



VISIT DETAILS & CLINICAL INFORMATION

Participating Facility Emergency Level of Care Only

CHART ABSTRACTION

VD&CI-EO

Page 1 of 3

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)

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 /

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 YYYY MM DD

Enter as much of the date as is known.

3. Facility Arrival Time:

(record the earliest documented Emergency Dept arrival time)

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 HH MM

24 hour clock Enter full or partial time.

4. Facility Discharge Date:

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 YYYY MM DD

Enter as much of the date as is known.

5. Facility Discharge Time:

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 HH MM

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

☐ Unknown

Interventions

~~6.~~

~~) Was Vertebral Skeletal Traction (Non-Operative) used?~~

☐ ~~Yes~~☐ ~~No (using available documentation, able to reliably determine intervention was NOT performed — skip to Question 7 on page 2)~~☐ ~~Not applicable, no fracture (skip to Question 7 on page 2)~~

~~b) If Yes, traction type:~~

☐ ~~Tongs~~☐ ~~Halo~~☐ ~~Other: _____~~☐ ~~Unknown type~~

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Interventions - continued

~~e) If Yes, outcome of Attempted Manual Reduction (Non-Operative):~~

- ☐ Successful
- ☐ Partial
- ☐ Not successful (skip to Question 7)
- ☐ Unknown outcome (skip to Question 7)

~~d) Date Reduction Achieved:~~

				/			/		
YYYY					MM			DD	

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

☐ Unknown

~~e) Time Reduction Achieved:~~

		:		
HH			MM	

24 hour clock

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

☐ Unknown

7.6.a) Tracheostomy

Performed? (at any point during their stay)

- ☐ Yes
- ☐ No (using available documentation, able to reliably determine intervention was NOT performed)

b) Tracheostomy Date:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known.

~~8.7. 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)

9.8. 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)

CHART ABSTRACTION	VD&CI-EO Page 3 of 3
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Interventions - continued																					
10.9.	<input type="checkbox"/> Yes																				
a) Was Spine Surgery performed at the facility?	<input type="checkbox"/> No (using available documentation, able to reliably determine intervention was NOT performed. Skip to Data Collection Details.)																				
b) If Yes, date of spine surgery:	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td>/</td> <td></td><td></td> <td>/</td> <td></td><td></td> </tr> <tr> <td colspan="4">YYYY</td> <td></td> <td colspan="2">MM</td> <td></td> <td colspan="2">DD</td> </tr> </table> <input type="checkbox"/> Unknown					/			/			YYYY					MM			DD	
				/			/														
YYYY					MM			DD													
c) Operative start time (Incision):	<table border="1"> <tr> <td></td><td></td> <td>:</td> <td></td><td></td> </tr> <tr> <td colspan="2">HH</td> <td></td> <td colspan="2">MM</td> </tr> </table> <input type="checkbox"/> Unknown			:			HH			MM											
		:																			
HH			MM																		

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

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

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