



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)
YYYY MM DD Enter as much of the date as is known.

3. Facility Arrival Time: : 24 hour clock Enter full or partial time.
(record the earliest documented Emergency Dept arrival time)
HH MM

4. Facility Discharge Date: / /
YYYY MM DD Enter as much of the date as is known.

5. Facility Discharge Time: : 24 hour clock Enter full or partial time. If no details available, check Unknown.
HH MM
 Unknown

Interventions

6. a) 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

Interventions - continued

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

- e) Time Reduction Achieved:**
- | | | | | | | |
|--|--|----|---|--|--|----|
| | | HH | : | | | MM |
|--|--|----|---|--|--|----|
- Unknown
- 24 hour clock Enter full or partial time. If no details available, check Unknown.

- 7. 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. 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. 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)

Interventions - continued

10. 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

Unknown

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

c) Operative start time (Incision):

: 24 hour clock
 HH MM

Unknown

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

Data Collection Details

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