



VISIT DETAILS & CLINICAL INFORMATION

Participating Facility Emergency Level of Care Only

CHART ABSTRACTION

VD&CI-EO

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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:

(record the earliest documented Emergency Dept arrival time)

		:		
HH			MM	

24 hour clock Enter full or partial time.

4. Facility Discharge Date:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known.

5. Facility Discharge Time:

		:		
HH			MM	

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

☐ 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

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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

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. 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)

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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

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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