



VISIT DETAILS & CLINICAL INFORMATION

Participating Facility Emergency Level of Care Only

CHART ABSTRACTION

VD&CI-EO

Page 1 of 2

Visit Details (for visit at participating facility if level of care is Emergency only)

1. Facility Name: _____

2. Facility Arrival Date:

(record the earliest documented Emergency Dept arrival date)

YY	YY	/	MM		/	DD	
YYYY			MM			DD	

Enter as much of the date as is known.

3. Facility Arrival Time:

(record the earliest documented Emergency Dept arrival time)

HH	:	MM
HH		MM

24 hour clock Enter full or partial time.

4. Facility Discharge Date:

YY	YY	/	MM		/	DD	
YYYY			MM			DD	

Enter as much of the date as is known.

5. Facility Discharge Time:

HH	:	MM
HH		MM

24 hour clock Enter full or partial time. If no details available, check Unknown.

- ☐ Unknown
☐

Interventions

6. Tracheostomy

Performed? (at any point during their stay)

- ☐ Yes
☐ No (using available documentation, able to reliably determine intervention was NOT performed)
☐ Unknown (documentation not available or not complete, therefore unable to reliably determine if intervention was performed)

7. Oral- or Nasal- Endotracheal Tube > 24 Hours: (at any point during their stay, excluding use for surgery)

- ☐ Yes
☐ No (using available documentation, able to reliably determine intervention was NOT performed)
☐ Unknown (documentation not available or not complete, therefore unable to reliably determine if intervention was performed)

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Page 2 of 2

**8. Methylprednisolone/
Corticosteroids:**

- ☐ NASCIS II (Methylprednisolone or Solumedrol run as an infusion x 23 or 24 hrs.)
- ☐ NASCIS III (Methylprednisolone or Solumedrol run as an infusion x 47 or 48 hrs.)
- ☐ Other (specify): _____
- ☐ None (using available documentation, able to reliably determine intervention was NOT performed)
- ☐ Unknown (documentation not available or not complete, therefore unable to reliably determine if intervention was performed)

**9. a) Was Spine Surgery
performed at the
facility?**

- ☐ Yes
- ☐ No (using available documentation, able to reliably determine intervention was NOT performed. Skip to Data Collection Details.)

**b) If Yes, date of
spine surgery:**

/ /
YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown

**c) Operative start
time (Incision):**

:
HH MM

24 hour clock

Enter full or partial time. If no details available, check Unknown.

☐ Unknown

Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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