	19.2	12.8	2.7	9.0	36.1
Diseases of the nervous system and sense organs 320–389	6,026	30.1	56.2	4.7	11.5	3.1	5.2	*	4.3	23.6
Disorders of conjunctiva 372	551	28.0	57.7	*	*	*	*	–	*	32.6
Suppurative and unspecified otitis media 382	3,162	43.1	39.7	4.5	7.6	*	*	*	*	22.9
Diseases of the circulatory system 390–459	3,875	2.5	88.3	18.3	71.9	71.1	54.3	2.0	15.1	28.1
Diseases of the respiratory system 460–519	10,905	15.0	67.3	8.8	31.2	12.8	36.6	1.0	5.9	31.0
Acute pharyngitis 462	1,260	22.5	61.6	5.5	17.7	*	*	*	*	37.9
Acute upper respiratory infections of multiple or unspecified sites 465	1,998	28.6	53.4	5.1	14.2	*	17.2	*	*	27.6
Pneumonia, organism unspecified 486	1,142	*	77.9	25.8	64.9	34.0	88.5	*	10.1	38.4
Bronchitis, not specified as acute or chronic 490	1,041	13.3	69.2	*5.2	29.2	12.6	47.4	*	*	25.9
Asthma 493	1,467	11.9	71.1	*	29.0	9.3	35.4	*	*	32.9
Diseases of the digestive system 520–579	5,469	9.6	76.1	27.8	51.9	16.1	14.8	2.2	19.7	24.7
Other noninfectious gastroenteritis and colitis 558	1,805	14.6	65.9	28.0	48.4	6.5	7.6	*	12.7	29.7
Diseases of the genitourinary system 580–629	3,810	2.7	81.1	72.6	52.8	5.5	7.9	3.1	15.8	36.7
Other disorders of urethra and urinary tract 599	1,340	*	82.0	90.7	52.7	8.5	13.6	*	7.5	27.6
Diseases of the skin and subcutaneous tissue 680–709	2,666	20.8	71.6	3.7	14.9	3.1	4.8	9.5	*	17.7
Diseases of the musculoskeletal system and connective tissue 710–739	3,812	8.0	78.9	10.4	17.0	8.4	11.3	26.4	16.9	16.8
Other and unspecified disorders of back 991	*	81.7	18.7	15.1	*	6.8	10.1	26.4	14.9	
Other disorders of soft tissues 729	690	*	81.2	11.1	23.2	16.2	20.4	22.5	11.7	24.1
Symptoms, signs, and ill-defined conditions 780–799	10,484	6.0	80.5	27.1	57.0	33.5	31.2	2.2	18.7	28.6
General symptoms 780	2,340	9.7	71.6	21.5	64.6	33.9	27.1	*	16.2	33.5
Symptoms involving head and neck 784	1,244	7.4	86.6	*	25.2	7.6	*	*	17.4	19.4
Symptoms involving respiratory system and other chest symptoms 786	2,667	*	87.4	11.0	62.9	72.6	68.9	*	10.7	29.6
Other symptoms involving abdomen and pelvis 789	2,353	3.2	82.6	56.8	70.8	14.3	17.2	*	34.3	29.6
Injury and poisoning 800–999	29,389	10.0	75.2	5.5	8.6	3.8	7.3	37.9	13.9	17.8
Sprains and strains of ankle and foot 84	1,357	*	76.7	*	*	–	*	83.4	*	11.6
Sprains and strains of other and unspecified parts of back 847	1,829	3.5	82.2	9.3	5.9	*	8.5	28.3	42.7	16.1
Other open wound of head 873	2,578	23.0	66.4	*	5.9	*	*	8.7	13.2	19.7
Open wound of other and unspecified sites, except limbs 879	1,295	28.2	62.3	*	6.7	*	*	13.1	*	12.3
Open wound of fingers 883	1,617	14.9	75.6	*	*	*	*	22.0	*	12.4
Contusion of upper limb 923	1,273	*	73.5	*	*	*	*	81.8	5.7	14.3
Contusion of lower limb and of other and unspecified sites 924	1,784	*	76.3	5.6	6.2	*	8.0	72.0	14.9	19.6
Supplementary classification V01–V82	3,000	22.2	64.3	10.3	18.6	5.7	6.5	4.0	7.5	24.3
All other diagnoses[7]	1,227	8.2	77.4	33.2	62.5	5.6	8.3	*	16.5	30.2
Unknown[8]	2,297	33.2	55.3	7.6	16.7	6.1	7.6	5.9	6.7	15.4

* Figures does not meet standard of reliability or precision.

– Quantity zero.

[1]More than one diagnostic or screening service may be reported per visit.

[2]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[3]Includes HIV (human immunodeficiency virus) serology and ''other'' blood test.

[4]EKG is electrocardiogram.

[5]Includes CT scan/MRI and ''other'' diagnostic imaging.

[6]Includes mental status exam and ''other'' diagnostic service.

[7]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[8]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Example of use of table - 47.4 percent of visits with a principal diagnosis of bronchitis (ICD–9–CM code 490) included a chest x ray.

Table 26. Number and percent of emergency department visits by procedures provided and patient's age, sex, and race: United States, 1992

Procedures provided	Age							Sex		Race[1]	
	All ages	*Under 15 years*	*15–24 years*	*25–44 years*	*45–64 years*	*65–74 years*	*75 years and over*	*Female*	*Male*	*White*	*Black*
	Number of visits in thousands[2]										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
None	51,782	14,804	8,610	16,124	6,621	2,696	2,928	28,636	23,147	38,984	11,495
IV fluids[3]	12,955	927	1,390	3,362	2,841	1,850	2,585	6,956	5,998	10,810	1,844
Wound care	11,550	3,152	2,280	3,669	1,402	489	559	4,203	7,347	9,538	1,725
Orthopedic care	7,072	1,754	1,500	2,274	892	379	273	3,254	3,818	6,153	749
Eye/ENT care[4]	2,484	660	431	939	285	96	*	1,088	1,396	2,019	409
Bladder catheter	2,319	138	342	508	324	344	664	1,456	863	1,959	343
NG tube/gastric lavage[5]	878	82	169	261	130	108	129	441	437	735	120
Endotracheal intubation	408	*	*	*	79	98	127	169	239	377	*
CPR[6]	291	*	*	*	*	*	114	114	177	266	*
Lumbar puncture	244	125	*	*	*	*	*	125	119	183	*
Other	6,692	1,633	1,090	1,812	1,027	552	578	3,318	3,374	5,229	1,278
	Percent										
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
None	57.7	65.7	58.0	59.2	52.9	46.4	42.6	61.4	53.6	55.3	67.0
IV fluids[3]	14.4	4.1	9.4	12.3	22.7	31.9	37.6	14.9	13.9	15.3	10.8
Wound care	12.9	14.0	15.4	13.5	11.2	8.4	8.1	9.0	17.0	13.5	10.1
Orthopedic care	7.9	7.8	10.1	8.3	7.1	6.5	4.0	7.0	8.8	8.7	4.4
Eye/ENT care[4]	2.8	2.9	2.9	3.4	2.3	1.7	*	2.3	3.2	2.9	2.4
Bladder catheter	2.6	0.6	2.3	1.9	2.6	5.9	9.7	3.1	2.0	2.8	2.0
NG tube/gastric lavage[5]	1.0	0.4	1.1	1.0	1.0	1.9	1.9	0.9	1.0	1.0	0.7
Endotracheal intubation	0.5	*	*	*	0.6	1.7	1.9	0.4	0.6	0.5	*
CPR[6]	0.3	*	*	*	*	*	1.7	0.2	0.4	0.4	*
Lumbar puncture	0.3	0.6	*	*	*	*	*	0.3	0.3	0.3	*
Other	7.5	7.3	7.3	6.7	8.2	9.5	8.4	7.1	7.8	7.4	7.5

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Estimates for races other than white and black have been omitted because of small sample sizes.

[2]Numbers may not add to totals because more than one procedure may be reported per visit.

[3]IV is intravenous.

[4]ENT is ears, nose, and throat.

[5]NG is nasogastric.

[6]CPR is cardiopulmonary resuscitation.

NOTE: Example of use of table: 37.6 percent of visits by persons 75 years and over included the administration of IV fluids.

Table 27. Number and percent distribution of emergency department visits by medication therapy, according to patient's age, sex, and race: United States, 1992

Medication therapy[1]	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
Medication therapy ordered or provided at visit	Number of visits in thousands										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
Drug visits[3]	62,088	14,837	9,933	19,611	9,280	4,025	4,402	32,841	29,248	48,628	12,059
Visits without mention of medication	27,707	7,686	4,915	7,629	3,230	1,780	2,468	13,771	13,936	21,850	5,090
Number of medications ordered or provided at visit											
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
None	27,707	7,686	4,915	7,629	3,229	1,780	2,468	13,771	13,936	21,850	5,090
1	29,271	7,617	5,227	9,361	3,745	1,529	1,792	14,899	14,373	22,728	5,893
2	18,855	4,698	3,117	6,103	2,746	1,109	1,082	10,309	8,546	14,744	3,685
3	8,070	1,863	1,071	2,578	1,320	541	698	4,365	3,706	6,322	1,548
4	3,231	454	375	946	772	349	334	1,655	1,576	2,554	602
5 or more	2,660	204	143	622	697	498	496	1,613	1,047	2,280	333
Medication therapy ordered or provided at visit	Percent distribution										
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Drug visits[3]	69.1	65.9	66.9	72.0	74.2	69.3	64.1	70.5	67.7	69.0	70.3
Visits without mention of medication	30.9	34.1	33.1	28.0	25.8	30.7	35.9	29.5	32.3	31.0	29.7
Number of medications ordered or provided at visit											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	30.9	34.1	33.1	28.0	25.8	30.7	35.9	29.5	32.3	31.0	29.7
1	32.6	33.8	35.2	34.4	29.9	26.3	26.1	32.0	33.3	32.2	34.4
2	21.0	20.9	21.0	22.4	22.0	19.1	15.7	22.1	19.8	20.9	21.5
3	9.0	8.3	7.2	9.5	10.5	9.3	10.2	9.4	8.6	9.0	9.0
4	3.6	2.0	2.5	3.5	6.2	6.0	4.9	3.6	3.6	3.6	3.5
5 or more	3.0	0.9	1.0	2.3	5.6	8.6	7.2	3.5	2.4	3.2	1.9

[1]Includes prescription drugs, over-the-counter medications, immunizing agents, and desensitizing agents.

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Visits at which one or more drugs were provided or prescribed.

NOTE: Numbers may not add to totals because of rounding.

Table 28. Number and percent distribution of drug mentions at emergency department visits by therapeutic classification: United States, 1992

Therapeutic classification[1]	*Number of drug mentions in thousands*	*Percent distribution*
All drug mentions	117,419	100.0
Drugs used for relief of pain	34,993	29.8
General analgesics	22,904	19.5
Antiarthritics	11,283	9.6
Other	806	0.7
Antimicrobial agents	19,576	16.7
Penicillins	6,467	5.5
Cephalosporins	5,981	5.1
Erythromycins and lincosamides	2,861	2.4
Sulfanomides and trimethoprim	1,057	0.9
Miscellaneous antibacterial agents	1,092	0.9
Tetracyclines	825	0.7
Urinary tract antiseptics	624	0.5
Other	668	0.6
Respiratory tract drugs	13,348	11.4
Bronchodilators, antiasthmatics	5,344	4.6
Nasal decongestants	4,184	3.6
Antitussives, expectorants, mucolytics	1,523	0.0
Antihistamines	2,286	1.9
Other	*	*
Cardiovascular-renal drugs	7,585	6.5
Antianginal agents	3,075	2.6
Diuretics	1,699	1.4
Antihypertensive agents	1,445	1.2
Cardiac glycosides	602	0.5
Antiarrhythmic agents	402	0.3
Agents used in peripheral or cerebral vascular disorders	168	0.1
Other	192	0.4
Psychopharmacological drugs	5,934	5.1
Sedatives and hypnotics	2,156	1.8
Antianxiety agents	1,799	1.5
Antipsychotic drugs	1,538	1.3
Antidepressants	418	0.4
Other	*	*
Gastrointestinal agents	5,565	4.7
Agents used in disorders of upper GI tract	2,945	2.5
Miscellaneous gastrointestinal agents	1,682	1.4
Laxatives	639	0.5
Antidiarrheal agents	250	0.2
Other	*	*
Skin/mucous membrane	3,988	3.4
Dermatologics	3,029	2.6
Antiseptics/disinfectants	265	0.2
Other	694	0.4
Immunologic agents	3,726	3.2
Vaccines and antiserum	3,673	3.1
Other	*	*
Hormones and related agents	3,556	3.0
Adrenal corticosteroids	1,813	1.5
Blood glucose regulators	957	0.8
Agents used to treat thyroid disease	256	0.2
Estrogens and progestins	235	0.2
Contraceptive agents	184	0.2
Other	110	0.1
Neurologic drugs	2,774	2.4
Anesthetic drugs	2,755	2.3
Metabolic and nutrient agents	2,336	2.0
Ophthalmic drugs	2,094	1.8
Hematologic agents	1,192	1.0
Otologic drugs	1,127	1.0
Other and unclassified[2]	6,870	5.9

* Figure does not meet standard of reliability or precision. [1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition* (12).
[2]Includes antidotes, radiopharmaceuticals/contrast media, oncolytics, antiparasitics, and unclassified or miscellaneous drugs.

NOTE: Numbers may not add to totals because of rounding.

Table 29. Number and percent distribution of drug mentions at emergency department visits by therapeutic classification, according to patient's age, sex, and race: United States, 1992

Therapeutic classification[1]	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of drug mentions in thousands										
All drug mentions	117,419	25,441	16,890	36,196	19,772	9,253	9,866	63,296	54,123	92,797	21,975
Drugs used for relief of pain	34,993	7,333	5,815	12,622	5,484	1,963	1,776	18,597	16,396	27,720	6,521
Antimicrobial agents	19,576	7,395	3,345	5,239	1,980	717	899	10,327	9,249	14,510	4,632
Respiratory tract drugs	13,348	4,404	1,787	3,502	2,051	880	724	7,402	5,946	10,217	2,763
Cardiovascular-renal drugs	7,585	101	75	1,007	2,245	1,882	2,274	4,339	3,246	6,215	1,276
Psychopharmacological drugs	5,934	417	713	2,407	1,343	577	477	3,682	2,252	5,175	635
Gastrointestinal agents	5,565	504	862	1,923	1,150	519	607	3,330	2,236	4,476	936
Skin/mucous membrane	3,988	1,372	627	1,172	390	226	201	1,737	2,251	3,111	771
Immunologic agents	3,726	362	776	1,427	638	232	291	1,565	2,160	3,113	541
Hormones and related agents	3,556	632	398	952	794	380	401	2,274	1,281	2,792	669
Neurologic drugs	2,774	106	439	1,463	463	128	174	1,278	1,496	2,227	494
Anesthetic drugs	2,755	320	235	611	602	471	517	1,325	1,430	2,371	316
Metabolic and nutrient agents	2,336	347	195	537	525	365	368	1,324	1,012	1,864	390
Ophthalmic drugs	2,094	590	383	783	205	*	88	836	1,259	1,719	337
Hematologic agents	1,192	*	*	239	387	200	265	656	537	1,034	136
Otologic drugs	1,127	387	131	266	159	98	86	694	433	935	167
Other and unclassified[3]	6,870	1,117	1,063	2,047	1,357	570	717	3,931	2,939	5,317	1,390
	Percent distribution										
All drug mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Drugs used for relief of pain	29.8	28.8	34.4	34.9	27.7	21.2	18.0	29.4	30.3	29.9	29.7
Antimicrobial agents	16.7	29.1	19.8	14.5	10.0	7.7	9.1	16.3	17.1	15.6	21.1
Respiratory tract drugs	11.4	17.3	10.6	9.7	10.4	9.5	7.3	11.7	11.0	11.0	12.6
Cardiovascular-renal drugs	6.5	0.4	0.4	2.8	11.4	20.3	23.1	6.9	6.0	6.7	5.8
Psychopharmacological drugs	5.1	1.6	4.2	6.7	6.8	6.2	4.8	5.8	4.2	5.6	2.9
Gastrointestinal agents	4.7	2.0	5.1	5.3	5.8	5.6	6.2	5.3	4.1	4.8	4.3
Skin/mucous membrane	3.4	5.4	3.7	3.2	2.0	2.4	2.0	2.7	4.2	3.4	3.5
Immunologic agents	3.2	1.4	4.6	3.9	3.2	2.5	3.0	2.5	4.0	3.4	2.5
Hormones and related agents	3.0	2.5	2.4	2.6	4.0	4.1	4.1	3.6	2.4	3.0	3.0
Neurologic drugs	2.4	0.4	2.6	4.0	2.3	1.4	1.8	2.0	2.8	2.4	2.2
Anesthetic drugs	2.3	1.3	1.4	1.7	3.0	5.1	5.2	2.1	2.6	2.6	1.4
Metabolic and nutrient agents	2.0	1.4	1.2	1.5	2.7	3.9	3.7	2.1	1.9	2.0	1.8
Ophthalmic drugs	1.8	2.3	2.3	2.2	1.0	*	0.9	1.3	2.3	1.9	1.5
Hematologic agents	1.0	*	*	0.7	2.0	2.2	2.7	1.0	1.0	1.1	0.6
Otologic drugs	1.0	1.5	0.8	0.7	0.8	1.1	0.9	1.1	0.8	1.0	0.8
Other and unclassified[3]	5.9	4.4	6.3	5.7	6.9	6.2	7.3	6.2	5.4	5.7	6.3

* Figure does not meet standard of reliability or precision.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition* (12).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Includes antidotes, radiopharmaceuticals/contrast media, oncolytics, antiparasitics, and unclassified/miscellaneous drugs.

NOTE: Numbers may not add to totals because of rounding.

Table 30. Number and percent distribution of drug mentions at emergency department visits by patient's age, sex, and race, according to therapeutic classification of drug: United States, 1992

Therapeutic classification[1]	Number of drug mentions in thousands	Age							Sex		Race[2]	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
		Percent distribution										
All drug mentions	117,419	100.0	21.7	14.4	30.8	16.8	7.9	8.4	53.9	46.1	79.0	18.7
Drugs used for relief of pain	34,993	100.0	21.0	16.6	36.1	15.7	5.6	5.1	53.1	46.9	79.2	18.6
Antimicrobial agents	19,576	100.0	37.8	17.1	26.8	10.1	3.7	4.6	52.8	47.2	74.1	23.7
Respiratory tract drugs	13,348	100.0	33.0	13.4	26.2	15.4	6.6	5.4	55.5	44.5	76.5	20.7
Cardiovascular-renal drugs	7,585	100.0	1.3	1.0	13.3	29.6	24.8	30.0	57.2	42.8	81.9	16.8
Psychopharmacological drugs	5,934	100.0	7.0	12.0	40.6	22.6	9.7	8.0	62.0	38.0	87.2	10.7
Gastrointestinal agents	5,565	100.0	9.1	15.5	34.5	20.7	9.3	10.9	59.8	40.2	80.4	16.8
Skin/mucous membrane	3,988	100.0	34.4	15.7	29.4	9.8	5.7	5.0	43.6	56.4	78.0	19.3
Immunologic agents	3,726	100.0	9.7	20.8	38.3	17.1	6.2	7.8	42.0	58.0	83.6	14.5
Hormones and related agents	3,556	100.0	17.8	11.2	26.8	22.3	10.7	11.3	64.0	36.0	78.5	18.8
Neurologic drugs	2,774	100.0	3.8	15.8	52.8	16.7	4.6	6.3	46.1	53.9	80.3	17.8
Anesthetic drugs	2,755	100.0	11.6	8.5	22.2	21.9	17.1	18.8	48.1	51.9	86.0	11.5
Metabolic and nutrient agents	2,336	100.0	14.8	8.3	23.0	22.5	15.6	15.8	56.7	43.3	79.8	16.7
Ophthalmic drugs	2,094	100.0	28.2	18.3	37.4	9.8	*	4.2	39.9	60.1	82.1	16.1
Hematologic agents	1,192	100.0	*	*	20.0	32.4	16.8	22.2	55.0	45.0	86.7	11.4
Otologic drugs	1,127	100.0	34.3	11.7	23.6	14.1	8.7	7.6	61.6	38.4	83.0	14.8
Other and unclassified[3]	6,870	100.0	16.3	15.5	29.8	19.8	8.3	10.4	57.2	42.8	77.4	20.2

* Figure does not meet standard of reliability or precision.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition* (12).

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

[3]Includes antidotes, radiopharmaceuticals/contrast media, oncolytics, antiparasitics, and unclassified/miscellaneous drugs.

NOTE: Numbers may not add to totals because of rounding.

Table 31. Number and percent distribution of emergency department visits by medication therapy, according to selected principal diagnoses: United States, 1992

Principal diagnosis and ICD–9–CM code[2]		Number of visits in thousands	Medication therapy[1]		
			Total	Yes	No
			Percent distribution		
All visits		89,796	100.0	69.1	30.9
Infectious and parasitic diseases	001–139	3,113	100.0	78.0	22.0
Viral infection in conditions classified elsewhere and of unspecified site	079	876	100.0	78.9	21.1
Neoplasms	140–239	254	100.0	61.7	38.3
Endocrine, nutritional and metabolic diseases, and immunity disorders	240–279	1,087	100.0	68.8	31.2
Mental disorders	290–319	2,381	100.0	51.5	48.5
Diseases of the nervous system and sense organs	320–389	6,026	100.0	88.3	11.7
Disorders of conjunctiva	372	551	100.0	83.7	16.3
Suppurative and unspecified otitis media	382	3,162	100.0	93.8	6.2
Diseases of the circulatory system	390–459	3,875	100.0	70.0	30.0
Diseases of the respiratory system	460–519	10,905	100.0	85.1	14.9
Acute pharyngitis	462	1,260	100.0	84.5	15.5
Acute upper respiratory infections of multiple or unspecified sites	465	1,998	100.0	80.0	20.0
Pneumonia, organism unspecified	486	1,142	100.0	77.0	23.0
Bronchitis, not specified as acute or chronic	490	1,041	100.0	89.5	10.5
Asthma	493	1,467	100.0	94.9	5.1
Diseases of the digestive system	520–579	5,469	100.0	69.1	30.9
Other noninfectious gastroenteritis and colitis	558	1,805	100.0	66.4	33.6
Diseases of the genitourinary system	580–629	3,810	100.0	77.1	22.9
Other disorders of urethra and urinary tract	599	1,340	100.0	80.7	19.3
Diseases of the skin and subcutaneous tissue	680–709	2,666	100.0	78.9	21.1
Diseases of the musculoskeletal system and connective tissue	710–739	3,812	100.0	78.9	21.1
Other and unspecified disorders of back	724	991	100.0	84.7	15.3
Other disorders of soft tissues	729	690	100.0	71.8	28.2
Symptoms, signs, and ill-defined conditions	780–799	10,484	100.0	69.7	30.3
General symptoms	780	2,340	100.0	67.0	33.0
Symptoms involving head and neck	784	1,244	100.0	80.5	19.5
Symptoms involving respiratory system and other chest symptoms	786	2,667	100.0	74.0	26.0
Other symptoms involving abdomen and pelvis	789	2,353	100.0	66.4	33.6
Injury and poisoning	800–999	29,389	100.0	64.2	35.8
Sprains and strains of ankle and foot	845	1,357	100.0	52.3	47.7
Sprains and strains of other and unspecified parts of back	847	1,829	100.0	74.7	25.3
Other open wound of head	873	2,578	100.0	57.4	42.6
Open wound of other and unspecified sites, except limbs	879	1,295	100.0	52.1	47.9
Open wound of fingers	883	1,617	100.0	68.8	31.2
Contusion of upper limb	923	1,273	100.0	56.6	43.4
Contusion of lower limb and of other and unspecified sites	924	1,784	100.0	62.4	37.6
Supplementary classification	V01–V82	3,000	100.0	31.6	68.4
All other diagnoses[3]		1,227	100.0	48.4	51.6
Unknown[4]		2,297	100.0	32.1	67.8

[1]Includes new or continuing medication that was provided or prescribed at the visit.

[2]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[4]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 32. Number and percent of emergency department visits by providers seen and patient's age, sex, and race: United States, 1992

Provider seen	All ages	Age						Sex		Race[2]	
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands[1]										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
Resident/intern	12,294	3,899	1,885	3,524	1,560	703	724	6,292	6,002	7,364	4,629
Staff physician	74,079	18,035	12,304	22,472	10,584	4,878	5,808	38,421	35,658	58,805	13,453
Other physician	10,535	2,199	1,468	2,877	1,700	984	1,308	5,345	5,190	8,852	1,483
Physician assistant	1,757	368	381	620	187	97	105	859	898	1,453	271
Nurse practitioner	1,748	420	289	635	206	113	85	940	808	1,048	673
Registered nurse	74,635	18,718	12,422	22,592	10,334	4,817	5,752	38,997	35,638	59,256	13,554
Licensed practical nurse	5,837	1,625	1,046	1,737	756	357	316	3,009	2,828	4,249	1,518
Nurse's aide	8,494	1,833	1,404	2,553	1,484	653	568	4,454	4,041	6,515	1,891
	Percent of visits										
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Resident/intern	13.7	17.3	12.7	12.9	12.5	12.1	10.5	13.5	13.9	10.4	27.0
Staff physician	82.5	80.1	82.9	82.5	84.6	84.0	84.5	82.4	82.6	83.4	78.4
Other physician	11.7	9.8	9.9	10.6	13.6	16.9	19.0	11.5	12.0	12.6	8.6
Physician assistant	2.0	1.6	2.6	2.3	1.5	1.7	1.5	1.8	2.1	2.1	1.6
Nurse practitioner	1.9	1.9	1.9	2.3	1.6	1.9	1.2	2.0	1.9	1.5	3.9
Registered nurse	83.1	83.1	83.7	82.9	82.6	83.0	83.7	83.7	82.5	84.1	79.0
Licensed practical nurse	6.5	7.2	7.0	6.4	6.0	6.1	4.6	6.5	6.5	6.0	8.8
Nurse's aide	9.5	8.1	9.5	9.4	11.9	11.3	8.3	9.6	9.4	9.2	11.0

. . . Category not applicable.

[1]Numbers do not add to totals because more than one category may be reported per visit.

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Example of use of table: 17.3 percent of visits by persons under 15 years included being seen by a resident/intern.

Table 33. Number and percent of emergency department visits by expected source of payment and patient's age, sex, and race: United States, 1992

Expected source of payment	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands[1]										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
Private/commercial insurance	32,331	7,449	4,924	10,042	5,667	1,984	2,265	16,067	16,265	28,340	3,434
Medicaid	20,339	9,149	3,159	4,918	1,684	628	803	11,939	8,400	13,650	6,137
Medicare	13,582	243	101	1,081	1,449	4,638	6,071	7,922	5,661	11,809	1,615
Patient paid	12,402	2,210	3,363	4,975	1,559	158	138	5,778	6,624	8,984	3,038
HMO/other prepaid	6,566	1,893	974	2,148	987	321	243	3,516	3,050	5,287	1,004
Other government	4,032	895	686	1,573	653	130	95	1,867	2,165	2,921	889
No charge	778	198	91	295	167	*	*	446	333	367	408
Other	6,117	665	1,466	2,722	926	163	175	2,642	3,475	4,961	983
Unknown	1,505	355	291	471	241	91	*	845	661	940	541
	Percent of visits										
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Private/commercial insurance	36.0	33.1	33.2	36.9	45.3	34.2	33.0	34.5	37.7	40.2	20.0
Medicaid	22.7	40.6	21.3	18.1	13.5	10.8	11.7	25.6	19.5	19.4	35.8
Medicare	15.1	1.1	0.7	4.0	11.6	79.9	88.4	17.0	13.1	16.8	9.4
Patient-paid	13.8	9.8	22.7	18.3	12.5	2.7	2.0	12.4	15.3	12.7	17.7
HMO/other prepaid	7.3	8.4	6.6	7.9	7.9	5.5	3.5	7.5	7.1	7.5	5.9
Other government	4.5	4.0	4.6	5.8	5.2	2.2	1.4	4.0	5.0	4.1	5.2
No charge	0.9	0.9	0.6	1.1	1.3	*	*	1.0	0.8	0.5	2.4
Other	6.8	3.0	9.9	10.0	7.4	2.8	2.5	5.7	8.0	7.0	5.7
Unknown	1.7	1.6	2.0	1.7	1.9	1.6	*	1.8	1.5	1.3	3.2

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Numbers do not add to totals because more than one expected source of payment may be reported per visit.

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Example of use of table: 40.6 percent of visits by persons under 15 years included Medicaid as an expected source of payment.

Table 34. Number and percent of emergency department visits by disposition of visit and patient's age, sex, and race: United States, 1992

Disposition	Age							Sex		Race[2]	
	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black
	Number of visits in thousands[1]										
All visits	89,796	22,523	14,848	27,240	12,509	5,806	6,871	46,612	43,184	70,478	17,150
Refer to other physician/clinic	33,215	8,465	6,347	11,161	4,296	1,565	1,381	17,303	15,912	24,844	7,466
Return to ED, PRN	22,429	6,795	4,053	7,075	2,652	1,008	846	11,695	10,734	17,649	4,267
Return to referring physician	19,030	5,420	2,989	5,601	2,610	1,183	1,227	10,430	8,600	15,974	2,683
Admit to hospital	12,110	1,154	847	2,368	2,634	1,952	3,156	6,444	5,666	10,340	1,513
No followup planned	5,339	1,679	1,031	1,647	569	192	221	2,714	2,626	3,989	1,218
Return to ED, appointment	4,322	1,213	872	1,354	564	166	152	1,796	2,526	3,251	1,002
Transfer to other facility	1,093	114	149	331	164	161	175	535	558	877	192
Left AMA	1,047	196	177	449	178	*	*	497	550	657	367
DOA/died in ED	282	*	*	*	*	*	126	114	169	245	*
Other	4,589	1,159	756	1,559	590	218	308	2,279	2,310	3,497	903
	Percent of visits										
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Refer to other physician/clinic	37.0	37.6	42.7	41.0	34.3	26.9	20.1	37.1	36.8	35.3	43.5
Return to ED, PRN	25.0	30.2	27.3	26.0	21.2	17.4	12.3	25.1	24.9	25.0	24.9
Return to referring physician	21.2	24.1	20.1	20.6	20.9	20.4	17.9	22.4	19.9	22.7	15.6
Admit to hospital	13.5	5.1	5.7	8.7	21.1	33.6	45.9	13.8	13.1	14.7	8.8
No followup planned	5.9	7.5	6.9	6.0	4.5	3.3	3.2	5.8	6.1	5.7	7.1
Return to ED, appointment	4.8	5.4	5.9	5.0	4.5	2.9	2.2	3.9	5.8	4.6	5.8
Transfer to other facility	1.2	0.5	1.0	1.2	1.3	2.8	2.5	1.1	1.3	1.2	1.1
Left AMA	1.2	0.9	1.2	1.6	1.4	*	*	1.1	1.3	0.9	2.1
DOA/died in ED	0.3	*	*	*	*	*	1.8	0.2	0.4	0.3	*
Other	5.1	5.1	5.1	5.7	4.7	3.7	4.5	4.9	5.3	5.0	5.3

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Numbers do not add to totals because more than one disposition may be reported per visit.

[2]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTES: ED is emergency department, PRN is *pro re nata*, as needed, AMA is against medical advice, and DOA is dead on arrival.

Example of use of table: 33.6 percent of visits by persons 65–74 years resulted in hospital admission.

Table 35. Number and percent distribution of emergency department visits by facility ownership, according to location and patient's race: United States, 1992

Facility ownership	All areas			Metropolitan area[1]			Nonmetropolitan area[1]		
	All races[2]	White	Black	All races[2]	White	Black	All races[2]	White	Black
	Number of visits in thousands								
All visits	89,796	70,478	17,150	70,978	53,348	15,791	18,817	17,130	1,359
Voluntary, nonprofit	59,058	47,113	10,410	46,681	35,798	9,608	12,377	11,315	802
Non-Federal government	11,763	7,511	3,996	8,742	4,926	3,598	3,021	2,585	398
Proprietary	18,974	15,853	2,743	15,555	12,624	2,584	3,419	3,229	159
	Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Voluntary, nonprofit	65.8	66.8	60.7	65.8	67.1	60.8	65.8	66.1	59.0
Non-Federal government	13.1	10.7	23.3	12.3	9.2	22.8	16.1	15.1	29.3
Proprietary	21.1	22.5	16.0	21.9	23.7	16.4	18.2	18.9	11.7
	Number of visits per 1,000 persons per year[3]								
All visits	357.1	336.5	545.1	361.0	331.5	592.0	343.1	353.0	283.9
Voluntary, nonprofit	234.9	224.9	330.9	237.4	222.4	360.2	225.7	233.2	167.6
Non-Federal government	46.8	35.9	127.0	44.5	30.6	134.9	55.1	53.3	83.1
Proprietary	75.5	75.7	87.2	79.1	78.4	96.9	62.3	66.6	33.3

[1]Based on U.S. Bureau of the Census designations.

[2]Races other than white and black are not shown separately because of small sample sizes but are included in totals.

[3]Based on U.S. Bureau of the Census estimates of the civilian, noninstitutional population as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 36. Number and percent of emergency department visits by expected source of payment and facility ownership: United States, 1992

Expected source of payment	All visits	Facility ownership		
		Voluntary, nonprofit	Non-Federal government	Proprietary
		Number of visits in thousands[1]		
All visits	89,796	59,058	11,763	18,974
Private/commercial insurance	32,331	23,269	2,457	6,605
Medicaid	20,339	13,391	3,093	3,855
Medicare	13,582	8,971	1,684	2,927
Patient-paid	12,402	7,094	2,548	2,761
HMO/other prepaid[2]	6,566	3,885	482	2,199
Other government	4,032	2,970	392	671
No charge	778	119	613	*
Other	6,117	4,141	803	1,172
Unknown	1,505	592	666	248
		Percent of visits		
All visits	. . .	. . .	. . .	. . .
Private/commercial insurance	36.0	39.4	20.9	34.8
Medicaid	22.7	22.7	26.3	20.3
Medicare	15.1	15.2	14.3	15.4
Patient-paid	13.8	12.0	21.7	14.6
HMO/other prepaid[2]	7.3	6.6	4.1	11.6
Other government	4.5	5.0	3.3	3.5
No charge	0.9	0.2	5.2	*
Other	6.8	7.0	6.8	6.2
Unknown	1.7	1.0	5.7	1.3

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers do not add to totals because more than one expected source of payment may be reported per visit.

[2]HMO is health maintenance organization.

NOTE: Example of use of table: 26.3 percent of emergency department visits to government-owned hospitals (excluding Federal) included Medicaid as an expected source of payment.

Table 37. Number and percent of emergency department visits by disposition of visit and facility ownership: United States, 1992

Disposition	All visits	Facility ownership		
		Voluntary, nonprofit	Non-Federal government	Proprietary
		Number of visits in thousands[1]		
All visits	89,796	59,058	11,763	18,974
Refer to other physician/clinic	33,215	20,728	4,679	7,808
Return to ED, PRN	22,429	14,376	3,397	4,656
Return to referring physician	19,030	14,268	1,043	3,719
Admit to hospital	12,110	8,290	1,337	2,483
No followup planned	5,339	3,430	973	936
Return to ED, appointment	4,322	2,409	975	937
Transfer to other facility	1,093	647	203	242
Left AMA	1,047	522	263	262
DOA/died in ED	282	143	*	*
Other	4,589	3,306	534	749
		Percent of visits		
All visits	. . .	. . .	. . .	. . .
Refer to other physician/clinic	37.0	35.1	39.8	41.2
Return to ED, PRN	25.0	24.3	28.9	24.5
Return to referring physician	21.2	24.2	8.9	19.6
Admit to hospital	13.5	14.0	11.4	13.1
No followup planned	5.9	5.8	8.3	4.9
Return to ED, appointment	4.8	4.1	8.3	4.9
Transfer to other facility	1.2	1.1	1.7	1.3
Left AMA	1.2	0.9	2.2	1.4
DOA/died in ED	0.3	0.2	*	*
Other	5.1	5.6	4.5	3.9

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers do not add to totals because more than one disposition may be reported per visit.

NOTES: ED is emergency department, PRN is *pro re nata*, as needed, AMA is against medical advice, and DOA is dead on arrival.

Example of use of table: 8.3 percent of visits to emergency departments of government-owned hospitals (excluding Federal) included instructions for a scheduled return appointment.

Table 38. Number, percent, and annual rate of emergency department visits by urgency of visit and patient's age, sex, and race: United States, 1992

Patient characteristic	All visits	Number of urgent visits in thousands[1]	Percent of urgent visits[2]	Number of urgent visits per 1,000 persons per year[3]	Number of nonurgent visits in thousands[4]	Percent of nonurgent visits[5]	Number of nonurgent visits per 1,000 persons per year[3]
All visits	89,796	40,078	44.6	159.4	49,718	55.4	197.7
Age							
Under 15 years	22,523	8,874	39.4	157.2	13,649	60.6	241.8
15–24 years	14,848	5,800	39.1	168.7	9,048	60.9	263.1
25–44 years	27,240	11,080	40.7	136.2	16,160	59.3	198.7
45–64 years	12,509	6,379	51.0	131.5	6,131	49.0	126.4
65–74 years	5,806	3,434	59.2	185.9	2,371	40.8	128.4
75 years and over	6,871	4,513	65.7	366.3	2,358	34.3	191.4
Sex and age							
Female	46,612	20,338	43.6	157.3	26,275	56.4	203.3
Under 15 years	10,196	3,842	37.7	139.5	6,353	62.3	230.6
15–24 years	8,051	2,992	37.2	173.1	5,059	62.8	292.7
25–44 years	14,045	5,573	39.7	134.8	8,472	60.3	205.0
45–64 years	6,629	3,159	47.7	125.4	3,471	52.4	137.8
65–74 years	3,350	1,943	58.0	190.6	1,407	42.0	138.0
75 years and over	4,342	2,829	65.2	367.2	1,513	34.8	196.4
Male	43,184	19,741	45.7	161.6	23,443	54.3	191.9
Under 15 years	12,327	5,031	40.8	174.1	7,296	59.2	252.5
15–24 years	6,797	2,807	41.3	164.2	3,990	58.7	233.4
25–44 years	13,195	5,506	41.7	137.7	7,689	58.3	192.2
45–64 years	5,880	3,220	54.8	138.2	2,660	45.2	114.1
65–74 years	2,456	1,492	60.7	180.3	964	39.3	116.5
75 years and over	2,529	1,684	66.6	364.7	845	33.4	183.0
Race and age[6]							
White	70,478	32,097	45.5	153.2	38,381	54.5	183.2
Under 15 years	16,878	6,629	39.3	147.4	10,250	60.7	227.9
15–24 years	11,598	4,662	40.2	169.7	6,936	59.8	252.4
25–44 years	20,579	8,473	41.2	125.1	12,106	58.8	178.8
45–64 years	10,134	5,206	51.4	124.7	4,928	48.6	118.1
65–74 years	5,017	2,997	59.7	182.9	2,020	40.3	123.3
75 years and over	6,272	4,131	65.9	370.4	2,141	34.1	192.0
Black	17,150	7,158	41.7	227.5	9,992	58.3	317.6
Under 15 years	5,132	2,087	40.7	233.1	3,045	59.3	340.0
15–24 years	2,877	1,030	35.8	202.0	1,847	64.2	362.2
25–44 years	5,840	2,271	38.9	231.8	3,569	61.1	364.4
45–64 years	2,111	1,035	49.0	207.4	1,076	51.0	215.7
65–74 years	685	396	57.8	240.9	289	42.2	175.8
75 years and over	505	339	67.1	346.6	166	32.9	169.7

[1]Visits were reported to be urgent by hospital staff based on the following definition: immediate attention is required for an acute illness or injury that threatens life or function and where delay would be harmful to the patient.

[2]Percent of all visits in each category that were considered urgent by hospital staff.

[3]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

[4]Visits were reported to be nonurgent by hospital staff based on the following definition: patient does not require attention immediately or within a few hours.

[5]Percent of visits in each category that were considered nonurgent by hospital staff.

[6]Estimates for races other than white and black have been omitted because of small sample sizes.

NOTE: Numbers may not add to totals because of rounding.

Table 39. Number, percent distribution, and annual rate of emergency department visits by urgency of visit, according to major reason for visit: United States, 1992

Major reason for visit	All visits	Urgency of visit	
		Urgent	Nonurgent
	Number of visits in thousands		
All visits	89,796	40,078	49,717
Illness related[1]	50,931	22,528	28,403
First visit	48,224	21,635	26,588
Followup	2,707	893	1,814
Injury related[2]	33,950	15,701	18,249
First visit	29,856	14,671	15,185
Followup	3,308	540	2,767
Unknown	787	490	297
Other reason[3]	3,872	1,410	2,463
Blank or invalid	1,043	439	603
	Percent distribution		
All visits	100.0	44.6	55.4
Illness related[1]	100.0	44.2	55.8
First visit	100.0	44.9	55.1
Followup	100.0	33.0	67.0
Injury related[2]	100.0	46.2	53.8
First visit	100.0	49.1	50.9
Followup	100.0	16.3	83.6
Unknown	100.0	62.2	37.7
Other reason[3]	100.0	36.4	63.6
Blank or invalid	100.0	42.1	57.9
	Number of visits per 1,000 persons[4]		
All visits	357.1	159.4	197.7
Illness related[1]	202.6	89.6	113.0
First visit	191.8	86.0	105.7
Followup	10.8	3.6	7.2
Injury related[2]	135.0	62.4	72.6
First visit	118.7	58.3	60.4
Followup	13.2	2.1	11.0
Unknown	3.1	1.9	1.2
Other reason[3]	15.4	5.6	9.8
Blank or invalid	4.1	1.7	2.4

[1]Includes visits described as illness related in item 9 of the Patient Record form which did not have a specified cause of injury in item 10.

[2]Includes all visits described as injury related in item 9 or with a cause of injury specified in item 10. Three percent of the 52,528,000 visits described as illness related in item 9 reported a cause of injury in item 10, and 14 percent of the 5,701,000 visits made for other or unspecified reasons in item 9 reported a cause of injury in item 10.

[3]Other reasons include preadmission examination. First or followup visit status was not collected for these visits.

[4]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 40. Number and percent distribution of emergency department visits by urgency of visit, according to selected principal reasons for visit: United States, 1992

Principal reason for visit and RVC code[1]		Number of visits in thousands	Urgency of visit		
			Total	Urgent	Nonurgent
			Percent distribution		
All visits		89,796	100.0	44.6	55.4
Stomach and abdominal pain, cramps and spasms	S545	4,955	100.0	47.5	52.5
Chest pain and related symptoms (not referable to body system)	S050	4,625	100.0	74.0	26.0
Fever	S010	3,678	100.0	38.1	61.9
Headache, pain in head	S210	2,545	100.0	35.5	64.5
Lacerations and cuts of upper extremity	J225	2,347	100.0	50.7	49.3
Shortness of breath	S415	2,025	100.0	75.9	24.1
Cough	S440	1,997	100.0	29.6	70.4
Back symptoms	S905	1,959	100.0	36.2	63.8
Symptoms referable to throat	S455	1,957	100.0	19.6	80.4
Vomiting	S530	1,877	100.0	49.5	50.5
Pain, site not referable to specific body system	S055	1,812	100.0	42.6	57.4
Earache or ear infection	S355	1,614	100.0	20.7	79.3
Lacerations and cuts of facial area	J210	1,485	100.0	57.8	42.2
Hand and finger symptoms	S960	1,390	100.0	27.0	73.0
Neck symptoms	S900	1,325	100.0	39.3	60.7
Skin rash	S860	1,305	100.0	20.3	79.7
Labored or difficult breathing (dyspnea)	S420	1,239	100.0	71.6	28.4
Leg symptoms	S920	1,154	100.0	40.5	59.5
Knee symptoms	S925	1,102	100.0	30.5	69.5
Head, neck, and face injury, type unspecified	J505	1,078	100.0	56.8	43.2
Low back symptoms	S910	1,061	100.0	28.6	71.4
Head cold, upper respiratory infection (coryza)	S445	751	100.0	25.5	74.5
Asthma	D625	613	100.0	75.5	24.5
Wheezing	S425	486	100.0	82.0	18.0
All other reasons		45,417	100.0	43.8	56.3

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

NOTE: Numbers may not add to totals because of rounding.

Table 41. Number, percent distribution, and annual rate of emergency department visits by urgency of visit and the 25 principal reasons for visit most often mentioned by patients: United States, 1992

Rank	Reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution	Number of visits per 1,000 persons per year[2]
	Urgent visits			
. . .	All visits	40,078	100.0	159.4
1	Chest pain and related symptoms (not referable to body system) S050	3,424	8.5	13.6
2	Stomach and abdominal pain, cramps, and spasms S545	2,354	5.9	9.4
3	Shortness of breath S415	1,538	3.8	6.1
4	Fever S010	1,400	3.5	5.6
5	Lacerations and cuts of upper extremity J225	1,191	3.0	4.7
6	Vomiting S530	929	2.3	3.7
7	Headache, pain in head S210	904	2.3	3.6
8	Labored or difficult breathing (dyspnea) S420	886	2.2	3.5
9	Lacerations and cuts of facial area J210	857	2.1	3.4
10	Pain, site not referable to specific body system S055	771	1.9	3.1
11	Back symptoms S905	709	1.8	2.8
12	Convulsions S205	625	1.6	2.5
13	Head, neck, and face injury, type unspecified J505	613	1.5	2.4
14	Cough S440	592	1.5	2.4
15	Unconscious on arrival J840	583	1.5	2.3
16	Vertigo-dizziness S225	573	1.4	2.3
17	Neck symptoms S900	521	1.3	2.1
18	Leg symptoms S920	467	1.2	1.9
19	Asthma D625	462	1.2	1.8
20	Lacerations and cuts of the head and neck area J205	462	1.2	1.8
21	Accident, not otherwise specified J810	437	1.1	1.7
22	Hand and finger(s) injury, type unspecified J570	429	1.1	1.7
23	Abnormal pulsations and palpitations S260	407	1.0	1.6
24	Arm symptoms S945	399	1.0	1.6
25	Wheezing S425	299	0.7	1.2
. . .	All other reasons	18,246	45.5	72.6
	Nonurgent visits			
. . .	All visits	49,717	100.0	197.7
1	Stomach and abdominal pain, cramps, and spasms S545	2,601	5.2	10.3
2	Fever S010	2,277	4.6	9.1
3	Headache, pain in head S210	1,641	3.3	6.5
4	Symptoms referable to throat S455	1,573	3.2	6.3
5	Cough S440	1,405	2.8	5.6
6	Earache or ear infection S355	1,280	2.6	5.1
7	Back symptoms S905	1,250	2.5	5.0
8	Chest pain and related symptoms (not referable to body system) S050	1,201	2.4	4.8
9	Lacerations and cuts of upper extremity J225	1,156	2.3	4.6
10	Pain, site not referable to specific body system S055	1,040	2.1	4.1
11	Skin rash S860	1,040	2.1	4.1
12	Hand and finger symptoms S960	1,014	2.0	4.0
13	Vomiting S530	948	1.9	3.8
14	Neck symptoms S900	804	1.6	3.2
15	Knee symptoms S925	766	1.5	3.0
16	Foot and toe symptoms S935	761	1.5	3.0
17	Low back symptoms S910	757	1.5	3.0
18	Suture-insertion, removal T555	725	1.5	2.9
19	Leg symptoms S920	687	1.4	2.7
20	Lacerations and cuts of facial area J210	627	1.3	2.5
21	Ankle symptoms S930	607	1.2	2.4
22	Hand and finger(s) injury, type unspecified J570	567	1.1	2.3
23	Nausea S525	565	1.1	2.2
24	Head cold, upper respiratory infection (coryza) S445	559	1.1	2.2
25	Shoulder symptoms S940	542	1.1	2.2
. . .	All other reasons	23,323	46.9	92.8

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (10).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

NOTE: Numbers may not add to totals because of rounding.

Table 42. Number and percent distribution of emergency department visits by urgency of visit, according to selected principal diagnoses: United States, 1992

Principal diagnosis and ICD–9–CM code[1]		Number of visits in thousands	Urgency of visit		
			Total	Urgent	Nonurgent
			Percent distribution		
All visits		89,796	100.0	44.6	55.4
Infectious and parasitic diseases	001–139	3,113	100.0	29.6	70.4
Viral infection in conditions classified elsewhere and of unspecified site	079	876	100.0	26.5	73.5
Neoplasms	140–239	254	100.0	56.4	43.6
Endocrine, nutritional and metabolic diseases, and immunity disorders	240–279	1,087	100.0	61.9	38.1
Mental disorders	290–319	2,381	100.0	47.0	53.0
Diseases of the nervous system and sense organs	320–389	6,026	100.0	29.3	70.7
Disorders of conjunctiva	372	551	100.0	23.9	76.1
Suppurative and unspecified otitis media	382	3,162	100.0	27.6	72.4
Diseases of the circulatory system	390–459	3,875	100.0	79.4	20.6
Diseases of the respiratory system	460–519	10,905	100.0	42.8	57.2
Acute pharyngitis	462	1,260	100.0	14.4	85.6
Acute upper respiratory infections of multiple or unspecified sites	465	1,998	100.0	27.9	72.1
Pneumonia, organism unspecified	486	1,142	100.0	63.4	36.6
Bronchitis, not specified as acute or chronic	490	1,041	100.0	29.7	70.3
Asthma	493	1,467	100.0	71.1	28.9
Diseases of the digestive system	520–579	5,469	100.0	41.4	58.6
Other noninfectious gastroenteritis and colitis	558	1,805	100.0	36.0	64.0
Diseases of the genitourinary system	580–629	3,810	100.0	43.3	56.7
Other disorders of urethra and urinary tract	599	1,340	100.0	43.0	57.0
Diseases of the skin and subcutaneous tissue	680–709	2,666	100.0	25.1	74.9
Diseases of the musculoskeletal system and connective tissue	710–739	3,812	100.0	29.5	70.5
Other and unspecified disorders of back	724	991	100.0	24.5	75.5
Other disorders of soft tissues	729	690	100.0	30.4	69.6
Symptoms, signs, and ill-defined conditions	780–799	10,484	100.0	55.2	44.8
General symptoms	780	2,340	100.0	62.1	37.9
Symptoms involving head and neck	784	1,244	100.0	32.6	67.4
Symptoms involving respiratory system and other chest symptoms	786	2,667	100.0	73.6	26.4
Other symptoms involving abdomen and pelvis	789	2,353	100.0	47.8	52.2
Injury and poisoning	800–999	29,389	100.0	47.7	52.3
Sprains and strains of ankle and foot	845	1,357	100.0	29.0	71.0
Sprains and strains of other and unspecified parts of back	847	1,829	100.0	43.2	56.8
Other open wound of head	873	2,578	100.0	57.3	42.7
Open wound of other and unspecified sites, except limbs	879	1,295	100.0	41.6	58.4
Open wound of fingers	883	1,617	100.0	48.0	52.0
Contusion of upper limb	923	1,273	100.0	34.1	65.9
Contusion of lower limb and of other and unspecified sites	924	1,784	100.0	39.7	60.3
Supplementary classification	V01–V82	3,000	100.0	24.0	76.0
All other diagnoses[2]		1,227	100.0	60.6	39.4
Unknown[3]		2,297	100.0	32.5	67.5

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

Table 43. Number and percent of emergency department visits by urgency of visit and providers seen: United States, 1992

Provider seen	All visits	Urgency of visit	
		Urgent	Nonurgent
		Number of visits in thousands[1]	
All visits	89,796	40,078	49,717
Resident/intern	12,294	6,264	6,031
Staff physician	74,079	34,049	40,031
Other physician	10,535	5,525	5,010
Physician assistant	1,757	710	1,047
Nurse practitioner	1,748	637	1,111
Registered nurse	74,635	33,746	40,889
Licensed practical nurse	5,837	2,065	3,772
Nurse's aide	8,494	4,498	3,996
		Percent of visits	
All visits	. . .	. . .	. . .
Resident/intern	13.7	15.6	12.1
Staff physician	82.5	85.0	80.5
Other physician	11.7	13.8	10.1
Physician assistant	2.0	1.8	2.1
Nurse practitioner	1.9	1.6	2.2
Registered nurse	83.1	84.2	82.2
Licensed practical nurse	6.5	5.2	7.6
Nurse's aide	9.5	11.2	8.0

. . . Category not applicable.

[1]Numbers do not add to totals because more than one category may be reported per visit.

NOTE: Example of use of table: 15.6 percent of emergency department visits considered urgent by hospital staff were attended by a resident/intern.

Appendixes

Appendix tables

Appendix I
Technical notes

This report is based on data collected during the period December 1991–December 1992 in the National Hospital Ambulatory Medical Care Survey (NHAMCS), a national probability sample survey of hospital-based ambulatory care conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention. The NHAMCS survey design and procedures are presented in the following sections. A detailed description of the plan and operation of the NHAMCS has been published (5).

Summary reports and reports on special topics using NHAMCS data are presented in Series 13 of the NCHS *Vital and Health Statistics* series as well as in *Advance Data from Vital and Health Statistics* reports. NHAMCS microdata are also available on public-use tape, CD-ROM and as downloadable data files via the Internet.

Statistical design

Scope of the survey

The target population of the 1992 NHAMCS included visits to the emergency and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. The NHAMCS was designed to provide estimates based on the following categories: United States, region, emergency and outpatient departments, and type of ownership.

Sample design

The NHAMCS utilizes a four-stage survey design that involves probability samples of primary sampling units (PSU's), hospitals within PSU's, outpatient clinics and emergency service areas within hospitals, and patient visits within outpatient clinics and emergency service areas. The first-stage sample consisted of 112 PSU's that comprised a probability subsample of PSU's used in the 1985–94 National Health Interview Survey (NHIS). A PSU is a county, a group of counties or county equivalents (such as parishes or independent cities), towns, townships, or minor civil divisions (for some PSU's in New England), or a metropolitan statistical area (MSA). MSA's were defined by the U.S. Office of Management and Budget based on the 1980 Census.

The NHAMCS PSU sample included with certainty the 26 NHIS PSU's with the largest populations. In addition, the sample included half of the next 26 largest PSU's and 1 PSU from each of the 73 PSU strata formed from the remaining PSU's for the NHIS sample.

The NHIS PSU sample was selected from approximately 1,900 geographically defined PSU's that covered the 50 States and the District of Columbia. The 1,000 PSU's were stratified by socioeconomic and demographic variables and then selected with a probability proportional to their size. Stratification was done within four geographic regions by MSA or non-MSA status. Based on data from the 1980 Census of Population, a computer program was used to minimize the between-PSU variances for NHIS stratification variables. Because the PSU's were selected with a probability proportional to size, the largest PSU's in the United States were selected with certainty. Fifty-two PSU's were selected and referred to as self-representing PSU's. The remaining PSU's, or nonself-representing PSU's, were combined into 73 strata, and two PSU's were selected without replacement and with probability proportional to the projected 1985 population within each stratum. For details of the 1985–94 NHIS PSU sample design, see Massey et al. (26).

The second stage consisted of a probability sample of hospitals within PSU's. The sampling frame for the 1992 NHAMCS was compiled from hospitals listed on the April 1991 SMG Hospital Market Database. Hospitals that met any of the following criteria were eligible for the NHAMCS:

- Average length of stay for all patients of less than 30 days (short stay)
- Medical or surgical specialty
- Children's general

Hospitals with any of the following characteristics were ineligible for the NHAMCS:

- Federal hospitals
- Hospital units of institutions
- Hospitals with fewer than six beds staffed for patient use

The SMG Hospital Market Database contained 6,249 hospitals that met the eligibility criteria. Of these, 5,582 (89 percent) had emergency departments (ED's) and 5,654 had outpatient departments (OPD's) (90 percent).

Hospitals were defined as having an ED if the hospital file indicated the presence of a unit or if the file indicated a

non-zero number of visits to such a unit. A similar rule was used to define the presence of an OPD.

Hospitals were classified into four groups: those with only an ED, those with an ED and an OPD, those with only an OPD, and those with neither an ED nor an OPD. Hospitals in the last group were considered as a separate stratum, and a small sample (50 hospitals) was selected from this stratum to allow for estimation to the total universe of eligible hospitals and the opening and closing of ED's and OPD's in the sample hospitals.

All hospitals in noncertainty PSU's with five or fewer hospitals were selected with certainty. There were 149 hospitals in 55 PSU's in this category. In noncertainty PSU's with more than five hospitals, hospitals were stratified by hospital class; type of ownership (not-for-profit, non-Federal government, and for-profit); and hospital size. Hospital size was measured by the combined volume of ED and OPD visits. From the stratified hospital list, five hospitals were selected in each PSU with probability proportional to the number of ED and OPD patient visits. A total of 161 hospitals was selected from this group.

In the certainty PSU's, hospitals were stratified by region, hospital class, ownership, and size. From the stratified hospital list, 240 hospitals were selected based on probability proportional to the hospital size. A sample of 50 hospitals was selected from the 427 hospitals that had neither an ED nor an OPD.

The hospital selections were made so that each hospital would be chosen only once to avoid multiple inclusion of very large hospitals. As shown in table I, a fixed panel of 600 hospitals was selected for the NHAMCS sample; 550 hospitals had an ED and/or an OPD, and 50 hospitals had neither.

To preclude hospitals from participating during the same time period each year, the sample of 600 hospitals was randomly divided into 16 subsets of approximately equal size. Then each of the subsets was assigned to 1 of 16 4-week reporting periods beginning December 2, 1991. Therefore, the entire sample does not participate in a given year, and each hospital is inducted approximately once every 15 months.

The first three reporting periods were originally intended to be used as a pretest to allow field staff adequate time to familiarize themselves with the forms and procedures. After reviewing the data from these reporting periods, NCHS determined that the data were of sufficient quality to be retained. Hence the 1992 NHAMCS included data collected from December 2, 1991–December 27, 1992, and consisted of a sample of 524 hospitals. Subsequent annual samples will consist of 13 reporting periods in the calendar year. Of the 524 hospitals in the 1992 NHAMCS, 474 were in scope or eligible to participate in the survey. Ninety-two percent, or 434, of the eligible facilities participated in the NHAMCS by completing Patient Record forms. Table II shows 1992 NHAMCS response rates by reporting period.

Table I. Number of hospitals in the National Hospital Ambulatory Medical Care Survey universe and sample by class of hospital: United States, 1992

Hospital class	*Universe*	*Sample*[1]
Total	6,249	600
Emergency only	168	4
Emergency and outpatient	5414	531
Outpatient only	240	15
Neither	427	50

[1]To preclude hospitals from participating during the same time period each year, the sample of 600 was randomly divided into 16 subsets. Each subset was assigned to 1 of 16 4-week reporting periods. Therefore, the entire sample does not participate in a given year. For 1992, 524 hospitals were surveyed between December 2, 1991 and December 27, 1992.

The third stage of the sampling process involved outpatient clinics and emergency service areas in hospitals. Within each hospital, either all outpatient clinics and emergency service areas or a sample of such units were selected.

To be eligible for the survey, clinics and emergency service areas must meet the following criteria:

- Ambulatory medical care is provided under the supervision of a physician and under the the auspices of the hospital; services are offered at established locations and schedules.

Clinics and emergency service areas ineligible for the survey include the following:

- Those in which only ancillary services are provided; freestanding clinics, because they are included in the National Ambulatory Medical Care Survey (NAMCS)
- Ambulatory surgery centers, whether freestanding or within the hospital, because they are included in the National Survey of Ambulatory Surgery, launched in 1994

A list of in-scope and out-of-scope clinics is provided in appendix II.

The OPD clinic definition excludes the ''hospital as landlord'' arrangement in which the hospital only rents space to a physician group and is not otherwise involved in the delivery of services. These physicians are considered to be office based and are currently included in the NAMCS. However, emergency services provided under the ''hospital as landlord'' arrangement are eligible for the NHAMCS. An emergency department was in scope if it was staffed 24 hours a day. If an in-scope emergency department had an emergency service area that was open less than 24 hours a day, that area was included under the emergency department. If the hospital had an emergency department that was staffed less than 24 hours a day, it was considered to be an outpatient clinic for survey purposes.

Hospitals may define the term ''separate clinic'' differently; for example, by physician location within the hospital, by staff providing services, by specialty or subspecialty, by schedules, or by patients' source of payment. Because of these differences, ''separate clinics'' in the NHAMCS were defined as the smallest administrative units for which the hospital kept patient volume statistics.

During the visit by a field representative to induct a hospital into the survey, a list of all emergency service areas and outpatient clinics was obtained from the sample hospital. Sampling procedures for outpatient clinics were as follows:

Each outpatient department's function, specialty, and expected number of visits during the assigned reporting period were collected at the induction interview. If there were five or fewer clinic sampling units, all were included in the survey. Approximately 20 percent of the hospitals had outpatient departments with more than five clinics.

Table II. Distribution of hospitals in the National Hospital Ambulatory Medical Care Survey by reporting period and response status: United States, 1992

Response status	Total	Reporting period[1]													
		01	02	03	04	05	06	07	08	09	10	11	12	13	14
Total	524	38	38	38	38	37	38	37	38	37	37	37	37	37	37
A. Complete	437	32	27	35	34	31	35	32	33	32	30	29	29	28	30
B. Out of scope	50	3	4	1	2	4	1	4	3	3	4	6	4	6	5
Federal hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No ED or OPD[2]	34	2	3	1	2	3	0	0	2	3	3	3	3	5	4
Other	16	1	1	0	0	1	1	4	1	0	1	3	1	1	1
C. Refused	37	3	7	2	2	2	2	1	2	2	3	2	4	3	2
D. Response rate in percent[3]	92.2	91.4	79.4	94.6	94.4	93.9	94.6	97.0	94.3	94.1	90.9	93.5	87.9	90.3	93.8

[1]Reporting periods were as follows:
01 = Dec. 2, 1991 - Dec. 29, 1991
02 = Dec. 30, 1991 - Jan. 26, 1992
03 = Jan. 27, 1992 - Feb. 23, 1992
04 = Feb. 24, 1992 - Mar. 22, 1992
05 = Mar. 23, 1992 - Apr. 19, 1992
06 = Apr. 20, 1992 - May 17, 1992
07 = May 18, 1992 - June 14, 1992
08 = June 15, 1992 - July 12, 1992
09 = July 13, 1992 - Aug. 9, 1992
10 = Aug. 10, 1992 - Sep. 6, 1992
11 = Sep. 7, 1992 - Oct. 4, 1992
12 = Oct. 5, 1992 - Nov. 1, 1992
13 = Nov 2, 1992 - Nov. 29, 1992
14 = Nov. 30, 1992 - Dec. 27, 1992

[2]ED is emergency department; OPD is outpatient department.

[3]Response rate is A (completions) divided by sum of A+C (completions plus refusals).

If a sample hospital had more than five clinic sampling units, then five units were randomly selected as follows. The individual clinics were listed first by five clinic categories: general medicine, surgery, pediatrics, obstetrics/gynecology, and other. (During data processing, substance abuse clinics were removed from the ''other'' category and placed in a separate stratum.) A listing of specific clinic types and their classification is shown in appendix II within the in-scope and out-of-scope clinic list.

Within each category, clinics were listed in order of clinic size, from smallest to largest. Clinic size was defined as the expected number of patient visits during the assigned 4-week reporting period. Within each clinic group, if a clinic expected fewer than 30 visits, it was grouped with one or more clinics to form a sampling unit. Over 90 percent of the clinics were large enough to form their own sampling unit. After grouping the clinics into sampling units, five of these units were selected based on probability proportional to the size of the sampling unit. If clinic sampling was required, the sampling was completed by Census headquarters staff in Washington, D.C. The 1992 NHAMCS included 854 clinics from 314 outpatient departments.

The emergency department was treated as a separate stratum, and all emergency service areas were selected with certainty. In the rare instance that a sample hospital had more than five emergency service areas, a sample of five emergency service areas was selected with probability proportional to the expected number of visits to each emergency service area. Only one hospital in the 1992 NHAMCS reported having more than five emergency service areas. The 1992 NHAMCS included 462 emergency service areas from 437 emergency departments.

The final sample stage was the patient visit. Within emergency service areas or outpatient department clinics, patient visits were systemically selected over a randomly assigned 4-week reporting period. A visit was defined as a direct, personal exchange between a patient and a physician, or a staff member acting under a physician's direction, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes, such as payment of a bill, and visits in which no medical care was provided, such as visits to deliver a specimen, were out of scope.

The target numbers of Patient Record forms to be completed for ED's and OPD's were 50 and 150, respectively. In clinics with volumes higher than these desired figures, visits were sampled by a systematic procedure that selected every *nth* visit after a random start. Visit sampling rates were determined from the expected number of patients to be seen during the reporting period and the desired number of completed Patient Record forms. In the 1992 NHAMCS, Patient Record forms were completed for 36,271 ED visits and 35,114 OPD visits.

Data collection and processing

Field procedures

The Bureau of the Census, Housing Surveys Branch, served as the data collection agent for the 1992 NHAMCS. Data collection forms and other survey instruments are shown in appendix III.

Approximately 3 months prior to the hospital's assigned reporting period, an introductory letter personally signed by the Director of NCHS was mailed to the hospital administrator or chief executive of each sampled hospital. In addition to the introductory letter, NCHS also enclosed endorsing letters from the American Hospital Association, the Emergency Nurses Association, and the American College of Emergency Physicians to emphasize the importance of the study to the medical community.

About 1 week after the mailing of the introductory letter, the Census field representative called the hospital administrator to arrange for an appointment to further explain the study and to verify hospital eligibility for the survey. During the

initial meeting with the administrator, the field representative explained the purpose of the survey, described the data collection methods and length of data collection, and obtained general descriptive information about the organization of the emergency and outpatient departments and specific information needed to sample clinics within the hospitals.

Hospital information collected during this interview was recorded by the field representative on NHAMCS-101. The purpose of this questionnaire was to screen sample hospitals, verify the hospital sampling frame information, induct the sample hospitals, and obtain emergency and outpatient department data. The field representative also completed an Ambulatory Unit Record (NHAMCS-101/U) for each clinic and emergency service area in the hospital, regardless of whether it was selected to participate, to collect information on the location, directory, types of services provided, hours of operation, etc. If an ambulatory unit was eligible for the study but was not selected to participate, only the first section was completed. If the unit was selected, all sections were completed.

After the initial visit and the development of the sampling plan, the field representative contacted the hospital coordinator to arrange for the induction of the sample emergency service areas and outpatient clinics and for instruction of the hospital staff. At these visits, the purpose and use of the survey data were described and the data collection process was explained.

In cases where clinics kept suitable appointment logs, these were used as the sampling frame for visits. In cases where a log was not available, the field representative supplied the clinic with a Patient Visit Log (NHAMCS-103) to record patient names. To ensure patient confidentiality, logs were retained by the hospital at the end of the study period. The field representative used the NHAMCS-124 *Sampling and Information Booklet* to determine the random starts and ''take every'' numbers for sampled clinics and emergency service areas.

Data collection

Visit sampling and data collection for the NHAMCS was primarily the responsibility of hospital staff. Patient visit data were recorded for each sample visit using either a prospective or retrospective data collection method. In the prospective approach, hospital staff sampled patient visits and then completed Patient Record forms (largely through observation) during or shortly after the sample visits. In the retrospective approach, hospital staff sampled visits after patients were seen and completed Patient Record forms through medical records abstraction. Hospital staff responsible for completing these forms were given item-by-item instruction by Census field representatives. Separate instruction booklets for emergency service areas and outpatient department clinics were prepared and given to hospital staff to assist them in this task.

A brief, one-page Patient Record form consisting of two sections was completed for each sample visit. To account for the differences in emergency and outpatient care, different Patient Record forms were developed for each of these settings. The top section of both forms, containing the patient's name and patient record number, was separated from the bottom section by a perforation running across the page. The top section remained attached to the bottom until the entire form was completed. To ensure confidentiality, the top section was later detached and retained by hospital staff who were instructed to keep it for a 4-week period in case it became necessary for Census staff to clarify recorded information or to retrieve missing data during the data review process.

The bottom section of the Patient Record form consisted of 18 items for outpatient department clinics or 19 items for emergency service areas. These items focused on patient demographics and specific information about the visit. The Patient Record forms were modeled after those used in the National Ambulatory Medical Care Survey. Time for completion was estimated at 2 to 3 minutes per form.

Field quality control

The field representative visited the sampled emergency service areas and clinics each week during the 4-week reporting period and maintained telephone contact with hospital staff involved in the data collection effort. Census staff monitored the completeness of the patient sampling frame and adherence to the sampling procedures. They reviewed the appointment log or other records used for visit sampling to determine if any cases were missing, and also edited completed survey forms for missing data. Attempts were made to retrieve missing cases and missing data on specific cases either by consulting with hospital staff or by reviewing the pertinent medical records.

On the final visit, the field representative collected the remaining Patient Record forms and obtained or verified the total count of visits occurring during the reporting period by reviewing the log used for sample selection or by obtaining counts directly from hospital staff. Because this information was critical to the estimation process, extensive effort was made to ensure the accuracy of this number.

Data processing

Data from the 1992 NHAMCS were coded by trained medical coding personnel from the Division of Data Processing, Health Surveys Section, at the NCHS computer facility in Research Triangle Park, North Carolina. Information on the ''patient's complaint(s), symptom(s), or other reason(s) for this visit'' (item 10, OPD Patient Record form and item 11, ED Patient Record form) were coded according to *A Reason for Visit Classification for Ambulatory Care* (10). The physician's diagnoses (item 11, OPD Patient Record form and item 12, ED Patient Record form) were coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (11). Item 10 of the ED Patient Record form (''Cause of Injury'') was coded according to the ICD–9–CM Supplemental Classification of External Causes of Injury and Poisoning (E-codes). A maximum of three entries was coded from each of these items.

Drug data collected in item 16 (OPD) and item 17 (ED) of the Patient Record forms were coded and classified according to a scheme developed at NCHS based on the American Society of Hospital Pharmacists' Drug Product Information

File, which is maintained by the American Druggist Blue Book Data Center. A maximum of five entries was coded from the drug item. A description of the drug coding scheme used in coding NAMCS and NHAMCS data has been published (27).

In addition to followups by field staff for missing and inconsistent data, numerous clerical edits were performed on data received for central data processing. Detailed editing instructions were provided to manually review the Patient Record forms and to reclassify or recode entries of ''other'' where possible. Computer edits for code ranges and inconsistencies were also performed.

All medical and drug coding and keying for the NHAMCS, as well as straight-key items, involved a two-way 10-percent independent verification procedure. As an additional quality check, all Patient Record forms with differences between coders or with illegible entries for the reason for visit, diagnosis, cause of injury, or medication items were reviewed and adjudicated at NCHS. The average keying error rate for nonmedical items was 0.5 percent. For items that required medical coding, discrepancy rates averaged less than 5 percent.

Item nonresponse was low, 3 percent or less for all data items except the following: race (8 percent), ethnicity (15 percent), whether the patient had been seen before for the same condition (item 12 on the OPD form) (7 percent), and whether the visit was alcohol or drug related (item 14 on the ED form) (8 percent).

In the case of missing or incomplete data, imputations were performed for the items listed below, using a ''hot deck'' procedure by assigning a value from a randomly selected Patient Record form with similar characteristics. For item 13 on the ED form (urgency), the sorting used was ED size by the three-digit ICD–9–CM code for principal diagnosis. For other ED variables (item 4, date of birth; item 5, sex; item 6, race; item 7, ethnicity; item 14, alcohol- or drug-related visit; item 18, disposition; and item 19, providers seen) the sort used was ED size by urgency by the three-digit ICD–9–CM code for principal diagnosis. ED size was determined from the entry on the NHAMCS-101/U form.

For the OPD data, imputation procedures were performed for the following variables: item 4, date of birth; item 5, sex; item 6, race; item 7, ethnicity; item 9, referral; item 12, patient seen before; item 17, disposition; and item 18, providers seen. The sort used was OPD size by clinic type by three-digit ICD–9–CM code for principal diagnosis. OPD size was determined from the entry on the NHAMCS-101/U form, and clinic type used the following categories: general medicine, surgery, pediatrics, obstetrics and gynecology, substance abuse, and other. Records with imputed variables were flagged as such on the public-use data tape.

Estimation procedures

The probability sample design of the NHAMCS allowed the sample data to be weighted to produce national estimates for the United States. Unweighted data are not used for analysis as unweighted data ignore the disproportionate sampling used in the NHAMCS.

Statistics from the NHAMCS were derived by a multistage estimation procedure that produces essentially unbiased national estimates. Separate national estimates were produced for visits to hospital emergency departments and outpatient departments. The weight included three basic components: inflation by reciprocals of the probabilities of selection, adjustment for nonresponse, and ratio adjustment to fixed totals.

Inflation by reciprocals of probabilities of selection

Because the survey utilized a four-stage sample design, four probabilities of selection existed: the probability of selecting the PSU; the probability of selecting the hospital within the PSU; the probability of selecting the emergency service area or outpatient clinic within the hospital; and the probability of selecting the visit within the particular emergency service area or clinic. The overall probability of including a hospital in the sample was the product of the probability of the PSU being selected multiplied by the probability of the hospital being selected. The probability of selecting the hospital was 1.0 for hospitals in noncertainty PSU's with fewer than five hospitals and was the hospital size divided by a sampling interval for all other hospitals. The sampling intervals for PSU's with more than five hospitals was the cumulative sum of the hospital sizes (the total of ED and OPD visits) in each PSU divided by five. The sampling interval for certainty PSU's was the cumulative sum of all of the hospitals in these PSU's divided by 240.

The probability of selecting a clinic within a hospital was 1.0 for clinics in hospitals with five or fewer clinics and was the clinic size divided by the sampling interval for hospitals with more than five clinics. The sampling interval was defined as the cumulative sum of sizes for the clinics (the expected number of visits during the reporting period) in the hospital divided by five.

The probability of selecting a visit was defined as the actual number of visits during the hospital's assigned reporting period divided by the number of Patient Record forms completed. Estimates were adjusted to account for the extended data collection period for the 1992 survey, which included 14 4-week reporting periods from December 2, 1991, through December 27, 1992. Subsequent survey years will include 13 4-week reporting periods that will be inflated to derive annual estimates.

Adjustments for nonresponse

Estimates from NHAMCS data were adjusted to account for sample units that were in scope but did not participate in the study. The adjustments were calculated to minimize the impact of nonresponse on final estimates by imputing to nonresponding units the characteristics of similar responding units. As nonresponse may occur at each stage of sampling, several adjustments were required. For these adjustments, hospitals were judged similar if they had the same ownership and were in the same PSU or region and MSA status. Clinics were judged similar if they were of the same clinic type and were in the same PSU. Visits were judged similar if they occurred in the same clinic.

Ratio adjustment

NHAMCS estimates were adjusted within 12 strata defined by region and ownership. Separate poststratification adjustments were made for emergency and outpatient estimates. For ED estimates, the ratio adjustment for each stratum was a multiplication factor whose numerator was the number of ED visits in the universe in the stratum and whose denominator was the estimated number of ED visits in that stratum. For OPD estimates, the ratio adjustment for each stratum was a multiplication factor whose numerator was the number of hospitals with an OPD in the universe in the stratum and whose denominator was the estimated number of hospitals with OPD's in that stratum. The data for the numerator and denominator of both adjustments were based on figures from the SMG Hospital Market Database.

Reliability of estimates

Because statistics from the NHAMCS are based on a sample, they may differ somewhat from the figures that would be obtained if a complete census were taken using the same forms, definitions, instructions, and procedures. However, the probability design of the NHAMCS permitted the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated for the NHAMCS, also reflects part of the variation that arises in the measurement process, but does not include estimates of any systematic biases that may be in the data. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. Generally, an asterisk (*) is used to indicate any estimate with a relative standard error greater than 30 percent. Estimates based on fewer than 30 sample records are not presented in this report. In these cases, only an asterisk (*) appears.

In repeated samples using the same forms and procedures, the chances are about 68 of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 of 100 that the difference would be less than twice the standard error and about 99 of 100 that it would be less than 2 1/2 times as large.

Estimation of standard errors

Estimates of sampling variability were calculated with SUDAAN software, which computes standard errors using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (28).

Standard error approximations

The SUDAAN procedure can be used to compute directly the standard errors and relative standard errors for NHAMCS estimates. However, this is not practical or feasible for all users of the data. Therefore, a generalized procedure for approximating the relative standard errors for NHAMCS estimates was developed.

Relative standard errors were computed for estimates in the *Advance Data* reports on emergency and outpatient departments (1,2). Regression techniques were then used to produce equations from which a standard error for any estimate may be approximated. The regression equations, represented by the parameters a and b, are shown in table III. Separate equations were produced for estimates of visits and drug mentions. Rules explaining the use of these equations are presented in the following section.

To derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required. As a result, standard errors computed using this procedure should be interpreted as approximate rather than exact for any specific estimate. The coefficients of determination (r^2) for the ED and OPD visit equations are 0.62 and 0.43, respectively, and are 0.82 and 0.57, respectively, for the ED and OPD drug mention equations. Particular attention should be exercised when the estimate of interest is small or when this procedure is used for estimates based on the American Indian/Eskimo/Aleut or Asian/Pacific Islander race categories. Further, because of the small number of cases in each category, these error estimates do not apply to estimates of ambulatory surgical procedures in the outpatient department data.

Estimates of standard errors for aggregate estimates

Approximate relative standard errors for estimates of the number of visits (or drug mentions) with a particular characteristic may be computed using the following formula, where x is the aggregate estimate of interest and a and b are the appropriate coefficients from table III:

$$\mathrm{RSE}(x) = \sqrt{a + \frac{b}{x}}$$

Approximate relative standard errors for aggregated estimates are shown in tables IV and V. Table IV presents approximate relative standard errors for aggregate estimates of hospital emergency department visits, and table V presents approximate relative standard errors for aggregate estimates of drug mentions at visits to hospital emergency departments.

Table III. Coefficients appropriate for determining approximate relative standard errors by type of estimate and service area: National Hospital Ambulatory Medical Care Survey, 1992

Type of estimate and service area	*Coefficient appropriate for use with estimates in thousands*	
Visits	A	B
Emergency department	0.00158	5.0405
Outpatient department	0.00912	7.5165
Drug mentions		
Emergency department	0.00235	5.1429
Outpatient department	0.01395	5.5191

Table IV. Approximate relative standard errors for estimated numbers of emergency department visits: National Hospital Ambulatory Medical Care Survey, 1992

Estimated number of visits in thousands	*Relative standard error in percent*
10	71.1
20	50.4
50	32.0
58	29.7
100	22.8
200	16.4
500	10.8
1,000	8.1
2,000	6.4
5,000	5.1
10,000	4.6
20,000	4.3
50,000	4.1
100,000	4.0

NOTE: The smallest reliable estimate for visits to hospital emergency departments is 58,000. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards.

Example of use of table: An aggregate estimate of 20 million visits has a relative standard error of 4.3 percent or a standard error of 860,000 visits (4.3 percent of 20 million).

Table V. Approximate relative standard errors for estimated numbers of drug mentions at emergency department visits: National Hospital Ambulatory Medical Care Survey, 1992

Estimated number of drug mentions in thousands	*Relative standard error in percent*
10	71.9
20	50.9
50	32.4
59	29.9
100	23.1
200	16.6
500	11.1
1,000	8.5
2,000	6.8
5,000	5.5
10,000	5.0
20,000	4.8
50,000	4.6
100,000	4.5
200,000	4.5

NOTE: The smallest reliable estimate of drug mentions at visits to hospital emergency departments is 59 million. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards.

Example of use of table: An aggregate estimate of 10 million drug mentions has a relative standard error of 5.5 percent or a standard error of 550,000 drug mentions (5.5 percent of 10 million).

Estimates of rates where the denominator is assumed to have negligible error

The approximate relative standard error for a rate in which the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population is equivalent to the relative standard error of the numerator. This is obtained using the relative standard error formula above with the appropriate coefficients from table III. The standard error is then given by:

$$\mathrm{SE}\,(r) = r \bullet \mathrm{RSE}\,(r)$$

Estimates of standard errors of percents where the numerator and the denominator are estimated from the same sample

Approximate relative standard errors (in percent) for estimates of percents may be computed using the appropriate relative standard errors for the aggregate statistics as follows. Obtain the approximate relative standard error of the numerator and denominator of the percent. Square each of the relative standard errors, subtract the resulting value for the denominator from the resulting value for the numerator, extract the square root, and multiply by 100.

$$\mathrm{RSE}\,(p) = \mathrm{RSE}\,(x/y) = \sqrt{\mathrm{RSE}^2\,(x) - \mathrm{RSE}^2\,(y)} \bullet 100$$

Alternatively, approximate relative standard errors (in percent) for estimates of percents of visits (or drug mentions) may be computed using the following formula, where p is the percent of interest, x is the denominator of the percent, and b is the appropriate coefficient from table III:

$$\mathrm{RSE}\,(p) = \sqrt{\frac{b \bullet 1 - p}{p \bullet x}} \bullet 100$$

The approximation of the absolute or relative standard error is valid if the relative standard error of the denominator is less than 0.05 (29) or if the relative standard errors of the numerator and denominator are both less than 0.10 (30).

Approximate relative standard errors (in percent) for estimates of percents are shown in tables VI (visits) and VII (drug mentions).

Estimates of rates ($r=x/y$) where numerator is not a subclass of the denominator

The standard error for a rate may be approximated by:

$$\mathrm{RSE}\,(r) = \mathrm{RSE}\,(x/y) = \sqrt{\mathrm{RSE}^2\,(x) + \mathrm{RSE}^2\,(y)} \bullet 100$$

$$\mathrm{SE}\,(r) = r \bullet \mathrm{RSE}\,(r)$$

This approximation is valid if the relative standard error of the denominator is less than 0.05 (29) or if the relative standard errors of the numerator and denominator are both less than 0.10 (30).

Estimates of the differences between two statistics

The standard error of the difference between two statistics is approximated by the following formula, where $\mathrm{SE}(x_1)$ and $\mathrm{SE}(x_2)$ are computed using the formulas given above:

$$\mathrm{SE}\,(x_1 - x_2) = \sqrt{\mathrm{SE}^2(x_1) + \mathrm{SE}^2\,(x_2)}$$

This formulation represents the standard error for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Table VI. Approximate standard errors of percents of estimated numbers of emergency department visits: National Hospital Ambulatory Medical Care Survey, 1992

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
10	7.1	15.5	21.3	28.4	32.5	34.8	35.5
20	5.0	10.9	15.1	20.1	23.0	24.6	25.1
50	3.2	6.9	9.5	12.7	14.6	15.6	15.9
100	2.2	4.9	6.7	9.0	10.3	11.0	11.2
200	1.6	3.5	4.8	6.4	7.3	7.8	7.9
500	1.0	2.2	3.0	4.0	4.6	5.9	5.0
1,000	0.7	1.5	2.1	2.8	3.3	3.5	3.6
2,000	0.5	1.1	1.5	2.0	2.3	2.5	2.5
5,000	0.3	0.7	1.0	1.3	1.5	1.6	1.6
10,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
20,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
50,000	0.1	0.2	0.3	0.4	0.5	0.5	0.5
100,000	0.1	0.2	0.2	0.3	0.3	0.3	0.4

Example of use of table: An estimate of 40 percent based on an aggregate estimate of 10 million visits has a standard error of 1.1 percent or a relative standard error of 2.8 percent (1.1 percent divided by 40 percent).

Table VII. Approximate standard errors of percents of estimated numbers of drug mentions at emergency department visits: National Hospital Ambulatory Medical Care Survey, 1992

Base of percent (drug mentions in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
10	7.1	15.6	21.5	28.7	32.9	35.1	35.9
20	5.0	11.1	15.2	20.3	23.2	24.8	25.4
50	3.2	7.0	9.6	12.8	14.7	15.7	16.0
100	2.3	4.9	6.8	9.1	10.4	11.1	11.3
200	1.6	3.5	4.8	6.4	7.4	7.9	8.0
500	1.0	2.2	3.0	4.1	4.6	5.0	5.1
1,000	0.7	1.6	2.2	2.9	3.3	3.5	3.6
2,000	0.5	1.1	1.5	2.0	2.3	2.5	2.5
5,000	0.3	0.7	1.0	1.3	1.5	1.6	1.6
10,000	0.2	0.5	0.7	0.9	1.0	1.1	1.1
20,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
50,000	0.1	0.2	0.3	0.4	0.5	0.5	0.5
100,000	0.1	0.2	0.2	0.3	0.3	0.3	0.4
200,000	0.1	0.1	0.2	0.2	0.2	0.2	0.3

Example of use of table: An estimate of 50 percent based on an aggregate estimate of 10 million visits has a standard error of 1.1 percent or a relative standard error of 2.2 percent (1.1 percent divided by 50 percent).

Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. Terms relating to differences such as ''greater than'' and ''less than'' indicate that the differences are statistically significant. Terms such as ''similar'' or ''no difference'' mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the differences between any two estimates does not mean that the difference was tested and found to be not significant.

Population figures

The population figures used in computing annual rates are shown in tables VIII–X. They are based on July 1, 1992, estimates of the civilian noninstitutionalized population of the United States. This population has been used in previously published NHAMCS data (1–4). The reader should note, however, that it may, in some cases, be desirable to use the civilian resident population of the United States in the calculation of visit rates, especially when analyzing data pertaining to ED utilization by older persons.

The civilian resident population includes civilians residing in institutional settings, such as nursing homes and prisons. At present, no data are available that would estimate the extent of ED utilization by these population

Table VIII. Estimates of the civilian noninstitutionalized population by selected demographic characteristics: United States, 1992

Characteristic	All ages	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over
Race and sex							
All races	251,448,459	56,442,611	34,384,602	81,328,380	48,501,115	18,469,880	12,321,871
Male	122,187,479	28,891,742	17,097,767	39,999,651	23,305,965	8,275,207	4,617,147
Female	129,260,980	27,550,869	17,286,835	41,328,729	25,195,150	10,194,673	7,704,724
White	209,464,504	44,985,523	27,479,788	67,716,634	41,743,184	16,385,982	11,153,393
Male	102,413,873	23,046,144	13,776,312	33,733,182	20,299,022	7,375,023	4,184,190
Female	107,050,631	21,939,379	13,703,476	33,983,452	21,444,162	9,010,959	6,969,203
Black	31,461,180	8,954,786	5,100,047	9,795,332	4,989,293	1,643,778	977,944
Male	14,722,087	4,555,607	2,450,005	4,424,866	2,227,631	711,472	352,506
Female	16,739,093	4,399,179	2,650,042	5,370,466	2,761,662	932,306	625,438
Other	10,522,775	2,502,302	1,804,767	3,816,414	1,768,638	440,120	190,534
Male	5,051,519	1,289,991	871,450	1,841,603	779,312	188,712	80,451
Female	5,471,256	1,212,311	933,317	1,974,811	989,326	251,408	110,083

Table IX. Estimates of the civilian noninstitutionalized population by selected demographic characteristics and geographic region: United States, 1992

Characteristic	All regions	Northeast	Midwest	South	West
Total	251,448,459	50,000,327	61,472,387	84,419,002	55,556,743
Age					
Under 15 years	56,442,611	10,427,006	13,672,495	19,012,938	13,330,172
15–24 years	34,384,602	6,362,047	8,801,900	11,624,054	7,596,601
25–44 years	81,328,380	16,202,952	19,756,983	26,906,444	18,462,001
45–64 years	48,501,115	10,186,743	11,751,313	16,262,621	10,300,438
65–74 years	18,469,880	4,054,432	4,373,242	6,410,161	3,632,045
75 years and over	12,321,871	2,767,147	3,116,454	4,202,784	2,235,486
Sex					
Male	122,187,479	24,103,345	29,796,974	40,896,688	27,390,472
Female	129,260,980	25,896,982	31,675,413	43,522,314	28,166,271
Race					
White	209,464,504	42,942,018	53,919,793	65,756,469	46,846,224
Black	31,461,180	5,396,473	6,419,569	17,017,761	2,627,377
Other	10,522,775	1,661,836	1,133,025	1,644,772	6,083,142

subgroups, but it is certain that nursing home residents and other institutional residents utilize the ED to some degree. A comparison of visit rates by age, sex, and race using both populations yields no significant differences for nonelderly visit rates. Use of the civilian resident population does, however, result in a decrease in the ED visit rate for females ages 75 years and over. Additional information on population estimates can be obtained by contacting the Ambulatory Care Statistics Branch.

Table X. Estimates of the civilian noninstitutionalized population by race and urbanicity: United States, 1992

Race	All areas	MSA[1]	Non-MSA[1]
All races	251,448,459	196,606,190	54,842,269
White	209,464,504	160,943,298	48,521,206
Black	31,461,180	26,675,109	4,786,071
Other	10,522,775	8,987,783	1,534,992

[1]MSA is metropolitan statistical area.

Rounding of numbers

Estimates presented in this report are rounded to the nearest thousand. For this reason, detailed figures within tables do not always add to totals. Rates and percents are calculated on the basis of the original, unrounded figures and may not agree precisely with rates and percents calculated from rounded data.

Nonsampling error

Estimates based on the 1992 NHAMCS are subject to nonsampling as well as sampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse or incomplete response. Although the magnitude of the nonsampling errors cannot be computed, these errors are kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, careful attention was given to the phrasing of questions, terms, and definitions. Also, extensive pretesting of most data items and survey procedures was also performed. The steps taken to reduce bias in the data are discussed in the sections on field procedures and data collection. Quality control procedures, consistency, and edit checks discussed in the data processing section reduced errors in data coding and processing. Because survey results are subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability alone.

Appendix II
Definitions of terms

Terms relating to the survey

Patient—An individual seeking personal health services not currently admitted to any health care institution on the premises. A person under a physician's care for health reasons. Patients are defined as in scope or out of scope as follows:

- *In scope*—A patient seen by hospital staff in an in-scope emergency service area or clinic except as excluded below.
- *Out of scope*—Patients seen by physicians in private offices, nursing homes, or other extended care institutions or in the patient's home. Patients who contact and receive advice from hospital staff via telephone. Patients who come to the hospital only to leave a specimen, to pick up insurance forms, to pick up medication, or to pay a bill.

Visit—A visit is a direct, personal exchange between an ambulatory patient and a physician or other health care provider working under the physician's supervision, for the purpose of seeking care and receiving personal health services.

Drug mention—The entry of a pharmaceutical agent ordered or provided by any route of administration for prevention, diagnosis, or treatment. Generic as well as brand name drugs are included, as are nonprescription as well as prescription drugs. Along with all new drugs, the hospital staff also records continued medication if the patient was specifically instructed during the visit to continue the medication.

Hospital—All hospitals with an average length of stay for all patients of less than 30 days (short stay) or hospital whose specialty is general (medical or surgical) or children's general are eligible for the National Hospital Ambulatory Medical Care Survey, except Federal hospitals and hospital units of institutions and hospitals with less than six beds staffed for patient use.

Ownership—Hospitals are designated according to the primary owner of the hospital based on the SMG Hospital Market Database.

- *Voluntary nonprofit*—Hospitals operated by a church or another nonprofit organization.
- *Government, non-Federal*—Hospitals operated by State or local governments.
- *Proprietary*—Hospitals operated by individuals, partnerships, or corporations for profit.

Urbanicity—Hospitals are classified by their location in a metropolitan or nonmetropolitan area.

- *Metropolitan*—Metropolitan Statistical Area (MSA) as defined by the U.S. Office of Management and Budget. The definition of an individual MSA involves two considerations: first, a city or cities of specified population that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with ''contiguous'' counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. MSA's may cross State lines. In New England, MSA's consist of cities and towns rather than counties.
- *Nonmetropolitan*—Other than metropolitan.

Emergency department—Hospital facility for the provision of unscheduled outpatient services to patients whose conditions require immediate care and staffed 24 hours a day. Emergency departments that are open less than 24 hours a day are included as part of the hospital's outpatient department.

Emergency service area—Area within the emergency department where emergency services are provided. This includes services provided under the ''hospital as landlord'' arrangement in which the hospital rents space to a physician group.

Outpatient department—Hospital facility where nonurgent ambulatory medical care is provided under the supervision of a physician.

Clinic—Administrative unit within an organized outpatient department that provides ambulatory medical care under the supervision of a physician. This excludes the ''hospital as landlord'' arrangement in which the hospital only rents space to a physician group and is not otherwise involved in the delivery of services. Clinics are grouped into the following six specialty groups for purposes of systematic sampling and nonresponse adjustment: general medicine, surgery, pediatrics, obstetrics/gynecology, substance abuse, and other. Clinics are defined as in scope or out of scope as follows:

- In scope—General medicine
  AIDS
  Allergy
  Ambulatory care
  Anti-coagulation
  Anesthesia/pain
  Apnea
  Arthritis
  Asthma
  Brain tumor (and other tumor)

Cardiology
Cerebral palsy (adult)
Chest
Coagulant
Cystic fibrosis (adult)
Cytomegalovirus
Dermatology
Diabetes
Diabetic counseling
Digestive diseases
Down's syndrome (adult)
Endocrinology
Epilepsy
Family practice
Gastroenterology
General medicine
Genetics (adult)
Geriatric
Head (nonsurgical)
Head and neck (nonsurgical)
Hematology
Hemophilia (adult)
Homeless
Huntington's disease/chorea
Hyperlipidemia
Hypertension
Immunology
Infectious diseases
Internal medicine
Lead poisoning (adult)
Leukemia/bone marrow aspiration
Lipid
Liver
Lupus (systemic lupus erythematosus)
Medical screening
Melanoma
Metabolic
Movement and memory disorders
Multiple sclerosis
Muscular dystrophy
Myelomeningocele
Nephrology
Neurocutaneous
Oncology
Outreach program (general medicine)
Pacemaker
Pentamidine
Peripheral vascular disease
Pheresis/plasma pheresis
Pigmented lesion
Primary care
Pulmonary
Renal
Rheumatology
Seizure
Senior care
Sexually transmitted diseases (STD)
Sickle cell (adult)
Spina bifida (adult)
Thyroid
Tuberculosis
Urgent care
Walk-in and/or screening
Weight management
24-hour observation

- In scope—Surgery
  Amputee (surgery and rehabilitation)
  Ano-rectal
  Arthroscopy
  Back care
  Breast
  Breast care
  Bronchoscopy
  Burn
  Cardiothoracic
  Cast/brace
  Chief resident followup (surgery)
  Chronic wound
  Cleft palate
  Club foot
  Colon and rectal surgery
  Cryosurgery
  Cystoscopy
  Elective surgery
  Endoscopy
  ENT (ear, nose, and throat)
  Eye
  Fine needle aspiration
  Fracture
  General surgery
  Genitourinary
  Genitourinary surgery
  Hand surgery
  Head and neck surgery
  Knee
  Lithotripsy
  Myelo- (and other myelo)
  Neurologic surgery
  Oncologic surgery
  Ophthalmologic surgery
  Ophthalmology
  Orthopedic
  Orthopedic surgery
  Ostomy
  Otolaryngology
  Otolaryngologic surgery
  Otology
  Otorhinolaryngology
  Pediatric ear, nose, and throat
  Pediatric orthopedic surgery
  Pediatric otolaryngology
  Pediatric surgery
  Pediatric urology
  Plastic surgery
  Post-operative

Proctology
Pulmonary/thoracic surgery
Scoliosis (adult)
Sigmoidoscopy
Spine
Sports medicine
Suture
Transplant surgery
Trauma
Urodynamics
Urologic surgery
Urology
Vascular surgery
Visual fields

- In scope—Pediatrics
  Adolescent/young adult
  Adolescent medicine
  Airway (pediatric)
  Allergy (pediatric)
  Behavior and development (child)
  Birth defect
  Cardiology (pediatric)
  Cerebral palsy (child)
  Child sexual assault
  Clotting (pediatric)
  Congenital heart
  Continuity (pediatric)
  Craniofacial
  Craniomalformation
  Critical care (pediatric)
  Cystic fibrosis
  Dermatology (pediatric)
  Developmental disability
  Developmental evaluation
  Diagnostic (pediatric)
  Down's syndrome (child)
  Endocrinology (pediatric)
  Gastroenterology (pediatric)
  Genetics
  Hematology (pediatric)
  Hemoglobinopathy (pediatric)
  Hemophilia (child)
  High risk (pediatric)
  Infant apnea
  Infectious diseases (pediatric)
  Lead poisoning (child)
  Learning disorder
  Neonatology
  Nephrology (pediatric)
  Newborn
  Oncology (pediatric)
  Ophthalmology (pediatric)
  Pediatrics
  Perinatal
  Phenylketonuria
  Pulmonary (pediatric)
  Regional development
  Rheumatic heart
  Rheumatology/arthritis (pediatric)
  Scoliosis (child)
  Seizure (pediatric)
  Sickle cell (child)
  Spina bifida
  Teenage
  Teen-tot
  Well child care

- In scope—Obstetrics/gynecology
  Adolescent gynecology
  Birth control
  Colposcopy
  Dysplasia
  Family planning
  Gynecology
  Gynecologic oncology
  In vitro fertilization
  Infertility
  Maternity
  Maternal health
  Obstetrics
  Obstetrics—high risk
  Obstetrics—post-partum
  Obstetrics—prenatal
  Pregnancy—counseling
  Pregnancy verification
  Prenatal
  Preteen gynecology
  Reproductive
  Reproductive endocrinology
  Well woman
  Women's care

- In scope—Substance abuse
  Alcohol abuse
  Alcohol detoxification
  Alcohol walk-in
  Chemical dependency (excluding methadone maintenance)
  Drug abuse (excluding methadone maintenance)
  Drug detoxification
  Substance abuse
  Women's alcohol program

- In scope—Other
  Adolescent psychiatry
  Adult psychiatry
  Anxiety
  Biofeedback
  Child psychiatry
  Eating disorder
  General preventive medicine
  Mental health
  Mental hygiene
  Myasthenia gravis
  Neurology
  Neurophysiology

Pain management
Partial hospitalization program (psychiatric)
Pediatric neurology
Preventive medicine
Psychopharmacology
Sleep disorder
Social evaluation
Toxicology

- Out of scope—Other
  Abortion/pregnancy termination
  Ambulatory surgery centers
  Blood bank
  Cardiac catheterization
  Chemotherapy
  Dental/dental oncology/dental surgery
  Employee health service
  Hemodialysis
  Kidney (renal) dialysis
  Methadone maintenance
  Occupational safety and health
  Occupational therapy
  Oral surgery
  Pharmacy
  Physical medicine/therapy
  Podiatry
  Radiation therapy/radiation diagnosis/radiation oncology
  Radiology/diagnostic x ray (imaging)
  Reading and language
  Rehabilitation

Region—Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

Region	*States included*
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania
Midwest	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, and Alaska

Terms relating to the Patient Record forms

Age—The age calculated from date of birth is the age at last birthday on the date of visit.

Race—Hospital staff were instructed to record based on observation or the hospital's usual practice or knowledge. The following category definitions were provided:

- *White*—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- *Black*—A person having origins in any of the black racial groups of Africa.
- *Asian/Pacific Islander*—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *American Indian/Eskimo/Aleut*—A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Ethnicity—Hospital staff were instructed to mark the appropriate category based on the hospital's usual practices.

- *Hispanic origin*—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- *Not Hispanic*—All other persons.

Expected source(s) of payment—Hospital staff were instructed to check the source(s) that would pay for this visit.

- *Medicare*—Charges paid in part or in full by a Medicare plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient.
- *Medicaid*—Charges paid in part or in full by a Medicaid plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient.
- *Other government*—Charges paid in part or in full by any other local, State, or Federal health care programs, such as workers compensation programs and Civilian Health and Medical Programs of Uniformed Services (CHAMPUS).
- *Private commercial*—Charges paid in part or in full by a private insurance company. Includes payments made directly to the hospital as well as payments reimbursed to the patient.
- *HMO/other prepaid*—Charges included under a prepayment plan. Includes health maintenance organizations (HMO's), independent practice associations (IPA's), preferred provider organizations (PPO's), etc.
- *Patient paid*—Charges paid in part or in full by the patient or the patient's family that will not be reimbursed by a third party. Includes ''co-payments'' and ''insurance deductibles.'' Excludes prepaid plan visits for which no co-payment is charged.
- *No charge*—Visits for which no fee is charged.
- *Other*—Any other source of payment not covered in the categories above.

Major reason for this visit (ED)—Hospital staff were instructed to indicate whether this visit is the first visit or followup visit for an injury or illness.

- *Injury, first visit*—Self-explanatory.

- *Injury, followup*—Self-explanatory.
- *Illness, first visit*—Self-explanatory.
- *Illness, followup*—Self-explanatory.
- *Other reason*—Includes general health maintenance examinations, routine periodic examinations of presumably healthy persons—both children and adults—and malingering.

Cause of injury (ED)—Hospital staff were instructed to describe in detail the events and circumstances surrounding the injury; for example, the place and cause of injury.

Patient referred (OPD)—Referrals are any visits made at the advice or direction of the hospital staff other than the ones being visited. The interest is in referrals for the current visit and not in referrals for any prior visit.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)—The patient's problem, complaint, symptom, or other reason for this visit as expressed by the patient. Hospital staff were instructed to record key words or phrases verbatim to the extent possible. ''Most important'' refers to that problem which, in their judgment, is most responsible for the patient's visit.

Physician's diagnosis—The physician's best assessment of diagnosis of the patient's most important problem, complaint, or symptom. The term ''principal'' refers to the first-listed diagnosis. The diagnosis represents the hospital staff's best judgment at the time of the visit and may be tentative, provisional, or definitive.

Urgency of this visit (ED)—Hospital staff were instructed to check the category that best indicates the urgency of the visit.

- *Urgent/emergent*—Patient requires immediate attention for acute illness or injury that threatens life or function. Delay would be harmful to the patient.
- *Nonurgent*—Patient does not require attention immediately or within a few hours.

Alcohol and/or drug related (ED)—Patient's most important complaint or presenting problem is alcohol and/or drug related.

Seen in clinic before (OPD)—''Seen before'' means provided care in that clinic at any time in the past. The second part of item 12 refers to the patient's current condition.

Ambulatory surgery (OPD)—Any surgical procedure performed in the clinic or ordered to be performed elsewhere on an outpatient basis, including suturing of wounds, reduction of fractures, application or removal of casts, incision and drainage of abscesses, application of supportive materials for fractures and sprains, irrigations, aspirations, dilations, and excisions.

Diagnostic/screening services—Hospital staff were instructed to mark all services and procedures that were ordered or provided during this visit for the purpose of screening or diagnosis.

- *Blood pressure check*—Self-explanatory.
- *Urinalysis*—Any physical, chemical, or microscopic examination of urine.
- *HIV serology*—The study of the human immunodeficiency virus (HIV) antigen-antibody reaction in vitro.
- *Cholesterol measure*—A blood test taken to measure the level of cholesterol in a patient's blood.
- *Other blood test (ED)*—Self-explanatory.
- *Pap test (OPD)*—Papanicolaou test.
- *Strep throat test (OPD)*—Rapid strep test or throat culture.
- *Other lab test (OPD)*—Self-explanatory.
- *EKG-resting*—Resting-electrocardiogram.
- *EKG-exercise (OPD)*—Exercise-electrocardiogram.
- *Mental status exam*—Any formal, clinical evaluation designed to assess the mental or emotional status of the patient.
- *Mammogram (OPD)*—x ray of the breasts.
- *Chest x ray*—Single or multiple x rays of the chest for diagnostic or screening purposes. Excludes fluoroscopy and studies of ribs, bony thorax, and spine.
- *Extremity x ray (ED)*—x ray of the arms, legs, hands, or feet.
- *CT scan/MRI (ED)*—Computerized tomography scan/magnetic resonance imaging.
- *Other diagnostic imaging (ED)*—Self-explanatory.
- *Other radiology (OPD)*—Self-explanatory.
- *Hearing test (OPD)*—Self-explanatory.
- *Visual acuity (OPD)*—Self-explanatory.
- *Spirometry (OPD)*—Measurement of air capacity of the lungs.
- *Allergy testing (OPD)*—May include the direct introduction of antigen into the skin, allergen inhalation, or bronchial challenge tests.

Procedures (ED)—Hospital staff were instructed to mark all procedures provided this visit.

- *Endotracheal intubation*—A laryngoscope inserted into the mouth followed by a tube into the trachea.
- *CPR*—Cardiopulmonary resuscitation.
- *IV fluids*—Administration of intravenous fluids.
- *NG tube*—Insertion of nasogastric tube through the nose, down the esophagus, and into the stomach.
- *Gastric lavage*—Passage of a solution through the inflow tube into the nose, down the esophagus, and into the stomach where the gastric contents are irrigated and returned through an outflow tube.
- *Wound care*—Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures; removal of foreign bodies; excisions; and incision and drainage.
- *Eye/ENT care*—Care provided to the eyes, ears, nose, and throat; includes measurement of intraocular pressure in the eyes, removal of ear wax, removal of foreign bodies, nasal packing, and laryngoscopy.
- *Orthopedic care*—Treatment of orthopedic injuries or conditions; includes casting, wrapping, splinting, and aspiration of fluid from joints.
- *Bladder catheter*—Any type of catheter used to catheterize the bladder, for example, Foley.
- *Lumbar puncture*—Insertion of a needle into the lumbar spine to extract spinal fluid for laboratory examination.
- *Other(s) specify*—Up to two other diagnostic and/or treatment procedures provided this visit were recorded.

Medication—Hospital staff were instructed to list, using brand or generic names, all medications ordered, injected, administered, or provided this visit including prescription and nonprescription drugs, immunizations, and desensitizing agents. Also included are drugs and medications ordered or provided prior to the visit that the patient was instructed to continue taking.

Disposition (ED)—Hospital staff were instructed to mark all categories that apply.

- *Return to ED PRN*—The patient is instructed to return to the ED as needed.
- *Return to ED-appointment*—The patient is told to schedule an appointment or is given an appointment to return to the ED at a particular time.
- *Return to referring physician*—The patient was referred to the ED by his or her personal physician or some other physician and is now instructed to consult again with the physician who made the referral.
- *Refer to other physician/clinic*—The patient is instructed to consult or seek care from another physician or clinic. The patient may or may not return to this physician or clinic at a later date.
- *Admit to hospital*—The patient is instructed that further care or treatment will be provided as an inpatient in the hospital.
- *Transfer to other facility*—The patient is transferred to a facility other than a facility operated under the auspices of this hospital.
- *DOA/died in the ED*—If the patient is dead on arrival (DOA) or died in the ED, this patient is still included in the sample.
- *Left AMA*—If the patient was registered to be seen but left prior to being seen by a health care provider or left against medical advice (AMA), this patient is still included in the sample.
- *No followup planned*—No return visit or telephone contact is scheduled or planned for the patient's problem on this visit.
- *Other*—Any other disposition of the case not included in the categories above.

Disposition (OPD)—Hospital staff were instructed to mark all categories that apply.

- *Return to clinic PRN*—The patient is instructed to return to the clinic as needed.
- *Return to clinic-appointment*—The patient is told to schedule an appointment or is given an appointment to return to the clinic at a particular time.
- *Telephone followup planned*—The patient is instructed to telephone the physician or other clinic staff on a particular day to report on his or her progress, or to call at any time if he or she has a problem or wishes further consultation.
- *Return to referring physician*—The patient was referred to this clinic by his or her personal physician or some other physician and is now instructed to consult again with the physician who made the referral.
- *Refer to other physician/clinic*—The patient is instructed to consult or seek care from another physician or clinic. The patient may or may not return to this physician or clinic at a later date.
- *Admit to hospital*—The patient is instructed that further care or treatment will be provided as an inpatient in the hospital.
- *No followup planned*—No return visit or telephone contact is scheduled or planned for the patient's problem on this visit.
- *Other, specify*—Any other disposition of the case not included in the categories above.

Providers—Hospital staff were instructed to mark all providers seen by the patient during this visit.

- *Resident/intern*—Persons graduated from medical school and in training.
- *Staff physician*—Physician who is employed by the hospital or the university affiliated with the hospital and is a member of the hospital staff.
- *Other physician*—Consulting physicians and other part-time physicians who are not considered to be members of the hospital staff.
- *Physician assistant*—Certified health care professional who delivers health care services under the supervision of a licensed physician.
- *Nurse practitioner*—Registered nurse with advanced training who provides primary health care services. Supervision by a physician is required in some states.
- *Registered nurse*—Self-explanatory.
- *Licensed practical nurse*—Self-explanatory.
- *Nurse's aide*—Self-explanatory.

Appendix III
Survey instruments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Date

Chief Executive Officer
Title
Hospital Name
Address
City, State, Zip

Dear (Chief Executive Officer):

As part of its continuing program to provide information on the health status of the American people, the National Center for Health Statistics (NCHS) of the Centers for Disease Control (CDC) is beginning an annual study of hospital-based outpatient care. This new study is the National Hospital Ambulatory Medical Care Survey (NHAMCS). The NHAMCS is an extension of the National Ambulatory Medical Care Survey (NAMCS), which collects ambulatory care data from physicians in office-based practices.

The purpose of this new study is to collect information about the large portion of ambulatory care that is provided by hospital outpatient departments and emergency departments. The data requested concern ambulatory patients, their health problems, and the resources needed for their care. The resulting information will help the hospital industry and the medical profession plan for more effective health services, determine health manpower needs, and improve medical education.

The enclosed "Advancedata" summary of the 1989 NAMCS provides an overview of the data that are available on office-based ambulatory care. As the enclosed letters of endorsement attest, comparable data on ambulatory care provided in hospital settings are essential to meet the needs of the hospital industry and the medical profession.

The NHAMCS is authorized by Title 42, United States Code, Section 242k. Participation is voluntary and there are no penalties for not participating. However the success of the study depends on the willingness of health professionals like yourself to provide current medical information. All information collected is confidential, including the identity of your hospital. Patient names and personal identifiers will not be recorded. Data collected will be used only to prepare statistical summaries.

Within a few days, a representative of the Bureau of the Census, which is acting as our data collection agent, will telephone your office to arrange a visit to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely Yours,

Manning Feinleib, M.D., Dr. P.H.
Director

OMB No. 0920-0278: Approval Expires 2/28/92

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this phase of the survey is estimated to average 147 minutes per response. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the PHS Reports Clearance Officer; Attn: PRA: HHH Building, Rm. 721-B; 200 Independence Ave., S.W., Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0278); Washington, DC 20503.

1. Label

FORM **NHAMCS-101**
(4-16-91)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

1992 PANEL

2a. Hospital contact information	**b.** Hospital contact information	**3.** Field representative information	
Name	Name	Telephone screener	Code
Title	Title	Hospital induction	Code
Telephone number *(Area code and number)*	Telephone number *(Area code and number)*	Clinic induction	Code

Section I — TELEPHONE SCREENER

4. Record of telephone calls

Call	Date	Time	Results
1			
2			
3			
4			
5			
6			

5. Final outcome of hospital screening

1 ☐ Appointment

Day	Date	Time a.m. p.m.	Place

2 ☐ Noninterview — *Complete sections V and VI, beginning on page 8.*

During your initial call to the hospital, attempt to speak to the contact person (as provided in item 2a). If the contact person is not available at this time, determine when he/she can be reached and call again at the designated time. If, after several attempts, you are still unable to talk to the contact or have determined the contact is no longer an appropriate respondent, begin the interview with a representative of the contact person or new contact, as appropriate. Record all new contact information in item 2b.

Part A. INTRODUCTION

Good (morning/afternoon) . . .. My name is *(Your name)*. **I am calling for the Centers for Disease Control concerning their study of hospital outpatient and emergency departments. You should have received a letter from Dr. Manning Feinleib, the director of the National Center for Health Statistics, describing the study.** *(Pause)* **You've probably also received a letter from the Census Bureau. We are acting as field agent for the study.**

6. Did you receive the letter(s)?

1 ☐ Yes — *SKIP to Part B, Verification of Eligibility, page 2*
2 ☐ No
3 ☐ DK
} *Ask item 7a*

7a. I'd be very happy to send you another copy of the letter. Let me just verify that I am sending it to the right mailing address. Is *(Read address from item 1)* **the correct address?**

1 ☐ Yes — *Read STATEMENT below*
2 ☐ No — *Ask item 7b*

b. What is your correct mailing address?

Number and street

City State ZIP Code

STATEMENT

Although you have not received the letter, I'd like to briefly explain the study to you at this time and answer any questions about it.

Section I — TELEPHONE SCREENER — Continued

Part B. VERIFICATION OF ELIGIBILITY

The National Center for Health Statistics of the Centers for Disease Control is conducting an annual study of hospital-based ambulatory care. They have contracted with the Bureau of the Census to collect data for the study. I am calling to arrange an appointment to discuss your participation.

Before discussing the details, I would like to verify our basic information about *(Name of hospital)* **to be sure we have correctly included your hospital in the study. First, concerning hospital control:**

8. Is this hospital voluntary non-profit, government, or proprietary?	1☐ Voluntary non-profit 2☐ Government 3☐ Proprietary
9a. Does this hospital provide emergency services that are staffed 24 HOURS each day either here at the hospital or elsewhere?	1☐ Yes — *SKIP to item 10* 2☐ No
b. Does this hospital operate any emergency service areas that are NOT staffed 24 HOURS each day?	1☐ Yes 2☐ No
10. Does this hospital operate an organized outpatient department either at the hospital or elsewhere?	1☐ Yes 2☐ No

CHECK ITEM A

1☐ The hospital meets eligibility requirements (Yes in any of items 9a OR 9b OR 10) — *Go to Part C, Study Description*

2☐ The hospital does not meet eligibility requirements (No in all three items 9a AND 9b AND 10) — *SKIP to CLOSING STATEMENT below*

Part C. STUDY DESCRIPTION

Thank you. Our information seems correct. Now I would like to provide you with further information on the study.

- This study is an extension of the NAMCS
- No current source of national data on hospital ambulatory care
- Endorsed by the American Hospital Association, the American College of Emergency Physicians, and the Emergency Nurses Association

The hospital study will be an extension of the National Ambulatory Medical Care Survey, or NAMCS, which collects data on visits to physicians in office-based practice. NAMCS data are used by health service planners, researchers, and educators. Hospitals provide a significant portion of the nation's ambulatory care. Yet, there is no source of national data on this significant area of health care. Extending the coverage of NAMCS to include hospital outpatient care is considered an important priority for the National Center for Health Statistics and is endorsed by such organizations as the American Hospital Association, American College of Emergency Physicians, and the Emergency Nurses Association.

- Nationwide sample of 500 hospitals
- Four week data collection period
- Brief 1 page forms completed for a sample of patient visits

The study is being conducted in approximately 500 hospitals nationwide. Brief, one page forms, similar to those used in the study of office-based practices will be completed for a small sample of patient visits to emergency and outpatient departments over a four week period.

As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable national data on ambulatory care.

11. I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you or your representative?

Thank you . . . . for your cooperation. I am looking forward to our meeting. *Record day, date, time, and place of appointment in item 5, page 1; and terminate telephone call.*

CLOSING STATEMENT

Thank you . . . ., but it seems that our information was incorrect. Since *(Name of hospital)* **does not have emergency services or outpatient clinics, it should not have been chosen for our study. Thank you very much for your cooperation.** *Terminate telephone call and complete sections V and VI beginning on page 8.*

NOTES

Section II — INDUCTION INTERVIEW

Part A. INTRODUCTION

FORM NHAMCS-101 (4-16-91)

I would like to begin with a brief review of the background for this study.

- **Data are already available on patient visits to office-based physicians from NAMCS**
- **NAMCS is sponsored by the NCHS**
- **NAMCS data used extensively by health service planners and researchers**

Data are available on patient visits to physician's offices through the National Ambulatory Medical Care Survey, or NAMCS, sponsored by the National Center for Health Statistics of the Centers for Disease Control. These data have been used extensively by health service planners and researchers.

- **150 million annual ED/OPD patient visits**
- **Currently no national data collection concerning hospital ambulatory care**

Patient visits to hospital emergency and outpatient departments account for about 150 million patient visits annually. However, there is no national data collection on the characteristics and health problems of persons seen in these settings.

- **Bureau of the Census is data collecting agent**
- **Endorsements by the AHA, ACEP, and ENA**

NCHS is conducting an annual study to provide national information on hospital ambulatory care. The Bureau of the Census is responsible for data collection. The study has been endorsed by the American Hospital Association, the American College of Emergency Physicians, and the Emergency Nurses Association. Their endorsements were included with our letter and copies are in the manual.

- **Study is authorized by Title 42, U.S. Code Section 242k**
- **Participation is voluntary**
- **All information held in strict confidence**
- **Collects no patient names or identifiers**

Now I would like to provide an overview of the study protocol and answer any questions you might have. Before we proceed with the details, I am required to advise you that this study is authorized by Title 42, United States Code, Section 242k. Participation in the study is voluntary and there are no penalties for refusing. All information collected, including the name of your hospital, will be held in strict confidence. Patient names and identifiers obtained during data collection will be removed from the data forms and left with the hospital. Data from the study will be used only in statistical summaries.

NOTES

Part B. SURVEY DESCRIPTION

- **Covers ambulatory care facilities on and off hospital grounds**
- **Covers care provided by or under the supervision of a physician**
- **Excludes office-based physicians**
- **Excludes visits to laboratory and radiology services**
- **Excludes organized ambulatory surgery centers**
- **Four week data collection period beginning ( )**
- **Sample of approximately 50 ED and 150 OPD visits**
- **Form takes only a few minutes to complete**
- **Forms to be completed by hospital staff at their convenience**

The study covers ambulatory care facilities that are operated by the hospital, here or elsewhere in the area, in which care is provided by a physician or under the supervision of a physician. In general, we are trying to include care by hospital-based physicians and exclude visits to office-based physicians, which are covered under the present NAMCS. Visits to laboratory and radiology services will not be included. Also, organized ambulatory surgery centers will not be included, as NCHS is developing a separate survey for studying these facilities.

Essentially, the data collection task is quite simple. Over a four week period, beginning Monday, ( ), we would like to collect some basic information on a randomly selected sample of patient visits, about 50 in the Emergency Department and about 150 in outpatient clinics.

- *SHOW patient record forms.*

These are the data collection forms. We have tried to make the items self-explanatory and generally the form should take only a few minutes to complete. We will show your staff how to select the sample of patients and fill out the forms. The forms can be completed at the time of the patient's visit, at the end of the day or shift, or in some combination of these times, whichever is most convenient for your staff.

NOTES

2 ☐ The hospital DOES NOT provide emergency services that are staffed 24 hours each day. (No in item item 9a)
— *SKIP to Section IV, Outpatient Department Description, on page 7*

Part C. SURVEY IMPLEMENTATION

As I mentioned earlier, I would like to discuss the plan for conducting the study. Your hospital has been assigned to a 4-week data collection period beginning on Monday, (.). There are several steps to be completed to prepare for this.

First, I would like to discuss the steps needed to obtain approval for the study. We will be glad to help in any way we can.

Second, I will need to construct the sampling plan for your hospital. For this I will need some basic information on your (emergency department/(and) your outpatient department).

It may take me a few days to develop the sampling plan. I will return to discuss the study with the (emergency department staff/(and) clinic staff) and show them the procedures. Before I return, I will call to determine how you wish me to proceed in contacting these staff.

12. First, could we discuss the steps needed to obtain approval for the study?
Record the approval process in the space provided below. —

13. Now, I would like to make arrangements to obtain the information needed for sampling. I will need to determine how your (emergency department/ (and) outpatient department) (is/are) organized and obtain an estimate of the number of patient visits expected during the 4-week period. Would you prefer I get this information from you or someone else?

1 ☐ Respondent — *Go to Check Item B below*

2 ☐ Someone else — *Specify below*

If different respondent(s), arrange to obtain data today if possible. Otherwise arrange an appointment with designated person(s). Briefly explain the study to the new respondent(s). Then proceed with Section III, Emergency Department Description or Section IV, Outpatient Department Description, as appropriate. Thank current respondent for his/her time and cooperation.

Name

Title

Department

Name

Title

Department

CHECK ITEM B

1 ☐ The hospital provides emergency services that are staffed 24 hours each day. (Yes in item 9a) — *Go to*

Section III — EMERGENCY DEPARTMENT DESCRIPTION

To develop the sampling plan, I would like to learn how your emergency department is organized. I have a set of specific questions to ask you about this.

14. Does the emergency department operate any facilities elsewhere in the community or only at the hospital?	1 ☐ Only at hospital — *SKIP to item 16* 2 ☐ Hospital and elsewhere — *Ask item 15*
15. Do the facilities located outside of the hospital see true emergency patients, that is, patients with conditions that threaten life or function and require immediate attention; or do they see only nonemergency patients?	*(Mark box 1 for emergencies AND nonemergencies).* 1 ☐ Emergencies 2 ☐ Nonemergencies only
16. Does the emergency department here at the hospital see both emergency and walk-in nonemergency patients?	1 ☐ Both — *SKIP to item 18* 2 ☐ Emergency only — *Ask item 17*
17. Where are walk-in nonemergency patients seen?	During the day After hours
18. Are patient visit statistics kept for the emergency department as a whole or for individual patient service areas?	1 ☐ Department as a whole 2 ☐ Individual service areas
19. Is there one patient registration or arrival log kept for the department or are separate logs kept for different sections? For example, are different logs kept for walk-in and ambulance patients?	1 ☐ One log 2 ☐ Multiple logs 3 ☐ Other — *Specify* _____

Review information thoroughly and ask respondent to clarify any points needed. Then complete Section A, Ambulatory Unit Information of the NHAMCS-101/U, Ambulatory Unit Record, for the emergency service area. If more than one service area, complete a separate NHAMCS-101/U, Section A, for each area.

Describe the sample units for the ED. Include emergency service areas that are not staffed or available 24 hours each day, since they are part of an ED that is staffed or available 24 hours each day.

- **To finish the sampling plan I will need a few more details, including an estimate of the number of patient visits (for the ED/each section of the ED) during the four weeks of the study — that is from Monday, ( ) to Sunday, ( ).**

NOTES

Section IV — OUTPATIENT DEPARTMENT DESCRIPTION

In order to develop the sampling plan, I will need some details about the organization of your outpatient services and each of your outpatient clinics. Since we will include only certain types of outpatient services in the study, I first would like to explain the scope of the study.

Explain scope. The study excludes nonphysician clinics, ancillary services, ambulatory surgery centers, facilities not operated by or for the hospital (office-based physicians).

If the hospital does not have an Emergency Department that is staffed or available 24 hours each day, but does have emergency service areas, include them as part of the Outpatient Department.

Now, I would like to ask a few general questions about your outpatient services.

20. **Could you tell me how many clinics are in the outpatient department here at the hospital?**

☐☐☐ Number

21. **Does the hospital operate outpatient clinics at any other locations off the premises? For example, walk-in clinics or drug treatment clinics?**

1 ☐ Yes — *Go to item 22*
2 ☐ No — *SKIP to item 23*

22. **How many clinics are there at other locations?**

☐☐☐ Number

23a. **Does the hospital operate an organized ambulatory surgery center?**

1 ☐ Yes
2 ☐ No

b. **Does the hospital operate any clinics which are under the supervision of someone other than a physician? (e.g., therapists, nurse midwife)?**

1 ☐ Yes — *Specify below* ↓
2 ☐ No

_____

_____

Now, I would like to get a few details on each outpatient clinic. I will need the name and type of the clinic and an estimate of the expected number of patient visits for the study period Monday, ( ) to Sunday, ( ).

Complete a separate Section A of the NHAMCS-101/U, Ambulatory Unit Record for each clinic beginning with OPD(s) at hospital. Remind respondent of exclusions and clarify eligibility as needed. Remember to include those emergency service areas that are not part of a 24-hour Emergency Department.

NOTES

Section V — NONINTERVIEW

24. Where did nonresponse occur?

- 1 ☐ Hospital — *Ask item 25*
- 2 ☐ Clinic(s)
- 3 ☐ Emergency service area(s)

} *SKIP to item 27*

25. What is the reason the hospital did not participate in this study?

- 1 ☐ Hospital closed — *SKIP to section VI, page 10*
- 2 ☐ Hospital not eligible — *Ask item 26*
- 3 ☐ Hospital refused — *SKIP to item 30*
- 4 ☐ Other — *Specify* ↘

_____

SKIP to section VI, page 10

26. Describe the condition or reason the hospital is ineligible for the study.

- 1 ☐ Federal hospital
- 2 ☐ No emergency service areas AND no outpatient department
- 3 ☐ Other — *Specify* ↘

_____

_____

} *SKIP to section VI, page 10*

27. List the ambulatory unit(s) (clinic(s)/emergency service area(s)) that did not participate.

Indicate the sampling unit number in the space provided and mark (X) the appropriate box for OPD or ED. If more than 3 ambulatory units, contact your supervisor immediately.

Line No.	Clinic/Emergency service area name	Sampling unit No.	ED	OPD
1			☐	☐
2			☐	☐
3			☐	☐

28. What is the reason the (clinic/emergency service area) did not participate?

Mark (X) appropriate box(es).

	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
a. Clinic/Emergency service area not open during reporting period — *SKIP to section VI, page 10 after completing for each unit marked*	1 ☐	1 ☐	1 ☐
b. Clinic/Emergency service area not eligible — *Ask item 29*	2 ☐	2 ☐	2 ☐
c. Clinic/Emergency service area director refused — *SKIP to item 30*	3 ☐	3 ☐	3 ☐
d. Other — *Specify reason then SKIP to section VI, page 10 after completing for each unit marked.*	4 ☐ *Specify* ↘ _____ _____	4 ☐ *Specify* ↘ _____ _____	4 ☐ *Specify* ↘ _____ _____

29. What is the reason or condition the (clinic/emergency service area) was not eligible?

Mark (X) appropriate box(es).

	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
a. Clinic/Emergency service not under the auspices of hospital	1 ☐	1 ☐	1 ☐
b. Ancillary service facility (such as laboratory and radiology services)	2 ☐	2 ☐	2 ☐
c. Care not provided by or under the direct supervision of physician(s)	3 ☐	3 ☐	3 ☐
d. Other — *Specify reason or condition then go to section VI, page 10 after completing for each unit marked.*	4 ☐ *Specify* ↘ _____ _____	4 ☐ *Specify* ↘ _____ _____	4 ☐ *Specify* ↘ _____ _____

NOTES

(5) Clinic/Emergency service area director agreed to see FR	Section V — NONINTERVIEW — Continued		5 ☐	5 ☐

30a. [9] At what point in the interview did the refusal/breakoff occur?

Mark (X) appropriate box(es).

	Hospital	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
(1) During the telephone screening	1 ☐			
(2) During the hospital induction	2 ☐			
(3) After the hospital induction, but prior to the clinic/emergency service area inductions	3 ☐			
(4) During the clinic/emergency service area induction	4 ☐	4 ☐	4 ☐	4 ☐
(5) After the clinic/emergency service area induction, but prior to assigned reporting period	5 ☐	5 ☐	5 ☐	5 ☐
(6) During assigned reporting period	6 ☐	6 ☐	6 ☐	6 ☐

b. By whom?

Mark (X) appropriate box(es).

	Hospital	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
(1) Hospital Administrator	1 ☐	1 ☐	1 ☐	1 ☐
(2) Clinic/emergency service area director		2 ☐	2 ☐	2 ☐
(3) Approval Board or official	3 ☐	3 ☐	3 ☐	3 ☐
(4) Other hospital official — *Specify* →	4 ☐ *Specify* →	4 ☐ *Specify* →	4 ☐ *Specify* →	4 ☐ *Specify* →

c. What reason was given? *If more than 1 unit, please specify the line number of the clinic/emergency service area (from item 27) before recording responses.*

d. Date refusal/breakoff(s) reported

Enter date(s) in appropriate box(es).

	Month	Day	Year
(1) Hospital	☐☐	☐☐	☐☐
(2) Clinic/Emergency service area on line 1	☐☐	☐☐	☐☐
(3) Clinic/Emergency service area on line 2	☐☐	☐☐	☐☐
(4) Clinic/Emergency service area on line 3	☐☐	☐☐	☐☐

e. Was conversion attempted?

If Yes, ask item 30f.

If NO, SKIP to section VI, page 10 after completing for each unit marked.

Hospital	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

f. What was the result?

	Hospital	Clinic/Emergency service area on line 1	Clinic/Emergency service area on line 2	Clinic/Emergency service area on line 3
(1) Hospital administrator refused	1 ☐	1 ☐	1 ☐	1 ☐
(2) Clinic/Emergency service area director refused		2 ☐	2 ☐	2 ☐
(3) Approval board or official refused	3 ☐	3 ☐	3 ☐	3 ☐
(4) ...	☐			

Section VI — DISPOSITION AND SUMMARY

FORM NHAMCS-101 (4-16-91)

31. FINAL DISPOSITION

1 ☐ All eligible units completed patient record forms
2 ☐ Some eligible units completed patient record forms
3 ☐ Hospital refused
4 ☐ Hospital closed
5 ☐ Hospital ineligible

32. AMBULATORY UNIT SUMMARY

Line No.	Clinic/Emergency service area name (a)	OPD or ED (b)		SU number (c)	Number of PVs (d)	Completed forms? (e)		Number of completed forms (f)	Assigned PRF numbers (g)
		OPD	ED			YES	NO		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

NOTES

OMB No. 0920-0278: Approval Expires 2/28/92

FORM **NHAMCS-101/U** (4-16-91)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL

AMBULATORY UNIT RECORD

SURVEY OF HOSPITAL EMERGENCY AND OUTPATIENT DEPARTMENTS

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

Section A — AMBULATORY UNIT INFORMATION

a. ED or OPD
Mark (X) one
☐ ED ☐ OPD

b. Emergency service areas/clinics
_____ of _____

c. Hospital name

d. Hospital number

COMPLETE THIS RECORD FOR EACH AMBULATORY UNIT
Enter the name of the emergency service area/clinic. If no name, identify it by location, service type, or some other unique identifier.

1. What is the name of the (emergency service area/clinic)?

Name

2. Where is the (emergency service area/clinic) located?

1 ☐ Onsite at hospital
2 ☐ Elsewhere — *Specify* →

Address *(Number and street)*

City/State | ZIP Code

3. What is the name, title, and telephone number of the director of the (emergency service area/clinic)?

Name

Title

Telephone *(Area code and number)*

4. How many patient visits are expected during the 4-week reporting period Monday, _____ through Sunday, _____ ?

_____ Expected number of visits

5. Is this estimate based on a recent period, same month last year, monthly average over last year or some other basis?

1 ☐ Recent Period
2 ☐ Same month last year
3 ☐ Monthly average over last year
4 ☐ Other basis — *Specify* →

_____

CHECK ITEM

☐ Emergency service area
☐ OPD clinic — *SKIP to item 9, page 2*

6. What is the function of this service area, that is, what types of patients are seen or services provided?

_____

7. Is a separate arrival log kept for this service area?

1 ☐ Yes — *SKIP to instruction 1, page 2*
2 ☐ No

8. Where is the arrival log for these patients kept and how is it organized?

Section A — AMBULATORY UNIT INFORMATION — Continued

Instruction 1

- If there are more emergency service areas, complete a separate Section A of the NHAMCS-101/U, Ambulatory Unit Record for each additional area, if you have not already done so.
- If there are outpatient department clinics, complete Section IV — Outpatient Department Description on page 7 of the NHAMCS-101 before beginning the first clinic's Ambulatory Unit Record. Complete Section A of the NHAMCS-101/U, Ambulatory Unit Record for each clinic.
- If you have completed a Section A of the NHAMCS-101/U, Ambulatory Unit Record for each emergency service area and each outpatient department clinic, read STATEMENT A below.

9. What type of clinic is this, that is, what physician specialties are seen in this clinic or what type of services are provided?

1 ☐ General medicine
2 ☐ Surgery
3 ☐ Pediatrics
4 ☐ Obstetrics and/or Gynecology
5 ☐ Other — *Specify* ➘ _____

Instruction 2

- If there are more OPD clinics, complete a separate Section A of the NHAMCS-101/U, Ambulatory Unit Record for each additional clinic, if you have not already done so.
- Complete Section A of the NHAMCS-101/U, Ambulatory Unit Record for each emergency service area, if you have not already done so. Remember to complete Section III — Emergency Department Description on page 6 of the NHAMCS-101 before beginning the NHAMCS-101/U, Ambulatory Unit record for the first emergency service area.
- If you have completed a Section A of the NHAMCS-101/U, Ambulatory Unit Record for each emergency service area and each clinic, read STATEMENT A below.

STATEMENT A

That is all the information I need for now. Thank you for your assistance. Now I need to do the sampling. It will take a few (days/hours) to complete the sampling plan. Then I will call to discuss arrangements for contacting and training the hospital staff. *Complete the NHAMCS-101(S), Sampling Record for this hospital.*

NOTES

INSTRUCTIONS FOR COMPLETING THE AMBULATORY UNIT RECORD

(Section A should already be completed)

1. Prepare Sections B—L of this form for each emergency service area/clinic selected in this hospital for the study.

2. Complete Section B before meeting with the unit administrator or other designated respondent. Transcribe the information provided in part A of the NHAMCS-101/S to items 1, 2, and 3.

In item 4, enter the total number of visits expected for the entire ED or OPD, as appropriate.

Record the 4-week reporting period for the unit in item 5.

If the unit is part of an outpatient department sampling unit, enter the number of clinics in the sampling unit in item 6. If the unit is part of the emergency department, enter the number of service areas in the emergency department.

3. Complete Sections C and D with the designated respondent for the unit.

4. Section E is completed only when a new Take Every or Random Start number must be calculated (as determined in item D-3). For item E-1, refer to the tables on pages 6 and 7 of the NHAMCS-124. Use the revised estimate of visits for the clinic reported in item D-2 and the original total visits for the department in item B-4 to determine the new Take Every number. Record the new number in the blank provided.

In item E-2, you must determine a new Random Start for sampling patient visits using the newly calculated Take Every number in E-1. Refer to the table affixed to the front of the NHAMCS-101/S and find the next available (i.e., unused) unit row. The new Random Start is located in the cell where this row and new Take Every column intersect. Record this number in the blank provided in item E-2.

5. Enter the name, title, shift and telephone number of each hospital staff member involved with the data collection activities for the unit in Section F.

6. In Section G, record the range of Patient Record Form (PRF) numbers assigned to the unit in the boxes provided. If multiple ranges, or individual numbers not within a range are assigned, record these numbers in the notes section located below Section G.

7. Record the date and time of each training session (i.e., instructions for sampling and completing PRFs) conducted with the hospital staff in Section H. In column (d), enter your name as instructor, and enter the names of the hospital staff receiving training in the multiple cells provided in column (e).

8. After completing Section H, explain the procedures for sampling patient visits and completing PRFs to the hospital staff. Refer them to the ED or OPD Instruction Manual, as appropriate.

9. During the unit's reporting period, you will make weekly Quality Control visits to the clinic to monitor the progress of the study and to collect any PRFs already completed. Provide a record of each of these visits in Section I.

10. Item 1 of Section J asks for the number of visits in the emergency service area or clinic during the reporting period. It is extremely important that an accurate entry be made for this item. To ensure the accuracy of this entry, refer to the ambulatory unit's patient log, appointment book, registration list, records, etc., to accurately determine the number of visits. It is best to complete this each week during your quality control visit.

In item 2, record the number of PRFs completed during the unit's reporting period. This number should be equal to the number of PRFs transmitted to the regional office.

The remainder of the items in Section J should be completed when the reporting period is over and all PRFs are collected.

11. Complete Section K only for those units reporting during the first three reporting periods.

A NHAMCS-131, Debriefing Form, is completed by all hospital staff members involved in the data collection activities. List the name and title of each staff member, and indicate their role in the study and the date of debriefing.

12. Should any new hospital staff members become involved with the study (or any other notable changes in staff occur), provide an updated report of the hospital staff information in Section L.

Section B — INFORMATION FROM SAMPLING RECORD

Transcribe information from part A, page 2 or 3 of the NHAMCS-101(S) to items 1—4 and 6.

1. Random Start number	2. Take Every number	3. Estimated number of visits in this unit during field period	4. Total estimated number of visits for the entire ED/OPD during the reporting period.

5. PERIOD	From	To	6. Number of clinics in this SU

Section C — EMERGENCY SERVICES/OUTPATIENT CLINIC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)			Mark (X) ONLY one: Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Tuesday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Wednesday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Thursday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Friday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Saturday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐
Sunday	a.m. p.m.	TO	a.m. p.m.	1☐	2☐	3☐

2. How many separate shifts are there in this unit? — Number of separate shifts

3a. How many separate patient registration logs are maintained in this unit? — Number of logs

b. How (is/are) the log(s) organized?

1☐ One log for all patients
2☐ Computer log supplemented by handwritten entries
3☐ Separate logs for different type of cases
4☐ Other — *Specify* →

_____

_____

Section D — VERIFICATION OF ESTIMATED VISITS

Verify with ED/clinic director

1. According to our information, about *(Number from B-3)* **patient visits are expected during the survey period. Do you agree with this estimate?**

1☐ Yes — *SKIP to section F, page 5*
2☐ No

2. About how many visits do you expect during the reporting period, _____ to _____? — Revised estimate

Determine if new Take Every and Random Start must be calculated for this clinic.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate}}{\text{Original estimate}} = \frac{\square}{\square} = \square \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

1☐ Yes — *SKIP to section F, page 5*
2☐ No

Page 4

Section E — CALCULATE NEW SAMPLING INTERVAL AND RANDOM START FOR THIS CLINIC

1. Calculate new sampling Take Every, using the tables on page 6 or 7 of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).	New Take Every ☐☐
2. Calculate a new random start, using the next available row on the label affixed to the front of the NHAMCS-101/S.	New Random Start ☐☐

Section F — DATA COORDINATOR AND KEY HOSPITAL STAFF

Enter the name, title, shifts, and telephone number of the data coordinator and key hospital staff involved in the data collection.

Line No. (a)	Name (b)	Title (c)	Shift (d)	Telephone number (e)		
				Area code	Number	Ext.
1						
2						
3						
4						
5						
6						
7						
8						

Section G — PATIENT RECORD FORM INFORMATION

This AU assigned patient record forms ☐ to ☐

NOTES

Section H — TRAINING

Enter dates and times of training sessions, the names of the instructor, and the names of the hospital staff members trained.

Line No. (a)	Date (b)	Time (c)	Instructor (d)	Trainee(s) (e)		
1		a.m. p.m.		1	2	3
				4	5	6
2		a.m. p.m.		1	2	3
				4	5	6
3		a.m. p.m.		1	2	3
				4	5	6
4		a.m. p.m.		1	2	3
				4	5	6

Begin instruction on patient visit sampling and completing Patient Record Forms. Refer to the ED or OPD Instruction Manual, as appropriate.

Section I — QC VISITS

Record dates and times of QC visits and the contact(s) at the visit?

Line No. (a)	Date (b)	Time (c)	Contact(s) (d)	
1		a.m. p.m.	1	2
			3	4
2		a.m. p.m.	1	2
			3	4
3		a.m. p.m.	1	2
			3	4
4		a.m. p.m.	1	2
			3	4
5		a.m. p.m.	1	2
			3	4
6		a.m. p.m.	1	2
			3	4

Section J — AU DATA

1. What was the total number of patient visits to this (emergency service area/clinic)

from _____ to _____?
(Refer to patient logs, registration lists, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)

NUMBER OF VISITS				
Week 1	Week 2	Week 3	Week 4	TOTAL

2. How many patient visit forms were filled out for this AU *(emergency service area/clinic)*?

NUMBER OF FORMS				
Week 1	Week 2	Week 3	Week 4	TOTAL

3. Were patient record forms filled out during or within an hour after the visit, more than 1 hour after the visit, or both?

1☐ During or within an hour after the visit
2☐ More than 1 hour after the visit
3☐ Both

4. Describe methods for completing forms. If possible attach a blank form if used as data source.

5. Did this ambulatory unit use the NHAMCS-103, Patient Log, or their own log?

1☐ NHAMCS-103 — *SKIP to section K, page 8*
2☐ Own log

6. Describe the ambulatory unit's patient log.

NOTES

COMPLETE FOR FIRST THREE REPORTING PERIODS ONLY

Section K — DEBRIEFING

Indicate who participated in the debriefing and what their role was in the study.

Date (a)	Participant (b)	Participant title (c)	Role in study (d)
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection
			1☐ Sampled patients 2☐ Filled out forms 3☐ Supervised data collection

NOTES

Section L — UPDATED CONTACT OR APPROVAL INFORMATION

1

Contact name | Shift

Title

Telephone | Area Code | Number | Extension

Comments

2

Contact name | Shift

Title

Telephone | Area Code | Number | Extension

Comments

3

Contact name | Shift

Title

Telephone | Area Code | Number | Extension

Comments

4

Contact name | Shift

Title

Telephone | Area Code | Number | Extension

Comments

3. Department of Health and Human Services
Public Health Service, Centers for Disease Control
National Center for Health Statistics
4.
5.

8 ☐ Left AMA
9 ☐ No follow-up planned
10 ☐ Other *(Specify)*

6 ☐ Registered nurse
7 ☐ Licensed practical nurse
8 ☐ Nurse's aide

OMB No. 0920-0278
Expires: 2/28/92
CDC 64.53

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NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY EMERGENCY DEPARTMENT PATIENT RECORD

1. PATIENT NAME

2. PATIENT RECORD NO.

3. DATE OF VISIT
__ / __ / __
Month Day Year

4. DATE OF BIRTH
__ / __ / __
Month Day Year

5. SEX
1 ☐ Female
2 ☐ Male

6. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/ Eskimo/ Aleut

7. ETHNICITY
1 ☐ Hispanic
2 ☐ Not Hispanic

8. EXPECTED SOURCE(S) OF PAYMENT *(Check all that apply)*
1 ☐ Medicare
2 ☐ Medicaid
3 ☐ Other government
4 ☐ Private/ Commercial
5 ☐ HMO/Other prepaid
6 ☐ Patient paid
7 ☐ No charge
8 ☐ Other

9. MAJOR REASON FOR THIS VISIT *(Check one)*
1 ☐ Injury, first visit
2 ☐ Injury, follow-up
3 ☐ Illness, first visit
4 ☐ Illness, follow-up
5 ☐ Other reason

10. CAUSE OF INJURY *(Complete if injury is marked in 9. Describe cause and place of injury.)*

11. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *(In patient's own words)*
a. Most important:
b. Other:
c. Other:

12. PHYSICIAN'S DIAGNOSES
a. Principal diagnosis/ problem associated with item 11a.
b. Other:
c. Other:

13. URGENCY OF THIS VISIT *(Check only one)*
1 ☐ Urgent/Emergent
2 ☐ Non-urgent

14. IS PROBLEM ALCOHOL- OR DRUG-RELATED?
1 ☐ Neither
2 ☐ Alcohol-related
3 ☐ Drug-related
4 ☐ Both

15. DIAGNOSTIC/SCREENING SERVICES *(Check all ordered or provided.)*
1 ☐ None
2 ☐ Blood pressure check
3 ☐ Urinalysis
4 ☐ HIV serology
5 ☐ Other blood test
6 ☐ EKG
7 ☐ Mental status exam
7 ☐ Chest x-ray
9 ☐ Extremity x-ray
10 ☐ CT scan/MRI
11 ☐ Other diagnostic imaging
12 ☐ Other *(Specify)*

16. PROCEDURES *(Check all provided on this visit)*
1 ☐ None
2 ☐ Endotracheal intubation
3 ☐ CPR
4 ☐ IV fluids
5 ☐ NG tube/ gastric lavage
6 ☐ Wound care
7 ☐ Eye/ENT care
8 ☐ Orthopedic care
9 ☐ Bladder catheter
10 ☐ Lumbar puncture
11 ☐ Other(s) *(Specify)*

17. MEDICATION
(Record all new or continued medication ordered, administered, or provided at this visit. Use the same brand name or generic name entered on any Rx or medical record. Include immunizations and desensitizing agents.)
☐ None
1.
2.

18. DISPOSITION THIS VISIT *(Check all that apply)*
1 ☐ Return to ED PRN
2 ☐ Return to ED - appointment
3 ☐ Return to referring physician
4 ☐ Refer to other physician/clinic
5 ☐ Admit to hospital
6 ☐ Transfer to other facility

19. PROVIDERS SEEN THIS VISIT *(Check all that apply)*
1 ☐ Resident/Intern
2 ☐ Staff physician
3 ☐ Other physician
4 ☐ Physician assistant

Department of Health and Human Services
Public Health Service, Centers for Disease Control
National Center for Health Statistics

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NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
OUTPATIENT DEPARTMENT PATIENT RECORD

1. PATIENT NAME

2. PATIENT RECORD NO.

3. DATE OF VISIT
Month / Day / Year

4. DATE OF BIRTH
Month / Day / Year

5. SEX
1 ☐ Female
2 ☐ Male

6. RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/ Eskimo/ Aleut

7. ETHNICITY
1 ☐ Hispanic
2 ☐ Not Hispanic

8. EXPECTED SOURCE(S) OF PAYMENT *(Check all that apply)*
1 ☐ Medicare
2 ☐ Medicaid
3 ☐ Other government
4 ☐ Private/ Commercial
5 ☐ HMO/other prepaid
6 ☐ Patient paid
7 ☐ No charge
8 ☐ Other

9. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?
1 ☐ Yes
2 ☐ No

10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *(in patient's own words)*
a. Most important:
b. Other:
c. Other:

11. PHYSICIAN'S DIAGNOSES
a. Principal diagnosis/ problem associated with item 10a.
b. Other:
c. Other:

12. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE?
1 ☐ Yes 2 ☐ No
If yes, for the condition in item 11a?
1 ☐ Yes 2 ☐ No

13. AMBULATORY SURGICAL PROCEDURE(S)
(Record any outpatient diagnostic or therapeutic procedure. For the first, check appropriate boxes.)
a.
1 ☐ Scheduled
2 ☐ Performed
3 ☐ Local anesthesia
4 ☐ Regional anesthesia
5 ☐ General anesthesia
b.

14. DIAGNOSTIC/SCREENING SERVICES
(Check all ordered or provided.)
1 ☐ None
2 ☐ Blood pressure
3 ☐ Urinalysis
4 ☐ EKG - resting
5 ☐ EKG - exercise
6 ☐ Mammogram
7 ☐ Chest x-ray
8 ☐ Other radiology
9 ☐ Allergy testing
10 ☐ Spirometry
11 ☐ Pap test
12 ☐ Strep throat test
13 ☐ HIV serology
14 ☐ Cholesterol measure
15 ☐ Other lab test
16 ☐ Hearing test
17 ☐ Visual acuity
18 ☐ Mental status exam
19 ☐ Other *(Specify)*

15. THERAPEUTIC SERVICES
(Check all ordered or provided. Exclude medication)
1 ☐ None
COUNSELING/EDUCATION:
2 ☐ Diet
3 ☐ Exercise
4 ☐ Cholesterol reduction
5 ☐ Weight reduction
6 ☐ Drug abuse
7 ☐ Alcohol abuse
8 ☐ Smoking cessation
9 ☐ Family/social
10 ☐ Growth/development
11 ☐ Family planning
12 ☐ Other counseling
OTHER THERAPY:
13 ☐ Psychotherapy
14 ☐ Corrective lenses
15 ☐ Hearing aid
16 ☐ Physiotherapy
17 ☐ Other therapy *(Specify)*

16. MEDICATION
(Record all new or continued medications ordered, administered, or provided on this visit. Use the same brand name or generic name on any Rx or medical record. Include immunizations and desensitizing agents.)
☐ None
NEW MEDICATION?
1. 1 ☐ Yes 2 ☐ No

17. DISPOSITION THIS VISIT *(Check all that apply)*
1 ☐ Return to clinic PRN
2 ☐ Return to clinic - appointment
3 ☐ Telephone follow-up planned
4 ☐ Return to referring physician
5 ☐ Nurse practitioner
6 ☐ Registered nurse
7 ☐ Licensed practical nurse
8 ☐ Nurse's aide
6 ☐ Admit to hospital
7 ☐ No follow-up planned
8 ☐ Other *(Specify)*

18. PROVIDERS SEEN THIS VISIT *(Check all that apply)*
1 ☐ Resident/Intern
2 ☐ Staff physician
3 ☐ Other physician

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For answers to questions about this report or for a list of reports published in these series, contact:

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