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CHILDREN'S HOSPITAL
UNIVERSITY MEDICAL CENTER

PEDIATRIC EMERGENCY DEPARTMENT
PEDIATRIC INITIAL TRIAGE ASSESSMENT

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

Name: _____ Age: _____ Actual Weight in Kilograms: _____

Date ____/____/____ Arrival Time: _____ Triage Time: _____ Time in Room: _____

PATIENT STATEMENT

Informant: _____

Work/School related Injury: ❒ Yes ❒ No

ASSESSMENT

Care Rendered: ❒ Ice ❒ Splint ❒ Other _____

Allergies/Reactions: ❒ Denies ❒ Latex ❒ Contrast Dye
❒ Food _____
❒ Medications _____

Immunizations: UTD? ❒ Yes ❒ No

Last tetanus: _____ ❒ By Report ❒ By Documentation

LMP _____ ❒ N/A

Pregnant within one year: ❒ Yes ❒ No Delivery Date: _____

PSYCHOSOCIAL/DEVELOPMENTAL

Age Appropriate: ❒ Yes ❒ No _____

Mode of Arrival: ❒ Ambulance ❒ Walk-In ❒ Other _____

Accompanied By: _____

PRIMARY MD: _____ ❒ None On Staff ❒ Yes ❒ No

SPECIALTY MD: _____ Service _____

Seen in ED within 72 Hours ❒ Yes ❒ No

PEDIATRIC TRIAGE CLASSIFICATION:

❒ **Emergent (Red)**
❒ **Urgent (Yellow)**
❒ **Non-Urgent (Green)**

TIME	TEMP	BP	PULSE	RESP	O²SAT	PAIN INTENSITY
	❒O ❒R ❒A					

Pain Scales: ❒ NIPS ❒ FLACC ❒ FACES ❒ 0-10 ❒ Other

PAIN ASSESSMENT

If pain intensity score is >4 (or >3 on the NIPS) continue with Pain Assessment:

Location of Pain _____

Appearance of Pain Site _____

How long have you had pain? _____

Pain is: ❒ Dull ❒ Sharp ❒ Shooting ❒ Burning ❒ Stabbing ❒ Cramping ❒ Tender ❒ Aching ❒ Other _____

What makes pain worse? _____

What makes pain better? _____

NUTRITIONAL ASSESSMENT

Special Diet: ❒ No ❒ Yes _____

Any Nutritional Issues? ❒ No ❒ Yes _____

PAST MEDICAL HISTORY

❒ None ❒ Premature ❒ Diabetes ❒ Asthma ❒ Cancer ❒ Cardiac ❒ GI ❒ GU ❒ Renal ❒ HIV ❒ Transplant
❒ Seizure (febrile) ❒ Seizure (Epilepsy) ❒ ADHD ❒ Sickle Cell ❒ VP Shunt ❒ Psychiatric Disorder ❒ Other _____

Describe: _____

Past Surgeries: _____

Does anyone in your/this child's household smoke within the past year? ❒ Yes ❒ No

Medications	*Dose/Route/Frequency*	*Time of Last Dose*

Exposure to Communicable Disease: TB? ❒ Yes ❒ No ❒ Other _____ Recent Travel outside the USA: ❒ Yes ❒ No

Need for Discharge Planning ❒ Yes ❒ No

Caregiver's Readiness to Learn: ❒ Receptive ❒ Not Receptive ❒ Inability to learn

Barriers to learning: ❒ Language ❒ Verbal ❒ Hearing ❒ Other: _____

Nurse's Signature: _____ Print: _____

MEDICAL RECORDS COPY

UNIVERSITY MEDICAL CENTER

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

DATE	TIME	PROGRESS NOTES

❑ HUMC Admission/Transfer: Time: ____ T ____ HR ____ RR ____ BP ____ 02sat ____ Pain Intensity Score ____ Pain Scale ____

❑ Admitted to: ❑ PICU ❑ PEDS _____ ❑ PEDS HEM/ONC _____ ❑ OR ❑ OTHER Transfer to: _____

❑ RN Report Given to: _____ time: _____

PAIN SCALES: ❒ NIPS ❒ FLACC ❒ FACES ❒ 0-10 ❒ OTHER

TIME	TEMP	BP	PULSE	RESP	O2SAT	PAIN INTENSITY SCORE	PAIN INTERVENTIONS/COMMENTS	RN INIT.
	❑O ❑R ❑A							
	❑O ❑R ❑A							
	❑O ❑R ❑A							
	❑O ❑R ❑A							

INTAKE

TIME	IV SITE / ANGIO SZ.	IV SOLUTION	RATE	AMOUNT ABSORBED	P.O. INTAKE	RN INIT
				TOTAL	TOTAL	

OUTPUT

TIME	URINE OUTPUT	STOOL	EMESIS	RN INIT
	TOTAL	TOTAL	TOTAL	

PEDIATRIC EMERGENCY DEPARTMENT
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PEDIATRIC EMERGENCY DEPARTMENT ORDER SHEET

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

ORDERS

- ❑ Throat Cx ❑ Rapid Strep
- ❑ CBC ❑ Diff
- ❑ Miniscreen ❑ Chemscreen ❑ Lipase ❑ Amylase
- ❑ Blood Cx
- ❑ ESR ❑ Monospot ❑ PT/PTT
- ❑ T&C/T&H #Units: _____
- ❑ Other _____
- ❑ ABG's pH ____ pCO_2 ____ pO_2 ____ $HCO3_2$ ____ O_2 Sat ____
- ❑ VBG's pH ____ pCO_2 ____ pO_2 ____ $HCO3_2$ ____ O_2 Sat ____
- ❑ Urinalysis
  - ❑ Dipped pH ____ Prot ____ Gluc ____ Ketone ____ Leuk ____ Blood ____
- ❑ Urine Cx ❑ Void ❑ Cath
- ❑ Urine Tox
- ❑ CSF Cx WBC ____ RBC ____ GS ____ Glu ____ Prot ____
- ❑ Bacterial Stool Cx ❑ Rota Virus Stool ❑ Parasite Stool Cx
- ❑ GC/Chlamydia ❑ VDRL ❑ HBV ❑ Other _____
- ❑ Viral Nasal Wash
- ❑ CXR
- ❑ _____ X-Ray
- ❑ CT Scan type _____
- ❑ Ultrasound type _____
- ❑ ECG
- ❑ PER-IDX ORDER SET _____ ❑ Other _____

PREGNANCY TEST

PT Result tested by _____

Date _____ Time _____

Was the internal control +? ❑ Yes ❑ No

Results _____

Lot #_____ Expir. Date _____

BLOOD GLUCOSE

TIME	RESULTS

MD Signature: _____

Time: _____

RN Signature: _____

Time: _____

Lab reviewed by: _____

Date/ _____ Time: _____

DATE / TIME	MD ORDERS (CHECK ALLERGIES)	MD SIGNATURE	RN / TIME
	❑ Pediatric DT ❑ Adult Td Lot#: _____ Exp. Date: _____		

RESPIRATORY FLOW SHEET

ITEM Ht_____	Pre Rx 1	Pre Rx 2	Pre Rx 3	Pre Rx 4	Post Rx(s) Re-Assess.
Peak Flow Actual/Predicted/Personal Best					
Respiratory Rate					
Heart Rate					
Blood Pressure					
Pulse Ox					
Level of Consciousness					
Respiratory Assessment (rhonchi, rales, stridor, wheezes, etc.)					
Breath Sounds (equal, absent)					
Time Evaluated					
Meds/Dose Ordered					
MD Signature					
Time Given/RN Signature					

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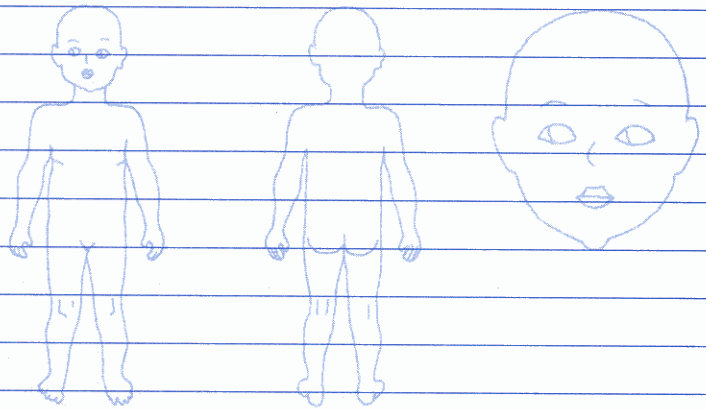
AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

DATE	TIME	PROGRESS NOTES
		❑ History and Physical reviewed with
		Dr. _____
		Agree (sign) _____



Procedure Note:	Wound Repair: ❑ Simple ❑ Layered
	❑ Laceration Length(s) ___ cm ___cm ___cm

CONSULTS

SPECIALTY	MD NAME	TIME PAGED	TIME RESPONDED	TIME ARRIVED
❑ PMD Notified				

MEDICAL DISCHARGE ORDERS

DIAGNOSIS: _____

DISPOSITION: Time: _____ ❑ Treat and Released ❑ Walkout ❑ AMA ❑ Elopement ❑ Expired

❑ Transfer to: _____ Accepting MD: _____

❑ Admitting Attending Notified _____ Admitted to: ❑ PICU ❑ PEDS _____ ❑ PEDS HEM/ONC _____ ❑ OR ❑ Other

Condition upon discharge/transfer: ❑ Good ❑ Fair ❑ Serious ❑ Critical

DISCHARGE INSTRUCTIONS:

❑ Discharge Instructions: _____ ❑ As per Logicare _____

❑ Special Instruction: _____

❑ Discharge Medications: _____

Follow-up Care: _____

Return to work/school in _____ days. Return to Gym in _____ days.

Signature Resident/APN: _____ Attending: _____ Time: _____ Date: _____

Attending Print: _____

PEDIATRIC EMERGENCY DEPARTMENT

MEDICAL RECORDS COPY

DIAGNOSIS

P	S		
☐	☐	794.31	Abnormal EKG
☐	☐	781.2	Abnormal Gait
☐	☐	794.8	Abnormal Liver Function Studies
☐	☐	787.7	Abnormal Stool
☐	☐	783.2	Abnormal Weight Loss
☐	☐	634.99	Abortion, Spontaneous
☐	☐	640.00	Abortion, Threatened
☐	☐	919.0	Abrasion, or Friction Burn
☐	☐	611.0	Abscess, Breast
☐	☐	682.5	Abscess, Buttocks
☐	☐	522.5	Abscess, Dental
☐	☐	681.00	Abscess, Finger
☐	☐	682.7	Abscess, Foot
☐	☐	566.	Abscess, Perirectal
☐	☐	682.2	Abscess, Trunk
☐	☐	682.9	Abscess, Unspec.
☐	☐	995.81	Abuse, Adult or Spousal
☐	☐	305.00	Abuse, Alcohol, Acute
☐	☐	303.90	Abuse, Alcohol, Chronic
☐	☐	995.50	Abuse, Child
☐	☐	304.20	Abuse, Cocaine
☐	☐	305.00	Alcoholic Intoxication
☐	☐	291.81	Alcoholic Withdrawal
☐	☐	995.3	Allergy, Unspec.
☐	☐	995.3	Allergic Reaction
☐	☐	477.9	Allergic Rhinitis
☐	☐	780.9	Altered Mental Status
☐	☐	886.0	Amputation, finger/Tip.
☐	☐	565.0	Anal Fissure
☐	☐	995.0	Anaphylaxis
☐	☐	282.60	Anemia, Sickle Cell
☐	☐	285.9	Anemia, Unspec.
☐	☐	413.9	Angina Pectoris X
☐	☐	411.1	Angina, Unstable
☐	☐	300.00	Anxiety Neurosis/Disorder
☐	☐	540.9	Appendicitis, Acute
☐	☐	427.9	Arrhythmia, Cardiac
☐	☐	719.40	Arthralgia
☐	☐	716.90	Arthritis, Unspec.
☐	☐	714.0	Arthritis, Rheumatoid
☐	☐	789.5	Ascites
☐	☐	493.90	Asthma, Unspec.
☐	☐	493.20	Asthma, with COPD
☐	☐	493.91	Asthma, Status Asthmaticus
☐	☐	427.31	Atrial Fibrillation X
☐	☐	883.1	Avulsion Fingernail
☐	☐	790.7	Bacteremia, Unspec.
☐	☐	607.1	Balanitis
☐	☐	989.5	Bee Sting
☐	☐	351.0	Bell's Palsy
☐	☐	879.8	Open Wound Unspecified
☐	☐	879.6	Open Wound Trunk
☐	☐	989.5	Bite, Insect Venomous
☐	☐	626.8	Bleeding, Dysfunctional Uterine (DUB)
☐	☐	578.9	Bleeding, GI
☐	☐	528.9	Bleeding, Mouth
☐	☐	569.3	Bleeding, Rectal
☐	☐	623.8	Bleeding, Vaginal
☐	☐	626.9	Bleeding, Uterine
☐	☐	796.2	Blood Pressure, Elevated
☐	☐	790.2	Blood Sugar, Elevated
☐	☐	560.9	Bowel Obstruction
☐	☐	427.81	Bradycardia, Sinus
☐	☐	466.19	Bronchiolitis, Acute
☐	☐	466.0	Bronchitis, Acute
☐	☐	491.20	Bronchitis, Asthmatic
☐	☐	491.9	Bronchitis, Chronic
☐	☐	519.1	Bronchospasm
☐	☐	941.00	Burn, Face, Head
☐	☐	941.08	Burn, Neck
☐	☐	945.00	Burn, Lower Limb
☐	☐	942.00	Burn, Trunk
☐	☐	943.00	Burn, Upper Limb Except Wrist, Hand
☐	☐	949.0	Burn, Unspec. Degree
☐	☐	944.00	Burn, Hand
☐	☐	949.07	Burn, Wrist
☐	☐	946.0	Burns, Multiple
☐	☐	726.33	Bursitis. Elbow
☐	☐	726.10	Bursitis, Shoulder
☐	☐	727.3	Bursitis, Unspec.
☐	☐	574.20	Calculus, Gall Bladder
☐	☐	592.0	Calculus, Kidney
☐	☐	199.1	Carcinoma X
☐	☐	427.5	Cardiac Arrest
☐	☐	425.4	Cardiomyopathy
☐	☐	682.9	Cellulitis, Abscess
☐	☐	436.	Cerebrovasc Dis Acute, III Def
☐	☐	616.0	Cervicitis

P	S		
☐	☐	780.9	Change in Mental Status Unspec.
☐	☐	995.50	Child Abuse
☐	☐	784.9	Choking Sensation
☐	☐	574.20	Choleithiasis
☐	☐	575.0	Cholecysitis, Acute
☐	☐	571.5	Cirrhosis
☐	☐	789.00	Colic, Adnominal
☐	☐	788.0	Colic, Renal
☐	☐	780.01	Coma, Unspec.
☐	☐	850.0	Concussion, No Loss Conscious
☐	☐	850.5	Concussion, Loss of Cons. Unspec.
☐	☐	293.0	Confusion
☐	☐	428.0	CHF (Congestive Heart Failure)
☐	☐	428.0	CHF, Decompensated
☐	☐	372.30	Conjunctivitis, Acute
☐	☐	564.0	Constipation
☐	☐	924.21	Contusions, Ankle
☐	☐	861.01	Contusions, Cardiac, Unspec.
☐	☐	923.11	Contusions, Elbow
☐	☐	920.	Contusions, Face, Scalp, Neck
☐	☐	923.3	Contusions, Finger
☐	☐	924.20	Confusions, Foot
☐	☐	923.10	Contusions, Forearm
☐	☐	923.20	Contusions, Hand
☐	☐	924.01	Contusions, Hip
☐	☐	924.11	Contusions, Knee
☐	☐	924.5	Contusions, Leg
☐	☐	924.8	Contusions, Multiple
☐	☐	861.21	Contusions, Pulmonary w/o Wound of Thorax
☐	☐	861.31	Contusions, Pulmonary w Wound of Thorax
☐	☐	922.1	Contusion, Ribs
☐	☐	923.00	Contusions, Shoulder
☐	☐	924.00	Contusions, Thigh
☐	☐	922.9	Contusions, Trunk
☐	☐	923.03	Contusions, Upper Arm
☐	☐	923.21	Contusions, Wrist
☐	☐	780.31	Convulsion, Febrile, Afebrile
☐	☐	496	COPD
☐	☐	918.1	Corneal Abrasion
☐	☐	733.6	Costochondritis
☐	☐	786.2	Cough
☐	☐	464.4	Croup
☐	☐	779.1	Crying, Irritability, Child
☐	☐	436.	CVA (Cerebrovascular Accident)
☐	☐	616.2	Cyst. Bartholins
☐	☐	620.2	Cyst, Ovarian
☐	☐	685.1	Cyst, Pilonidal
☐	☐	706.2	Cyst, Sebaceous
☐	☐	595.0	Cystitis, Acute
☐	☐	276.5	Dehydration
☐	☐	294.8	Dementia
☐	☐	525.9	Dental Disorder, Unspec.
☐	☐	311.	Depression
☐	☐	691.8	Dermatitis, Atopic
☐	☐	692.9	Dermatitis, Contact
☐	☐	250.00	Diabetes Mellitus, Adult (Type II)
☐	☐	250.01	Diabetes Mellitus, Juvenile (Type II)
☐	☐	250.10	(DKA) Diabetic Ketoacidosis
☐	☐	337.1	Diabetic Neuropathy
☐	☐	780.8	Diaphoresis
☐	☐	787.91	Diarrhea
☐	☐	611.79	Discharge, Breast
☐	☐	573.9	Disease, Liver
☐	☐	246.9	Disease, Thyroid
☐	☐	837.0	Dislocation, Ankle
☐	☐	839.8	Dislocation, Arm
☐	☐	834.00	Dislocation, Finger
☐	☐	838.00	Dislocation, Foot
☐	☐	835.00	Dislocation, Hip
☐	☐	830.0	Dislocation, Jaw, Mandible
☐	☐	836.50	Dislocation, Knee
☐	☐	833.00	Dislocation, Radial Head
☐	☐	831.00	Dislocation, Shoulder
☐	☐	838.09	Dislocation, Toe
☐	☐	830.0	Dislocation, Temporomandibular (TMJ)
☐	☐	562.11	Diverticulitis, Acute X
☐	☐	780.4	Dizziness (Lightheadedness)
☐	☐	305.90	Drug Abuse, Unspec
☐	☐	995.2	Drug Reaction
☐	☐	451.2	DVT
☐	☐	625.3	Dysmenorrhea X
☐	☐	536.3	Dyspepsia, Atonic
☐	☐	787.2	Dysphagia
☐	☐	786.09	Dyspnea
☐	☐	333.6	Dystonic Reaction
☐	☐	788.1	Dysuria
☐	☐	388.70	Earache (Otalgia)

P	S		
☐	☐	459.89	Ecchymosis
☐	☐	782.3	Edema, Pedal
☐	☐	514.	Edema, Pulmonary
☐	☐	719.06	Effusion, Knee
☐	☐	511.9	Effusion, Pleural
☐	☐	276.9	Electrolyte Imbalance
☐	☐	492.8	Emphysema X
☐	☐	604.90	Epididymitis
☐	☐	464.30	Epiglottis, Acute
☐	☐	784.7	Epistaxis
☐	☐	530.10	Esophagitis
☐	☐	530.11	Esophagitis, Reflux
☐	☐	585	End Stage Renal Dial
☐	☐	991.9	Exposure to Cold
☐	☐	783.4	Failure to Thrive
☐	☐	780.71	Fatigue, Chronic
☐	☐	783.3	Feeding Prob., Infant or Elderly
☐	☐	780.6	Fever, Unknown Origin
☐	☐	807.4	Flail Chest
☐	☐	930.0	Foreign Body, Cornea
☐	☐	931.	Foreign Body, Ear
☐	☐	930.9	Foreign Body, Eye
☐	☐	932.	Foreign Body, Nose
☐	☐	709.4	Foreign Body, Skin
☐	☐	933.0	Foreign Body, Throat/Pharynx
☐	☐	938.	Foreign Body, Swallowed
☐	☐	824.8	Fracture, Ankle
☐	☐	818.0	Fracture, Arm
☐	☐	810.00	Fracture Clavicle
☐	☐	812.59	Fracture, Elbow, Open
☐	☐	802.8	Fracture, Facial Bones
☐	☐	820.8	Fracture Femur (Hip)
☐	☐	823.81	Fracture, Fibula
☐	☐	816.00	Fracture Finger
☐	☐	825.20	Fracture Foot Unspec.
☐	☐	813.80	Fracture, Forearm
☐	☐	815.00	Fracture, Hand, Unspec.
☐	☐	812.20	Fracture, Humerus
☐	☐	827.0	Fracture, Leg
☐	☐	802.20	Fracture, Mandible
☐	☐	802.0	Fracture, Nasal Bone
☐	☐	822.0	Fracture, Patella
☐	☐	808.8	Fracture, Pelvis
☐	☐	813.81	Fracture, Radius
☐	☐	807.00	Fracture, Rib
☐	☐	812.00	Fracture, Shoulder
☐	☐	803.00	Fracture, Skull
☐	☐	805.8	Fracture, Spine
☐	☐	823.80	Fracture, Tibia
☐	☐	823.82	Fracture, Tibia & Fibula
☐	☐	826.0	Fracture, Toe
☐	☐	814.00	Fracture, Wrist
☐	☐	727.43	Ganglion
☐	☐	535.00	Gastritis, Acute
☐	☐	558.9	Gastroenteritis
☐	☐	530.81	GE Reflux
☐	☐	523.1	Gingivitis, Chronic
☐	☐	523.1	Gingivostomatitis
☐	☐	098.0	Gonorrhea
☐	☐	274.9	Gout
☐	☐	879.8	Gunshot Wound w/o Comp.
☐	☐	879.9	Gunshot Wound with Comp.
☐	☐	784.0	Headache
☐	☐	346.90	Headache, Migraine
☐	☐	389.9	Hearing Loss, Unspec.
☐	☐	429.9	Heart Disease, Unspec.
☐	☐	398.90	Heart Disease, Rheumatic, Unspec.
☐	☐	992.5	Heat Exhaustion
☐	☐	924.9	Hematoma/Confusion, Unspec. Site
☐	☐	923.3	Hematoma, Subungal, Finger
☐	☐	852.20	Hematoma, Subdural
☐	☐	599.7	Hematuria
☐	☐	786.3	Hemoptysis
☐	☐	578.9	Hemorrhage, GI Tract
☐	☐	372,72	Hemorrhage, Subconjuctival
☐	☐	455.6	Hemorrhoids X
☐	☐	573.3	Hepatitis, Unspec.
☐	☐	070.9	Hepatitis, Viral Unspec. X
☐	☐	553.3	Hernia, Hiatal X
☐	☐	550.90	Hernia, Inguinal X
☐	☐	553.1	Hernia, Umbilical
☐	☐	553.9	Hernia, Unspec. Site
☐	☐	054.40	Herpes, Simplex, Ophthalmic
☐	☐	053.9	Herpes, Zoster
☐	☐	042.	HIV +
☐	☐	373.11	Hordeolum/Sty
☐	☐	054.9	Herpes Simplex

DIAGNOSIS CONTINUED

P	S		
☐	☐	536.2	Hyperemesis
☐	☐	790.6	Hyperglycemia
☐	☐	276.7	Hyperkalemia
☐	☐	276.0	Hypernatremia
☐	☐	401.9	Hypertension B/P
☐	☐	401.0	Hypertension, Malignant
☐	☐	780.6	Hyperthermia
☐	☐	786.01	Hyperventilation
☐	☐	251.2	Hypoglycemia, Unspec.
☐	☐	276.1	Hyponatremia
☐	☐	458.9	Hypotension
☐	☐	991.6	Hypothermia
☐	☐	799.0	Hypoxia
☐	☐	279.3	Immunodefficiency Syndrome, Unspec.
☐	☐	684.	Impetigo
☐	☐	117.9	Infection, Fungal
☐	☐	681.9	Infection, Nail
☐	☐	686.9	Infection, Skin
☐	☐	034.00	Infection, Strep Throat X
☐	☐	465.9	Infection, Upper Respir. X
☐	☐	599.0	Infection, Urinary Tract X
☐	☐	487.1	Influenza
☐	☐	989.9	Ingestion, Unspec. Substance
☐	☐	929.9	Injury, Crush
☐	☐	959.3	Injury, Elbow, Forearm, Wrist
☐	☐	921.9	Injury, Eye
☐	☐	959.09	Injury, Face, Neck
☐	☐	959.5	Injury, Finger
☐	☐	959.4	Injury, Hand
☐	☐	850.9	Injury, Head-Concussion
☐	☐	920.	Injury, Head-Contusion
☐	☐	959.6	Injury, Hip
☐	☐	854.00	Injury, Intracranial
☐	☐	959.7	Injury, Lower Leg, Knee, Foot
☐	☐	959.8	Injury, Multiple Sites
☐	☐	959.1	Injury, Rib Cage
☐	☐	959.2	Injury, Shoulder
☐	☐	959.7	Injury, Toe
☐	☐	922.9	Injury, Trunk
☐	☐	959.9	Injury, Unspec.
☐	☐	959.3	Injury, Wrist
☐	☐	780.52	Insomnia
☐	☐	564.1	Irritable Colon X
☐	☐	569.9	Intestinal Disorder
☐	☐	782.4	Jaundice
☐	☐	386.30	Labrynthitis
☐	☐	880.03	Laceration Arm, Upper
☐	☐	876.0	Laceration, Back
☐	☐	877.0	Laceration, Buttocks
☐	☐	873.44	Laceration, Chin
☐	☐	872.8	Laceration, Ear
☐	☐	881.01	Laceration, Elbow
☐	☐	870.0	Laceration, Eyelid
☐	☐	873.40	Laceration, Face
☐	☐	883.0	Laceration, Finger
☐	☐	892.0	Laceration, Foot
☐	☐	881.00	Laceration, Forearm
☐	☐	878.8	Laceration, Genitalia
☐	☐	882.0	Laceration, Hand
☐	☐	890.0	Laceration, Hip/Thigh
☐	☐	891.0	Laceration, Knee, Lower Leg, Ankle
☐	☐	873.60	Laceration, Mouth
☐	☐	873.43	Laceration, Lip
☐	☐	873.20	Laceration, Nose
☐	☐	873.0	Laceration, Scalp
☐	☐	880.00	Laceration, Shoulder
☐	☐	893.0	Laceration, Toe
☐	☐	879.6	Laceration, Trunk
☐	☐	881.02	Laceration, Wrist
☐	☐	780.79	Lethargy
☐	☐	783.0	Loss of Appetite
☐	☐	780.09	Loss of Consciousness
☐	☐	389.9	Loss of Hearing
☐	☐	780.9	Loss of Memory
☐	☐	611.72	Lump, Breast
☐	☐	289.3	Lymphadenitis
☐	☐	785.6	Lymphadenopathy
☐	☐	457.1	Lymphedema
☐	☐	202.80	Lymphoma
☐	☐	780.79	Malaise & Fatigue
☐	☐	172.9	Melanoma
☐	☐	322.9	Meningitis, Unspec.
☐	☐	626.2	Menometrorragia
☐	☐	410.90	MI, Acute
☐	☐	340.	Multiple Sclerosis
☐	☐	358.0	Myasthenia Gravis
☐	☐	729.1	Myalgia, Myositis, Unspec.

P	S		
☐	☐	787.02	Nausea
☐	☐	787.01	Nausea, Vomiting
☐	☐	478.1	Nasal Congestion
☐	☐	239.0	Neoplasm, Unspec. Nature Digestive
☐	☐	780.8	Night Sweats
☐	☐	782.0	Numbness, Tingling
☐	☐	832.00	Nursemaid's Elbow
☐	☐	278.00	Obesity
☐	☐	519.8	Obstruction, Airway
☐	☐	560.9	Obstruction, Bowel
☐	☐	310.9	Organic Brain Syndrome
☐	☐	715.90	Osteoarthritis (DJD)
☐	☐	380.10	Otitis Externa, Infect
☐	☐	382.9	Otitis Media, Acute
☐	☐	977.9	Overdose - Drug
☐	☐	789.00	Pain, Abdominal
☐	☐	724.5	Pain, Back
☐	☐	611.71	Pain, Breast
☐	☐	786.50	Pain, Chest
☐	☐	786.52	Pain, Chest, Pleuritic
☐	☐	789.06	Pain, Epigastric
☐	☐	784.0	Pain, Face
☐	☐	780.09	Pain, Flank
☐	☐	780.09	Pain, Groin
☐	☐	526.9	Pain, Jaw
☐	☐	719.40	Pain, Joint (Specify)
☐	☐	729.5	Pain, Limb
☐	☐	724.2	Pain, Lower Back
☐	☐	781.9	Pain, Musculoskeletal
☐	☐	723.1	Pain, Neck
☐	☐	689.09	Pain, Pelvic
☐	☐	625.9	Pain, Pelvic, Female
☐	☐	719.41	Pain, Shoulder
☐	☐	785.1	Palpitations
☐	☐	577.0	Pancreatitis, Acute
☐	☐	782.0	Paresthesia
☐	☐	332.0	Parkinson's Disease
☐	☐	614.9	(PID) Pelvic Inflammatory Disease, Female
☐	☐	423.9	Pericarditis
☐	☐	567.9	Peritonitis
☐	☐	462.	Pharyngitis, Acute
☐	☐	605.	Phimosis
☐	☐	451.0	Phlebitis, Superficial, Legs
☐	☐	451.9	Phlebitis, (Thrombophlebitis)
☐	☐	696.3	Pityriasis Rosea
☐	☐	511.9	Pleurisy
☐	☐	482.9	Pneumonia, Bacterial, Unspec.
☐	☐	486.	Pneumonia, Unspec.
☐	☐	480.9	Pneumonia, Viral, Unspec.
☐	☐	512.8	Pneumothorax
☐	☐	005.9	Poisoning, Food
☐	☐	646.90	Pregnancy, Complic, Of
☐	☐	633.9	Pregnancy, Ectopic
☐	☐	569.1	Prolapse, Rectal
☐	☐	600.	Prostatic Hypertrophy, (BPH) Benign
☐	☐	601.9	Prostatitis
☐	☐	590.10	Pyelonephritis, Acute
☐	☐	590.00	Pyelonephritis, Chronic
☐	☐	729.2	Radiculopathy
☐	☐	782.1	Rash
☐	☐	584.9	Renal Failure, Acute
☐	☐	585	Renal Failure, Chronic
☐	☐	786.09	Respiratory Distress
☐	☐	799.1	Respiratory Failure
☐	☐	729.89	Rhabdomyolysis
☐	☐	477.9	Rhinitis, Allergic
☐	☐	133.0	Scabies
☐	☐	724.3	Sciatica
☐	☐	780.39	Seizure Disorder
☐	☐	038.9	Sepsis
☐	☐	785.50	Shock
☐	☐	786.05	Shortness of Breath
☐	☐	282.60	Sickle-Cell Anemia
☐	☐	282.62	Sickle-Cell Crisis
☐	☐	461.9	Sinusitis, Acute
☐	☐	473.9	Sinusitis, Chronic
☐	☐	782.0	Skin Sensation Disturbance
☐	☐	987.9	Smoke Inhalation
☐	☐	845.00	Sprain/Strain, Ankle
☐	☐	841.9	Sprain/Strain, Elbow, Forearm
☐	☐	842.10	Sprain/Strain, Finger
☐	☐	845.10	Sprain/Strain, Foot
☐	☐	842.10	Sprain/Strain, Hand
☐	☐	843.9	Sprain/Strain, Hip, Thigh
☐	☐	844.9	Sprain/Strain, Knee/Leg
☐	☐	847.0	Sprain/Strain, Neck
☐	☐	840.9	Sprain/Strain, Shoulder, Upper Arm

P	S		
☐	☐	847.0	Sprain/Strain, Spine Cervical
☐	☐	847.2	Sprain/Strain, Spine Lumbar
☐	☐	846.0	Sprain/Strain, Spine Lumbo-Sacral
☐	☐	842.00	Sprain/Strain, Wrist
☐	☐	528.0	Stomatitis
☐	☐	034.0	Strep Throat
☐	☐	436.	Stroke
☐	☐	430.	Subarachnoid Hemorrhage
☐	☐	432.1	Subdural Hemorrhage
☐	☐	300.9	Suicidal Tendencies
☐	☐	729.81	Swelling of Limb
☐	☐	608.86	Swelling of Testes
☐	☐	780.2	Syncope
☐	☐	097.9	Syphilis, Unspec.
☐	☐	427.89	SVT
☐	☐	785.0	Tachycardia
☐	☐	786.06	Tachypnea
☐	☐	011.90	TB, Pulmonary
☐	☐	726.90	Tendonitis
☐	☐	112.0	Thrush
☐	☐	110.0	Tinea Capitis
☐	☐	524.60	TMJ
☐	☐	463.	Tonsillitis, Acute
☐	☐	525.9	Toothache
☐	☐	723.5	Torticollis, Unspec.
☐	☐	435.9	TIA-Transit Ischemic Attack
☐	☐	989.9	Toxin Exposure
☐	☐	959.9	Trauma
☐	☐	959.01	Trauma, Closed Head
☐	☐	707.9	Ulcer, Chronic, Skin, Unspec. Site
☐	☐	531.90	Ulcer, Gastric
☐	☐	707.1	Ulcer, Lower Extremity
☐	☐	533.90	Ulcer, Peptic, Unspec. Site w/o Obst.
☐	☐	780.09	Unresponsiveness
☐	☐	597.80	Urethritis
☐	☐	465.9	URI (Upper Respiratory Infection)
☐	☐	788.30	Urinary Incontinence
☐	☐	788.20	Urinary Retention
☐	☐	592.9	Urolithiasis
☐	☐	708.9	Urticaria, Unspec.
☐	☐	599.0	UTI (Urinary Tract Infect.)
☐	☐	623.5	Vaginal Discharge
☐	☐	616.10	Vaginitis
☐	☐	052.9	Varicella
☐	☐	454.9	Varicose Veins w/o Ulcer or Inflam.
☐	☐	780.2	Vasovagal Attack
☐	☐	099.9	Veneral Disease, Unspec.
☐	☐	780.4	Vertigo
☐	☐	079.99	Viral Infection
☐	☐	368.40	Vision Defect
☐	☐	787.03	Vomiting
☐	☐	780.79	Weakness
☐	☐	783.2	Weight Loss, Abnormal
☐	☐	786.07	Wheezing
☐	☐	879.8	Wound, Open Unspec.
☐	☐	**OTHER REASON FOR VISIT**	
☐	☐	V54.8	Cast Check
☐	☐	V01.7	Exposure to HIV
☐	☐	V01.1	Exposure to TB
☐	☐	987.5	Exposure to Mace
☐	☐	V67.9	Follow-up Exam
☐	☐	V68.1	Issue Repeat Prescription
☐	☐	V71.4	Observ. & Eval. Follow MVA
☐	☐	V67.0	Post Surgery Follow-up
☐	☐	V22.2	Pregnancy, Normal
☐	☐	V71.5	Rape Exam
☐	☐	V58.3	Removal of Suture
☐	☐	V71.5	Sexual Assault
☐	☐	V20.2	Well Baby
☐	☐	**ADDITIONAL INFORMATION**	
☐	☐	**(Always Secondary)**	
☐	☐	E819.7	Accident, Hit by Car (Pedestrian)
☐	☐	E819.9	Accident, MV, Traffic-Unspec.
☐	☐	E825.9	Accident, MV, Non-Traffic-Unspec.
☐	☐	E829.9	Accident, Other Road Vehicle
☐	☐	E968.2	Assault, (hit With Object)
☐	☐	E924.1	Burn, Chemical
☐	☐	E925.9	Burn, Electrical
☐	☐	E899.	Burn, Fire
☐	☐	E924.0	Burn, Steam
☐	☐	E888.	Fall, Unspec.
☐	☐	E966.	Stab Wound - Assault

UNLISTED DIAGNOSIS

☐ ☐ _____

☐ ☐ _____

UNIVERSITY MEDICAL CENTER PEDIATRIC EMERGENCY SERVICES

PROVIDER CODE	PROVIDER'S NAME (Please Print)	TYPE	COVERAGE
			☐ MEDICARE ☐ EMPLOYEE NON-UNION ☐ MANAGED CARE ☐ MEDICAID ☐ NEW YORK BLUE CROSS ☐ NO FAULT ☐ MEDICARE & MEDICAID ☐ NEW JERSEY BLUE CROSS ☐ SELF PAY ☐ EMPLOYEE UNION (1199) ☐ WORKER'S COMP. ☐ OTHER ☐ EMPLOYEE UNION (NYSNA) Specify

PROCEDURES

DESCRIPTION	CODE
ER VISITS/MANAGEMENT	
☐ Brief	99281
☐ Limited	99282
☐ Intermediate	99283
☐ Extended	99284
☐ Comprehensive	99285
NIGHT VISIT (Add to Visit)	
☐ 10 pm - 8 am	99052
CRIT CARE	
☐ Initial First hour (30 - 74 min.)	99291
☐ Ea. Additional 30 Minutes _____	99292
CARDIAC	
☐ EKG (Interp Only)	93010
☐ EKG Interp, Multiple # _____	
☐ CPR, Closed	92950
☐ IV Pacemaker	33210
☐ Transcutaneous Pacemaker	92953
☐ Cardioversion	92960
☐ Pericardiocentesis, Initial	33010
☐ Thrombolysis	92977
VENOUS/ARTERIAL	
(Put Done by MD in Chart)	
☐ *Cutdown > 1 yr.	36425
☐ *IV Cath (Peripheral) (Anglocath, Heplock)	36000
☐ *Central Line	36489
☐ *Arterial Line	36620
☐ *ABG (Arterial Puncture)	36600
PULMONARY	
(Put Done by MD in Chart)	
☐ *Ventilator	94656
☐ *Aerosol/Vapor Inhalations for Bronchodilation	94664
☐ *Pulse Oximetry, Single	94760
☐ *Pulse Ox, Multiple	94761
TUBES (Document separately)	
☐ Gastric Lavage for Treatment (OD, Bleed)	91105
☐ Gastric Bleeding Tube (NG Tube)	91100
☐ Gastrostomy Tube Change (PEG)	43760
☐ Peritoneal Lavage	49080
☐ Endotracheal Intubation	31500
☐ Thoracostomy, Tube	32020
☐ Thoracentesis	32000
☐ Thoracostomy w/cardiac mass.	32160
NEURO, GI, URO, OB-GYN (Document separately)	
☐ LP (Spinal Puncture)	62270
☐ Anoscopy, Diag	46600
☐ Cath, Urethra Simple (Foley)	53670
☐ Cath, Urethra Complic. (Balloon)	53675
☐ Aspiration, Bladder Needle	51000
☐ Vaginal Delivery	59409
☐ Surgical Treat Complic. Abortion	59812
ADMIN. OF INJECTION	
(Do not bill with other procedures)	
(Put Done by MD in Chart)	
☐ *Therapeutic, Diag; Subcut IM	90782
☐ *Therapeutic, Diag; IV	90784
☐ *Antibiotic, IM	90788

*PROCEDURE REQUIRES "BY M.D." AND SIGNATURE OF M.R.

DESCRIPTION	CODE
EYE, EAR, NOSE	
☐ Eye Washing	92499
☐ Remove Impacted Cerumen, Ear	69210
☐ Control Nasal Hemorrhage, Anterior, Simple	30901
☐ Control Nasal Hemorrhage, Anterior, Ext.	30903
☐ Control Nasal Hemorrhage, Posterior, Initial	30905
FB REMOVAL (Identify FB)	
☐ Cornea w Slit Lamp	65222
☐ Cornea w/o Slit Lamp	65220
☐ Ear	69200
☐ Nose	30300
☐ Throat	31530
☐ Skin, Simple	10120
☐ Skin, Multiple or Complex	10121
☐ Rectum (Anascopy)	46608
☐ Vagina w/Anes Only	57415
DEBRIDEMENT, I & D (Document separately)	
☐ I&D Abscess, Cyst, Simple	10060
☐ I&D Abscess, Cyst, Complic. or Multi.	10061
☐ I&D Pilonidal Cyst, Simple	10080
☐ I&D Hematoma,	10140
☐ I&D Post-Op Wound Infection Complex	10180
☐ Puncture Aspiration, Abscess, Cyst	10160
☐ Drain Finger Abscess, Simple	26010
☐ Evac Subungal Hematoma	11740
☐ Excision, Nail, Nail Matrix	11750
☐ Repair Nail Bed	11760
☐ Avulsion, Nail Plate	11730
☐ Avulsion, Ea Addit Nail Plate	11732
☐ Debridement, Abrasions	11040
☐ Debridement, Skin, Full Thickness	11041
☐ Debridement, Skin & Subcut Tissue	11042
☐ Debridement, Skin, Subcut Tissue, Musc.	11043
Burns (List Depth, % Body Surface)	
☐ Initial, 1st Degree, Local Treatment	16000
☐ Dressings and/or Debridement, Anes, Small	16010
☐ ", w/o Anes, Small	16020
☐ ", w/o Anes, Medium (eg., Whole Face)	16025
☐ ", w/o Anes, Large (eg., More Than 1 Extremity)	16030
ARTHROCENTESIS (Document separately)	
☐ Small Joints (Finger, Toe)	20600
☐ Intermed Joint (Wrist, Elbow, Ankle)	20605
☐ Major Joint (Shoulder, Hip, Knee	20610
STRAPPING	
☐ (Put Done by MD in Chart)	
☐ Shoulder, Velpeau	29240
☐ Elbow, Wrist	29260
☐ Hand, Finger	29280
☐ Knee	29530
☐ Ankle	29540
UNLISTED CODE	
☐ _____	
☐ _____	
☐ _____	
☐ _____	
☐ _____	

DESCRIPTION	CODE
SPLINTING	
(Put Done by MD in Chart)	
☐ Short Arm, Static	29125
☐ Short Arm, Dynamic	29126
☐ Finger Splint, Static	29130
☐ Finger Splint, Dynamic	29131
☐ Short Leg	29515

CLOSED DISLOCATIONS	Manipulation/Reduction	
(Circle Code)	**w/o**	**w**
☐ Clavicle, Sternoclavicular	23520	23525
☐ A/C Separation	23540	23545
☐ Shoulder, w/Anesthesia		23655
☐ Shoulder, w/o Anesthesia		23650
☐ Elbow, w/o Anesthesia		24620
☐ Radial Head, Child		24640
☐ Knee, w/o Anesthesia		27550
☐ Ankle w/o Anesthesia		27840

CLOSED DISLOCATIONS	Manipulation/Reduction	
(Includes Cast Application)		
(Circle Code)	**w/o**	**w**
☐ Nasal	21310	21315
☐ Clavicle	23500	23505
☐ Humerus	24500	24505
☐ Distal Radius	25600	25605
☐ Metacarpal - Each	26600	26605
☐ Phalangeal - Each	26720	26725
☐ Ankle	27808	27810
☐ Metatarsal - Each	28470	28475
☐ Great Toe	28490	28495
☐ Toe	28510	28515

☐ **Wound Dehiscence** **12020**

DESCRIPTION	CODE
WOUND REPAIR SIMPLE	
(Superficial, Skin & Subcut Tissue)	
Scalp, Neck, Axillae, Genitalia, Trunk, Hand	
☐ Up to/and 2.5cm	12001
☐ 2.6 to 7.5 cm	12002
☐ 7.6 to 12.5 cm	12004
☐ 12.6 to 20.0 cm	12005
☐ 20.1 to 30.0 cm	12006
Face, Ears, Eyelids, Nose, Lips Muc. Membrane	
☐ Up to/and 2.5cm	12011
☐ 2.6 to 5.0 cm	12013
☐ 5.1 to 7.5 cm	12014
☐ 7.6 to 12.5 cm	12015
☐ 12.6 to 20.0 cm	12016
☐ 20.1 to 30.0 cm	12017
INTERMEDIATE	
(Simple + Layer Closure of Fascia or Muscle)	
Neck, Hands, Feet, Genitalia	
☐ Up to/and 2.5cm	12041
☐ 2.6 to 7.5 cm	12042
☐ 7.6 to 12.5 cm	12044
☐ 12.6 to 20.0 cm	12045
Scalp, Axillae, Trunk, Extremities	
☐ Up to/and 2.5cm	12031
☐ 2.6 to 7.5 cm	12032
☐ 7.6 to 12.5 cm	12034
Face, Ears, Eyelids, Nose, Lips Muc. Membrane	
☐ Up to/and 2.5cm	12051
☐ 2.6 to 5.0 cm	12052
☐ 5.1 to 7.5 cm	12053
☐ 7.6 to 12.5 cm	12054
☐ 12.6 to 20.0 cm	12055

SIGNATURE OF RESIDENT PHYSICIAN OR PRIMARY PROVIDER

(Signed) X _____ Date _____

SIGNATURE OF ATTENDING PHYSICIAN (This signature certifies that the physician's services were personally rendered by him/her or under his/her personal direction & that appropriate notations are in the patient's chart).

(Signed) X _____ Date _____