ABSTRACT

This material provides documentation for users of the Emergency Department public use micro-data file of the 2012 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is a national probability sample survey of visits to hospital outpatient and emergency departments, and hospital-based ambulatory surgery centers, conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. The survey is a component of the National Health Care Surveys, which measure health care utilization across a variety of health care providers.

NOTE: This document contains complete information on emergency department records only, to accompany the release of the emergency department data file.

Section I of this documentation, "Description of the National Hospital Ambulatory Medical Care Survey," includes information on the scope of the survey, the sample, field activities, data collection procedures, medical coding procedures, and population estimates. Section II provides detailed descriptions of the contents of the file's data record by location. Section III contains marginal data for selected items on the file. The appendixes contain sampling errors, instructions and definitions for completing the Patient Record form, and lists of codes used in the survey.

SUMMARY OF CHANGES FOR 2012

The 2012 NHAMCS Emergency Department micro-data file is generally similar in layout to files from recent years, but there have been important changes to the survey. These include an oversample of hospitals in the 5 most populous states which makes it possible to produce ED estimates for these states, and the switch from a paper-and-pencil mode of data collection to a computer-assisted method. A number of survey questions were added or modified as well. Highlights are summarized below and explained in more detail in Section I.

A. State-Based Estimates

As mentioned above, the traditional NHAMCS sample design was supplemented to include an oversample of hospitals from the 5 most populous states: California, Florida, Illinois, New York and Texas. This oversample only applies to the 2012 NHAMCS. The same weight variable [PATWT] should be used for making both national and state-based estimates.

B. Mode of Data Collection

NHAMCS implemented computer-assisted data collection starting in 2012. This replaced the traditional pen-and-paper mode of data collection used since 1992. With the new method, Field Representatives (FRs) from the U.S. Census Bureau used laptops containing an automated version of each survey instrument to 1) conduct induction interviews with hospital staff; 2) determine the number of emergency department service areas to include; and 3) abstract and record data from medical charts. The automated survey instruments were operationalized for field use by the Census Bureau, based on specifications provided by NCHS.

While the proportion of records obtained through abstraction by Census FRs had been increasing over the years, the data collection mode in 2012 relied heavily (97 percent of records collected) on Census FR abstraction rather than hospital staff. While a similar web-based tool or a laptop containing the automated survey instrument was available for hospitals who requested it, this was seldom used (3 percent of records). Sampling and abstraction conducted by Census FRs had become, for the first time, the preferred mode of data collection.

As part of the quality control process, more than 20 tables of 2012 estimates were compared with the same tables of 2011 estimates. The variables that were compared included most of those published in the annual survey web tables. Significant changes between the two years were noted and investigated. While many estimates were not statistically different in each year, some unexpected results were found. These may reflect actual differences, or they may be related to the changes in item format, the new automated data collection system and/or the increase in Census abstraction. Data users are advised to take these factors into account when using these items or comparing them with previous years. Specific findings include the following:

Several items experienced substantial increases in (unweighted) nonresponse:

- Patient ethnicity was missing for 18% of records in 2011 compared with 29% in 2012.
- Visits for hospitalized patients with blank or unknown length of hospital stay increased from 8% in 2011 to 16% in 2012.
- Waiting time to see MD/DO/NP/PA was missing for 7% of records in 2011 compared with 14% in 2012.
- First-listed diagnosis was missing for 0.3% of records in 2011 compared with 1% in 2012.
- The 'date and time patient actually left the ED or observation unit' was missing for 92% of records where a patient was admitted to the hospital. While this is not included on the public use file, it is used

to create the BOARDED variable. Because of the high missing rate for this item, it has not been included on the public use file for 2012.

Significant decreases in weighted percentage distributions were noted for some items compared with 2011 data. These include visits with an ED resident/intern seen (from 10.5% in 2011 to 6.6% in 2012) and visits with an EMT being seen (from 7.9% to 4.3%). Decreases were also seen for visits with hospitalized patients admitted to 'Stepdown unit' and visits with any of the following disposition categories: left before triage, transfer to psychiatric hospital, and return to ED.

'Return to ED' was a modification of a previous category in the Visit Disposition item (in 2011 and previous years it was 'Return to ED if needed, PRN/Appt'). The instruction for this item changed such that, in previous years, it included visits where patients were told to return to the ED if needed or for a scheduled appointment. For 2012, the instruction stated it should include only visits where the patient was told to schedule an appointment or to return to the ED at a certain time. This likely accounts for the observed percentage decrease in the category and possibly could account for some of the observed increases in the 'no follow up planned' and 'other' visit disposition categories.

There was also a decrease in the total number of medications reported, as well as in the mean number of medications per visit. This was somewhat surprising because, in 2012, the number of medications that could be reported increased from 8 to 12, which one might expect would lead to a reporting incease.

NCHS staff will continue to monitor these and other changes with regard to 2013 data and beyond in an effort to better assess how much may be attributed to data collection and processing vs. real-world treatment patterns.

C. Survey Items

Note that the questionnaire changes listed below only address items that are included on the public use data file and do not constitute a comprehensive list of all changes to the automated Patient Record form and automated Hospital Induction Interview forms.

1. New or Modified Items on the Automated Patient Record Form

NOTE: The headings and corresponding section locations reflected in the 2012 Emergency Department Patient Record Sample Card may not be identical to those in the automated electronic Patient Record Form. The Sample Card (available at the Ambulatory Health Care Data website) is a general representation of the automated instrument, using a more easily read format that is similar to the original paper forms used in earlier years.

- a. In the Previous Care item, a single question, "Has patient been seen in this ED within the last 72 hours and discharged?" replaces 2011's two-part question, which asked the following:, "Has patient been (1) seen in this ED within the last 72 hours?; (2) discharged from any hospital within the last 7 days?".
- b. For the question "Is this visit related to an injury, poisoning, or adverse effect of medical treatment", the number of checkboxes increased to five: injury/trauma, poisoning, adverse effect of medical treatment, no and unknown. The 2011 version used only two checkboxes: yes and no. If injury/trauma or poisoning were checked in 2012, then the instrument skipped to the question, "Is this injury/poisoning intentional?" In contrast, if the visit was not reported as injury related in 2011, the respondent was advised to skip to the next item. Data collected with the new format were carefully analyzed and presented on the public use file both in the new format as well as being recoded to create items similar to those collected using the old format, in order to facilitate trend analysis.

- c. In the item "Does patient have-", five new checkboxes were added: cancer, chronic obstructive pulmonary disease (COPD), dementia, history of heart attack, and history of pulmonary embolism or deep vein thrombosis (DVT). Additionally the wording for the HIV checkbox was changed to "HIV infection/AIDS".
- d. The Diagnostic/Screening Services item was renamed as the Diagnostic Services item. (Note that the item name is incorrectly rendered on the 2012 NHAMCS ED PRF Sample Card.) Under the Blood tests section, three new checkboxes were added: BNP (brain natriuretic peptide), D-dimer, and Lactate. The wording for the BAC (blood alcohol) checkbox was changed to "BAC (blood alcohol concentration)". Under Other tests, a new Urine culture checkbox was added. Under Imaging, a new Intravenous contrast checkbox was added and new sub-items were added for CT scan (abdomen/pelvis, chest, head, and other) and Ultrasound (performed by emergency physician, other).
- e. In the Procedures Item, the two former checkboxes of Cast, and Splint or Wrap, were combined into one category (Cast, splint, wrap). Checkboxes were added for BiPAP/CPAP, Lumbar puncture, and Skin adhesives. (Note that the item name was inadvertently omitted from the 2012 NHAMCS ED PRF Sample Card.
- f. In the Medications and Immunizations item, the number of medications that could be listed was increased from 8 to 12.
- g. In the Disposition Item (Visit Disposition in the 2011 NHAMCS), the wording for one checkbox was changed from "Return if needed, PRN/appointment" to "Return to ED".
- h. For the section on Hospital Admission, the wording was changed from "Date and time bed was requested for hospital admission" to "Date and time bed was requested for hospital admission or transfer". Note that the item name was incorrectly rendered as "Hospital" in the 2012 NHAMCS ED PRF Sample Card. Also on the Sample Card, the Observation Unit Stay heading was inadvertently removed for this item.
- i. Two new ICD-9-CM code fields were added to collect additional hospital discharge diagnoses.

From the Hospital Induction Interview, modifications were made to several items related to Electronic Medical Records (EMR)/Electronic Health Records (EHR) and several new items were added. However, since the public use file does not include the EMR/EHR items at this time, the changes have not been described in detail here. Other new items from the Induction Interview include the following:

- j. Does your ED use Kiosk self check-in?
- k. Does your ED use Immediate bedding (no triage when ED is not at capacity)?
- I. Does your ED use Advnaced triage (triage-based care) protocols?
- m. Does your ED use Physician/Practitioner at triage?
- n. Does your ED use Wireless communication devices by providers?

2. Deleted Items

From the automated Patient Record form:

- a. In the Previous Care section, the item "Was patient discharged from any hospital within the last 7 days?" was removed.
- b. In the Previous Care section, the item "How many times has patient been seen in this ED within the last 12 months?" was removed.
- c. Under Triage, the Glasgow-Coma Scale (3-15) item was removed. In the list of procedures provided at the visit, the checkbox for foreign body removal was removed. (Note that the 2012 NHAMCS ED PRF Sample Card incorrectly rendered the name of the Diagnostic Services item as Diagnoses, and omitted the name of the Procedure Item.)
- d. The Service Level item was removed.

From the automated Hospital Induction Interview form, several EMR/EHR items were deleted. However, since the public use file does not include the EMR/EHR variables at this time, the changes are not described in detail here.

D. Injury Coding

As mentioned in 1.b above, the 2012 survey instrument asked injury questions differently than in previous years. The new injury items are provided on the public use file. However, for trending and consistency check purposes, we also provide recoded injury items using a format that is comparable with the injury variables used in 2010 and 2011. These variables are described in more detail in the Record Format section.

For 2012, injury data were edited using a program which reviewed reason for visit and diagnosis codes, and also for ED records, cause of injury codes, and assigned injury and intentionality status accordingly. In this way, records which did not specifically state an injury but for which injury codes for reason, diagnosis, and/or cause of injury were present were recoded appropriately, while records which stated an injury but for which no corroborating data could be found were assigned to a 'questionable' injury status, allowing data users to make their own determination as desired.

E. Other Important Changes

Two items are no longer included in the 2012 NHAMCS public use data files: Hospital Ownership (OWNER) and Metropolitan Statistical Area status of hospital location (MSA), These items are available in the NCHS Research Data Center. These changes were necessitated by concerns related to disclosure risks and the increasingly difficult task involved in attempting to mitigate such risks in the data while attempting to preserve data quality.

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I. DESCRIPTION OF THE NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

A. INTRODUCTION

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was initiated to learn more about the ambulatory care rendered in hospital emergency and outpatient departments (EDs and OPDs) in the United States. NHAMCS is conducted by the Ambulatory and Hospital Care Statistics Branch of the Division of Health Care Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). In 2009, hospital-based ambulatory surgery locations were included in the survey and, in 2010, freestanding ambulatory surgery centers were added. This documentation describes only the ED and OPD survey components. It should also be noted that only ED data are being released at this time (April 2016). As a result, much of the information contained in this documentation pertains only to the ED data file (for example, Record Format). Once the OPD data file is available, a new documentation including both ED and OPD components will replace this version.

Ambulatory medical care is the predominant method of providing health care services in the United States (1). Since 1973, data on ambulatory patient visits to physicians' offices have been collected through the National Ambulatory Medical Care Survey (NAMCS). However, visits to hospital emergency and outpatient departments, which represent a significant portion of total ambulatory medical care, are not included in NAMCS (2). Furthermore, hospital ambulatory patients are known to differ from office patients in their demographic and medical characteristics (3). NHAMCS was designed to fill this data gap. Together, NAMCS and NHAMCS provide a comprehensive look at ambulatory medical care.

NHAMCS is endorsed by the Emergency Nurses Association, the Society for Emergency Academic Medicine, the American College of Emergency Physicians, and the American College of Osteopathic Emergency Physicians. A complete description of NHAMCS is contained in the publication entitled, "Plan and Operation of the National Hospital Ambulatory Medical Care Survey" (4).

As noted above, only the ED data file is being released at this time. In 2012, there were 29,453 electronic Patient Record forms (PRFs) provided by EDs that participated in the survey.

Please note the following important points concerning analysis of NHAMCS data on this micro-data file:

PATIENT VISIT WEIGHT

Micro-data file users should be fully aware of the importance of the "patient visit weight" and how it must be used. Information about the patient visit weight is presented on page 23. If more information is needed, the staff of the Ambulatory and Hospital Care Statistics Branch can be consulted by calling (301) 458-4600 during regular working hours.

RELIABILITY OF ESTIMATES

Users should also be aware of the reliability or unreliability of certain estimates, particularly smaller estimates. The National Center for Health Statistics considers an estimate to be reliable if it has a relative standard error of 30 percent or less (i.e., the standard error is no more than 30 percent of the estimate). Therefore, it is important to know the value of the lowest possible estimate in this survey that is considered reliable, so as not to present data in a journal article or paper that may be unreliable. Most data file users can obtain an adequate working knowledge of relative standard errors from the information presented in Appendix I. It should be noted that estimates based on fewer than 30 records are also considered unreliable, regardless of the magnitude of the relative standard error. If you would like more information, do not hesitate to consult the staff of the Ambulatory and Hospital Care Statistics Branch.

B. SAMPLE DESIGN

The 2012 NHAMCS used a national probability sample of visits to the emergency and outpatient departments of noninstitutional general and short-stay hospitals, excluding Federal, military, and Veterans Administration hospitals, located in the 50 states and the District of Columbia. NHAMCS was designed to provide estimates for the following survey objectives listed in order of priority: United States; region; emergency and outpatient departments; and type of ownership. In 2012, the national sample was supplemented to also enable estimates of ED visits for each of the five most populated states (California, Florida, Illinois, New York and Texas). The national sample uses a four-stage probability design with samples of area primary sampling units (PSUs), hospitals within PSUs, clinics within outpatient departments, and patient visits within clinics/emergency service areas. Each stage of sampling is described below along with a description of the supplement sample.

1. Primary Sampling Units (PSUs)

1.a. National sample

In the national sample, a PSU consists of a county, a group of counties, county equivalents (such as parishes and independent cities), towns, townships, minor civil divisions (for some PSUs in New England), or a metropolitan statistical area (MSA). MSAs were defined by the U.S. Office of Management and Budget on the basis of the 1980 Census. The first-stage sample consisted of 112 PSUs that comprised a probability subsample of the PSUs used in the 1985-94 National Health Interview Survey (NHIS). The NHAMCS PSU sample included with certainty the 26 NHIS PSUs with the largest populations. In addition, the NHAMCS sample included one-half of the next 26 largest PSUs, and one PSU from each of the 73 PSU strata formed from the remaining PSUs for the NHIS sample.

The NHIS PSU sample was selected from approximately 1,900 geographically defined PSUs that covered the 50 States and the District of Columbia. The 1,900 PSUs were stratified by socioeconomic and demographic variables and then selected with a probability proportional to their size. Stratification was done within four geographical regions by MSA or non-MSA status. A detailed description of the 1985-94 NHIS PSU sample design is available (5).

1.b. Supplement sample

In the supplement sample, a PSU consists of an individual ED hospital. A stratified sample of 167 ED hospitals was selected with strata defined by state, by whether or not the hospital was located in an area included with certainty in the national sample, and by MSA status (whether hospital was located in an MSA or not in an MSA). Within strata, systematic random sampling was used to select hospitals from lists in which hospitals were randomly ordered within ownership type (not-for-profit, non-Federal government, and for-profit).

2. Hospitals

The universe and national sample hospitals were last updated for the 2010 survey using hospital data from SDI's annual data product "Healthcare Market Index." (SDI has since been acquired by IMS Health.) In that updated sample, 16 new hospitals were added (births) and 20 hospitals, no longer in existence, were deleted (deaths). The universe and sampling frame are typically updated for hospital births and deaths once every three years.

The original sampling frame was compiled as follows using the SMG Hospital Database. Hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty was general (medical or surgical) or children's general were eligible for NHAMCS. Excluded were Federal hospitals, hospital units of institutions, and hospitals with less than six beds staffed for inpatient use. In 1991, the SMG Hospital Database contained 6,249 hospitals that met these eligibility criteria. Of the eligible

hospitals, 5,582 (89 percent) had EDs and 5,654 (90 percent) had OPDs. Hospitals were defined to have an ED if the hospital file indicated the presence of such a unit or if the file indicated a non-zero number of visits to such a unit. A similar rule was used to define the presence of an OPD. Hospitals were classified into four groups: those with only an ED; those with an ED and an OPD; those with only an OPD; and those with neither an ED nor an OPD. Hospitals in the last class were considered as a separate stratum and a small sample (50 hospitals) was selected from this stratum to allow for estimation to the total universe of eligible hospitals and the opening and closing of EDs and OPDs in the sample hospitals.

All hospitals with EDs and/or OPDs in non-certainty PSUs with five or fewer hospitals were selected with certainty. There were 149 hospitals in 55 PSUs in this category. In non-certainty PSUs with more than five hospitals, hospitals were arrayed by hospital class; type of ownership (not-for-profit, non-Federal government, and for-profit); and hospital size. Hospital size was measured by the combined volume of ED and OPD visits. From the arrayed hospitals, five hospitals were selected using systematic random sampling with probability proportional to hospital size. A total of 161 hospitals was selected from this group. In the certainty PSUs, hospitals were selected with probability proportional to size. From the stratified hospital list, 240 hospitals were selected with probability proportional to size. A sample of 50 hospitals was selected from the 427 hospitals that had neither an ED nor an OPD.

The hospital selections were made so that each hospital would be chosen only once to avoid multiple inclusions of very large hospitals. A fixed panel of 600 hospitals was initially selected for the NHAMCS sample; 550 hospitals had an ED and/or an OPD and 50 hospitals had neither an ED nor an OPD. To preclude hospitals participating during the same time period each year, the sample of 600 hospitals was randomly divided into 16 subsets of approximately equal size. Each subset was assigned to 1 of the 16 4-week reporting periods, beginning December 2, 1991, which continues to rotate across each survey year. Therefore, the entire sample does not participate in a given year, and each hospital is inducted approximately once every 15 months.

For the 2012 survey, the four-stage probability sample was combined with a supplemental sample of EDs that used a two-stage probability design. The universe for the supplement was limited to hospitals with EDs and was updated using data obtained in 2011 from (the former) SDI. The two-stage design sampled ED hospitals without regard to area PSUs, but the design within EDs was identical to that for the four-stage design. No visits were selected from the OPDs in the supplement sample hospitals.

The 2012 NHAMCS was conducted from December 26, 2011 through December 28, 2012, and used a sample of 640 hospitals. Of the sampled hospitals, 85 were found to be ineligible due to closing or other reasons. Of the 535 ED hospitals that were in scope (eligible) for the survey, 408 ED hospitals participated, for an unweighted ED hospital sampling response rate of 76.3 percent (75.3 percent weighted).

3. Outpatient Clinics and Emergency Service Areas (ESAs)

Within each hospital that was not in the supplement sample, either all outpatient clinics or a sample of such units were selected. Clinics were in scope if ambulatory medical care was provided under the supervision of a physician and under the auspices of the hospital. Clinics were required to be "organized" in the sense that services were offered at established locations and schedules. Clinics where only ancillary services were provided or other settings in which physician services were not typically provided were out of scope. In addition, freestanding clinics, which are physician practices located within hospitals but separate from OPDs, were out of scope because they are included in NAMCS, and ambulatory surgery centers/locations, whether in hospitals or freestanding, were out of scope through 2008. Ambulatory surgery centers/locations were included in the National Survey of Ambulatory Surgery which was conducted in 1994-96 and again in 2006. Beginning in 2009, and continuing to the present, data from hospital-based ambulatory surgery centers/locations in 2010, and continuing through 2012, data from freestanding ambulatory surgery centers were also gathered as part of this ambulatory surgery component.

2012 NHAMCS MICRO-DATA FILE DOCUMENTATION

A list of in scope and out of scope clinic types is provided in Appendix I (Definition of certain terms used in the survey). The OPD clinic definition excludes the "hospital as landlord" arrangement in which the hospital only rented space to a physician group and was not otherwise involved in the delivery of services. These physicians are considered office-based and are currently included in NAMCS.

Hospitals may define the term "separate clinic" differently, for example, by physical location within the hospital, by staff providing the services, by specialty or subspecialty, by schedules, or by patients' source of payment. Because of these differences, "separate clinics" in NHAMCS were defined as the smallest administrative units for which the hospital kept patient volume statistics.

During the visit by a field representative (FR) to induct a hospital into the survey, a list of all outpatient clinics was obtained from the sample hospital. Each outpatient department clinic's function, specialty, and expected number of visits during the assigned reporting period were also collected. If there were five or fewer clinics, then all were included in the sample. If an outpatient department had more than five clinics, the clinics were assigned into one of six specialty groups: general medicine, surgery, pediatrics, obstetrics/gynecology, substance abuse, and other. Within these specialty groups, clinics were grouped into clinic sampling units (SUs). A clinic sampling unit was generally one clinic, except when a clinic expected fewer than 30 visits. In that case, it was grouped with one or more other clinics to form a clinic SU. If the grouped SU was selected, all clinics included in that SU were included in the sample. Prior to 2001, a sample of generally five clinic SUs was selected per hospital based on probability proportional to the total expected number of patient visits to the clinic during the assigned 4-week reporting period. Starting in 2001, stratified samples of SUs were selected from OPDs which had more than five SUs. Up to two SUs were selected from each of the specialty groups within each such OPD with a probability proportional to the total expected number of visits to the SU. The change was made to make it more likely that two SUs were sampled from each of an OPD's specialty groups having two or more SUs.

Emergency services provided under the "hospital as landlord" arrangement were also eligible for the study. An ED was in scope if it was staffed 24 hours a day. If an in-scope ED had an ESA that was open less than 24 hours a day, then it was included under the ED. If a hospital had an ED that was staffed less than 24 hours a day, then it was considered an outpatient clinic. The ED was treated as a separate stratum, and all ESAs were selected with certainty.

A sample of 544 ESAs were identified from the EDs. Of these, 454 responded fully or adequately by providing forms for at least half of their expected visits based on the total number or visits during the reporting period. In all, 29,453 PRFs were submitted. The resulting unweighted ESA sample response rate was 83.5 percent, and the overall unweighted two stage sampling response rate was 63.6 percent. Response rates have been adjusted to exclude minimal participants.

4. Visits

The basic sampling unit for the NHAMCS is the patient visit or encounter. Only visits made in the United States by patients to EDs of non-Federal, short-stay, or general hospitals were included in the 2012 NHAMCS ED component. Within ESAs, patient visits were systematically selected over a randomly assigned 4-week reporting period. A visit was defined as a direct, personal exchange between a patient and a physician, or a staff member acting under a physician's direction, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes, such as payment of a bill, and visits in which no medical care was provided, such as visits to deliver a specimen, were out of scope.

The target numbers of PRFs to be completed for EDs and OPDs in each hospital were 100 and 150-200, respectively. In clinics with volumes higher than these desired figures, visits were sampled by a systematic procedure which selected every nth visit after a random start. Visit sampling rates were determined from the expected number of patients to be seen during the reporting period and the desired number of completed PRFs. During the 2012 NHAMCS, electronic PRFs were completed for 29,453 ED visits.

C. DATA COLLECTION PROCEDURES

1. Field Training

The U.S. Bureau of the Census was the data collection agent for the 2012 NHAMCS. Census Headquarters staff were responsible for overseeing the data collection process, training the Census Regional Office staff, and writing the field manual. Regional Office staff were responsible for training the FRs and monitoring hospital data collection activities. FR training included approximately five hours of self-study and 1.5 days of classroom training. FRs inducted the hospitals and trained the hospital staff on visit sampling and completion of the PRFs.

2. Hospital Induction

Approximately three months prior to the hospital's assigned reporting period, NCHS sent a personally signed introductory letter from the Director of NCHS to the hospital administrator or chief executive officer of each sampled hospital. The names of the hospital officials were obtained from the American Hospital Association (AHA) Guide to Health Care. In addition to the introductory letter, NCHS also enclosed endorsement letters from the Emergency Nurses Association, the Society for Emergency Academic Medicine, the American College of Emergency Physicians, the American College of Osteopathic Emergency Physicians, and the U.S. Surgeon General to emphasize the importance of the study to the medical community.

Approximately one week after this mailing, the Census FR called the hospital administrator to set up an appointment to further explain the study and to verify hospital eligibility for the survey. Earlier studies indicated that the three-month lead time was necessary to obtain a meeting with the administrator, gain hospital and IRB approval, collect the required information about the hospital's ambulatory care services, develop the sampling plan, and train participating FRs (6, 7). At the appointment, the FR explained the survey to the hospital administrator and to any staff who were involved in abstracting the data. The decision was also made regarding who would perform the visit sampling and data abstraction.

3. Outpatient Clinic and Emergency Service Area Induction

After the initial visit and the development of the sampling plan, the FR contacted the hospital coordinator to arrange for induction of the sample ESAs and outpatient clinics and for training of any staff who were nvolved in abstracting the data on correct data collection procedures. At these visits, the FR described the purpose and use of the survey data, explained the data collection process, including the visit sampling procedures, and demonstrated how to use the automated Patient Record instrument.

4. Data Collection

In 2012, NHAMCS switched from its traditional paper and pencil mode of data collection to an automated survey tool. The adoption of computer-assisted data collection meant that most of the data collection and data processing systems developed over the years had to be redesigned. One of the first steps was the development of specifications, in conjunction with the Census Bureau, which detailed how each survey item would appear in the automated tool. This included wording, answer choices, variable length, skip patterns, and range checks. Numerous help screens were also created to provide field representatives with additional information to aid in data abstraction. Hard and soft edits were incorporated into the automated tool. Soft edits prompted field staff to double check a questionable entry but allowed them to proceed if the entry was thought to be correct, whereas hard edits resulted in strict range restrictions.

The automated survey tool was accessible either by Census laptop or by web portal. In past years, data collection for NHAMCS was expected to be carried out by hospital staff, but, over time, abstraction from medical charts by Census field representatives became the predominant mode. For 2012, Census FR

2012, 97.3 percent of ED records were completed by Census abstractors.

abstraction using laptop computers and the automated instrument became the preferred mode of data collection. For hospitals who preferred to do their own data collection, a web portal containing a modified version of the automated tool was available, or a Census laptop could be left behind for hospital staff use. In

D. FIELD QUALITY CONTROL

Hospital staff were instructed to keep a daily listing of all patient visits during the assigned 4-week reporting period using an arrival log, optional worksheet, or similar method. The list was the sampling frame to indicate the visits for which data were to be recorded. It was to include both scheduled and unscheduled patients, but not cancellations or no-shows. Visits were selected from the list either by Census FRs or medical staff using a random start and a predetermined sampling interval based on the hospital's estimated visits for the week and the number of days the hospital department was expected to see patients that week. In this way, a systematic random sample of visits was obtained. The sampling procedures were designed so that about 100 electronic Patient Records would be completed during the assigned reporting period. This was intended to minimize the data collection workload and maintain equal reporting levels among sample hospitals regardless of hospital size.

Data for sampled visits were recorded on laptops using the automated survey tool which emulated the traditional survey instrument, the paper-based ED Patient Record Forms (PRFs). The ED PRF was designed to reflect the type of care provided in the emergency department. You may view or download representations of the automated Patient Record Forms from these web addresses:

Link to Survey Instruments page: <u>http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm</u> Link to ED Patient Record Form: <u>http://www.cdc.gov/nchs/data/ahcd/2012_NHAMCS_173_ED_Sample_Card.pdf</u>

Terms and definitions relating to the Patient Record forms are included in Appendix I.

The 2012 NHAMCS did not include any separate data supplements, only the oversampling of hospitals in the 5 most populous states, as described earlier.

E. CONFIDENTIALITY

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information. No personally identifying information, such as patient's name or address or Social Security number, is collected in NHAMCS. Data collection is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242k). All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). The NHAMCS protocol has been approved by the NCHS Research Ethics Review Board annually since February 2003. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers have been granted.

In the Spring of 2003, NHAMCS implemented additional data collection procedures to help providers assure patient confidentiality. Census Bureau FRs were trained on how the Privacy Rule allows hospitals to make disclosures of protected health information without patient authorization for public health purposes and for research that has been approved by a Research Ethics Review Board. Hospitals were encouraged to accept a data use agreement between themselves and NCHS/CDC, since the Privacy Rule allows hospitals to disclose limited data sets (i.e., data sets with no direct patient identifiers) for research and public health purposes if such an agreement exists. Such practices have been continued annually.

Assurance of confidentiality is provided to all hospitals according to Section 308 (d) of the Public Health Service Act (42 USC 242m). Strict procedures are utilized to prevent disclosure of NHAMCS data. All information which could identify the hospital or its facilities is confidential and seen only by persons engaged in NHAMCS, and is not disclosed or released to others for any other purpose. Names and other identifying information for individual patients are never removed from the hospital.

Prior to release of the public use data files, NCHS conducts extensive disclosure risk analysis to minimize the chance of any inadvertent disclosure. For some hospitals, selected characteristics may have been masked on the public use file to minimize the potential for disclosure. Furthermore, outlier values for certain variables such as age were top coded in accordance with NCHS confidentiality requirements. Masking was performed in such a way to cause minimal impact on the data; data users who wish to use unmasked data can apply to the NCHS Research Data Center.

F. DATA PROCESSING

1. Edits

Once electronic data were collected by the Census Bureau, a number of steps were required for data processing. Specifications for checking, configuring, and transmitting the data files were developed by NCHS and applied by the Census Bureau. Data files were transmitted either to NCHS for further processing, or to SRA International, Durham, North Carolina. At NCHS, the data underwent multiple consistency checks and review of verbatim entries. SRA edited and coded verbatim entries which required medical coding (patient's reason for visit, physician's diagnosis, cause of injury (ED only), and procedures (OPD only). For the first time, medication editing and coding were performed entirely at NCHS by the NHAMCS Drug Database Coordinator.

2. Quality control

All SRA medical coding and keying operations were subject to quality control procedures. The contractor randomly selected a 10 percent sample of records which were independently recoded and compared. Differences were adjudicated by SRA with error rates reported to NCHS. Coding error rates between coders or with illegible entries for the reason for visit, diagnosis, and E-code (cause of injury) were reviewed and adjudicated at NCHS. Coding error rates ranged between 0.04 and 1.02 percent for the 10 percent ED sample and between 0.17 and 0.84 percent for the 10 percent OPD sample. (It should be noted that the method of calculating error rates changed in 2012; in previous years, the error rate was calculated against the entire database rather than the 10 percent sample.)

3. Adjustment for item nonresponse

Unweighted item nonresponse rates were 5.0 percent or less for all ED items with the following exceptions:

Ethnicity - 28.7 percent Race - 16.4 percent Expected primary source of payment for this visit - recoded variable based on hierarchy - 8.2 percent

Initial temperature - 6.3 percent Initial heart rate - 6.9 percent Initial respiratory rate - 5.1 percent Initial systolic blood pressure - 11.3 percent Initial diastolic blood pressure - 11.6 percent Initial pulse oximetry - 9.7 percent

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On oxygen on arrival - 16.4 percent Triage level – 19.4 percent Presenting level of pain - 25.4 percent Has patient been seen in this ED within the last 72 hours and discharged - 11.9 percent Episode of care - 14.0 percent Intentionality of injury - 29.7 percent of injury-related visits Principal cause of injury - 18.4 percent of injury-related visits Does patient have [list of conditions] - 5.7 percent Total number of chronic conditions - 5.7 percent Waiting time to be seen by MD/DO/PA/NP - 14.1 percent Length of time spent in the ED - 5.6 percent

For visits where patient was admitted to ED's hospital:

Type of unit admitted to - 13.7 percent Length of stay in hospital - 15.7 percent Principal hospital discharge diagnosis - 9.5 percent Hospital discharge status - 8.2 percent Disposition of live discharges - 9.6 percent Length of stay in observation unit - 54.5 percent

Plans to expand ED's physical space within the next two years - 12.9 percent In the last two years, has your ED increased the number of standard treatment spaces – 6.6 percent Number of days in a week inpatient elective surgeries scheduled - 5.1 percent Does your hospital have a bed coordinator, sometimes known as a bed czar - 7.7 percent How often are hospital bed census data available - 6.2 percent Do the hospitalists on staff at your hospital admit patients from your ED - 16.0 percent Did your hospital go on ambulance diversion in 2011 - 13.2 percent Total number of hours your hospital's ED was on ambulance diversion in 2011 - 34.2 percent Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses - 10.2 percent Does your hospital continue to admit elective or scheduled surgery cases when ED is on ambulance diversion - 8.0 percent Does your ED have a physically separate observation or clinical decision unit - 6.2 percent If your ED is critically overloaded, are admitted ED patients ever boarded in inpatient hallways or another space outside the ED - 5.3 percent

Does your ED use:

Kiosk self check-in - 5.5 percent Computer-assisted triage - 5.2 percent Immediate bedding - 8.8 percent Advanced triage - 15.9 percent Physician/practitioner at triage - 7.8 percent Separate fast track unit for nonurgent care - 6.1 percent Electronic dashboard - 6.3 percent Radio frequency identification tracking - 8.0 percent Wireless devices by providers - 6.9 percent Zone nursing - 8.9 percent Pool nursing - 7.6 percent

Electronic medical record items are not included here because those items have been omitted from the first release of the 2012 NHAMCS public use files.

Denominators used to compute item nonresponse rates were adjusted to account for skip patterns on the PRFs. For example, if a hospital reported it did not go on ambulance diversion in 2011, those hospitals were omitted when computing item non-response for the total number of hours the hospital's ED was on ambulance diversion.

For some items, missing values were imputed as described below. In addition to imputing missing data, masking was required for a few records in some facilities for items such as race, cause of injury, and physician's diagnosis in order to protect respondent confidentiality.

On the ED file, four items were imputed: patient's age (0.4 percent), sex (0.5 percent), race (16.4 percent), and ethnicity (28.7 percent). Note that in past years triage level was also imputed but this was not done for 2012. Age and sex were imputed using a hot deck based on 3-digit ICD-9-CM code for primary diagnosis, triage level, ED volume, and geographic region. Starting with 2010 data, the imputation of patient race and ethnicity was performed using a model-based single, sequential regression method. The decision to adopt this technique resulted from findings by an internal work group that studied imputation methods with NAMCS and NHAMCS data for nearly two years. The model used to impute race and ethnicity included the following variables: Census variables for ZIP code level race and ethnicity population estimates and an indicator for whether it was patient or hospital ZIP (used when patient ZIP was not available); patient age, sex, race, and ethnicity; triage level; log of ED wait time; primary expected source of payment derived from a hierarchical recode of the expected source of payment question; grouped 3-digit ICD-9-CM codes for primary diagnosis; who completed the Patient Record form; year of visit (2011 or 2012); type of ESA area; provider's MSA status; and ED weighting and volume variables.

4. Injury-Related Data

The 2012 survey collected data on injury-related visits differently than in previous years. In the ED survey instrument, the response categories for the item "Is this visit related to an injury, poisoning, or adverse effect of medical treatment?" were expanded from the previous yes/no categories to a new 5-category variable (yes, injury/trauma; yes, poisoning; yes, adverse effect of medical treatment; no; and unknown). On the other hand, there were no changes to the item, "Is this injury/poisoning intentional?" or to the item, "Cause of injury, poisoning, or adverse effect."

For 2012, injury data were edited using a program which reviewed reason for visit and diagnosis codes, and also for ED records, cause of injury codes, and assigned injury and intentionality status accordingly. In this way, records which did not specifically state an injury but for which injury codes for reason, diagnosis, and/or cause of injury were present were recoded appropriately, while records which stated an injury but for which no corroborating data could be found were assigned to a 'questionable' injury status, allowing data users to make their own determination as desired.

The new injury items are provided on the public use file. However, for trending and consistency-check purposes, we also provide recoded injury items using a format that is comparable with the injury variables used in 2010 and 2011. These variables are described in more detail in the Record Format section.

G. MEDICAL CODING

The Patient Record form contains several medical items requiring three separate coding systems. The three coding systems are described briefly below. Quality control for the NHAMCS medical and drug coding operations involved a 10-percent independent coding and verification procedure. A dependent verification procedure was used to review and adjudicate all records with coding discrepancies. Definitions of the medical items can be found in Appendix I.

1. Patient's Complaint(s), Symptoms(s) or Other Reason(s) for this Visit

Information collected in the Reason for Visit item was coded according to <u>A Reason for Visit Classification</u> for <u>Ambulatory Care</u> (RVC) (8). The updated classification is available (9), and the list of codes is shown in Appendix II. The classification was updated to incorporate several new codes as well as changes to existing codes. The system continues to utilize a modular structure. The digits 1 through 8 precede the 3-digit RVC codes to identify the various modules as follows:

Prefix Module

- "1" = Symptom module
- "2" = Disease module
- "3" = Diagnostic, screening, and preventive module
- "4" = Treatment module
- "5" = Injuries and adverse effects module
- "6" = Test results module
- "7" = Administrative module
- "8" = Uncodable entries
- "9" = Special code = blank

Up to three reasons for visit were coded from the PRFs in sequence; coding instructions for this item are contained in the Reason for Visit Classification and Coding Manual (9).

2. Cause of Injury/Poisoning/Adverse Effect

Up to three causes of injury, poisoning, or adverse effect were coded from responses to the "Cause of injury, poisoning, or adverse effect" section in the Injury/Diagnosis item on the ED PRFs. Causes were coded using the Supplementary Classification of External Causes of Injury and Poisoning (E-codes), <u>International</u> <u>Classification of Diseases</u>, 9th Revision, <u>Clinical Modification</u> (ICD-9-CM) (10). In the classification, E-codes range from E800-E999, and many, but not all, codes have an additional fourth digit to provide greater specificity. For the NHAMCS ED public use file, the 'E' has been dropped.

There is an implied decimal between the third and fourth digits; inapplicable fourth digits have a dash inserted.

Examples: 895- = E895 = Accident caused by controlled fire in private dwelling 9056 = E905.6 = Venomous marine animals and plants as the cause of poisoning and toxic reactions

In addition to these character codes, we have also provided numeric recodes for the cause of injury fields at the end of the record format. Please see page 42 in the ED Record Format section for more information on using the numeric recodes.

3. Provider's Diagnosis

Diagnostic information in the Injury/Diagnosis item of the ED PRFs was coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (10).

For 2012, the ICD-9-CM codes are provided in two formats, the true ICD-9-CM code in character format, and a numeric recode found at the end of the record format. Please see page 44 in the ED Record Format section for information on the background, purpose, and appearance of the numeric recodes. The rest of this paragraph describes the format of the true ICD-9-CM codes.

The true ICD-9-CM codes are not prefixed or zerofilled on the public use file. For example, 38100 = 381.00 = Acute nonsuppurative otitis media, unspecified.

There is an implied decimal between the third and fourth digits. For inapplicable fourth or fifth digits, a dash has been inserted. For example, 4011 - = 401.1 = Essential hypertension, benign.

True supplementary classification codes are not prefixed or zerofilled. For example, V700 = V70.0 = Routine general medical examination at a health care facility.

In addition to the diagnostic codes from the ICD-9-CM the following unique codes in the diagnostic fields were developed by NHAMCS staff:

V990- = noncodable diagnosis, insufficient information for coding, illegible diagnosis V991- = left before being seen, patient walked out, not seen by doctor, left against medical advice

V992- = transferred to another facility, sent to see specialist

V993- = HMO will not authorize treatment

V997- = entry of "none," "no diagnosis," "no disease," "healthy" V998- = entry of "not applicable", "N/A", "not available" or "blank"

-9 = field is blank (in contrast to an actual entry of "blank")

A maximum of three diagnoses were coded in sequence. Coding instructions concerning diagnoses are contained in the NHAMCS Coding Requirements Manual (11).

4. Medications & Immunizations

The NHAMCS drug data collected in the Medications & Immunizations items of the ED and OPD automated Patient Records have been classified and coded using the entry name (the entry made on the PRF) according to a unique classification scheme developed at NCHS (12). The medical classification system of drugs by entry name uses a five-digit coding scheme which is updated regularly to include new products. It includes the following special codes:

-9 = blank 99980 = unknown entry, other 99999 = illegible entry

Up to 12 medications could be recorded for each visit on the ED automated Patient Record. A list of drug codes by entry name is included in Appendix III.

In addition to drugs coded by entry name, this file contains the following drug information:

a. Generic drug code: Drugs are coded in terms of their generic components and therapeutic classifications using Lexicon Plus®, a proprietary database of Cerner Multum, Inc., also used by the National Health and Nutrition Examination Survey, NCHS. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. In accordance with the license agreement, NCHS publications, tabulations, and software applications should cite the Multum Lexicon as the source and basis for the coding and classification of NHAMCS drug data. For additional information on the Multum Lexicon Drug Database, please refer to the following Web site: http://www.multum.com/lexicon.html

All drug codes based on entry name (using NCHS' classification system as cited above) were also assigned a unique generic drug code from Multum's Lexicon Drug Database where possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient. The generic drug code (DRUGID1-DRUGID10 for OPD and DRUGID1-DRUGID12 for ED) is 6 digits, beginning with the letters "a", "c", "d" or "n". All Multum codes begin with the letter "d", but there were some drug names reported by NHAMCS participants that were not found in the Lexicon Drug Database. These were assigned unique drug codes beginning with an "a" where a drug's ingredients could be determined, or a "c" (for 2006 and 2007 data only) or an "n" (2008 data forward) where a drug's ingredients could not be determined.

For a description of the method used to code drug data prior to 2006, please see page 20 of the 2009 NHAMCS Public Use File Documentation: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf

b. Prescription status code: A code designed to identify the legal status (prescription or nonprescription) of the drug entry.

c. Controlled substance status code: A code used to denote the degree of potential abuse and federal control of a drug entry.

d. Composition status code: A code used to distinguish between single-ingredient and combination drugs.

e. Therapeutic category code: Multum's therapeutic classification system was first used in the 2006 NHAMCS public use files. Prior to that time, a 4-digit code was used to identify up to three therapeutic classes to which the drug entry might belong. (Prior to 2002 only a single therapeutic class was listed, but additional classes can be added for those years using tools available at the NHAMCS website.) These were based on the standard drug classifications used in the National Drug Code Directory, 1995 edition (13).

The Multum Lexicon provides a 3-level nested category system that assigns a therapeutic classification to each drug and each ingredient of the drug (e.g., for naproxen: the broadest category is central nervous system agents [level 1]; the more detailed category is analgesics [level 2]; and the most detailed category is nonsteroidal anti-inflammatory agents [level 3]). Not all drugs have three classification levels; some may only have two [e.g. for digoxin: cardiovascular agents [level 1]; inotropic agents [level 2]), others only have one. See Appendix III for the complete Multum category scheme.

Each drug may have up to four therapeutic categories on the public use file. The variables RX1CAT1 through RX8CAT4 reflect the unique Multum drug categories for a particular drug; these are character values with codes from '001' through '341'. This variable will always show the most detailed therapeutic level available of a particular drug. For example, psychotherapeutic agents in Multum are further classified into a second more detailed level as antidepressants or antipsychotics.

Antidepressants are further classified into seven subcategories (miscellaneous antidepressants, SSRI antidepressants, tricyclic antidepressants, monoamine oxidase inhibitors, phenylpiperazine antidepressants, tetracyclic antidepressants, and SSNRI antidepressants); antipsychotics are further classified into five subcategories. For a drug categorized as a tricyclic antidepressant, it would have a drug category code of '209', reflecting the Level 3 code.

Other drugs may have only two levels available, such as immunologic agents. There are seven level 2 categories of immunologic agents, and no further breakdowns into a third level in the Multum system. Therefore, RX1CAT1 would reflect only a second level code in that case. So, using RX1CAT1-RX12CAT4 will allow you to identify the most specific level of a drug, but will not, by itself, identify whether that code reflects the first, second, or third level.

In order to understand each level in terms of the Multum hierarchy, we have also placed on the file additional variables that show the full first, second, and third levels, if applicable, for each drug category for each drug. For example, in the case of the tricyclic antidepressant mentioned earlier, RX1CAT1='307'. But there are three additional variables corresponding to that drug's first therapeutic category. RX1V1C1 (meaning Drug

1, Level 1 of Therapeutic Category 1) would be '242' (psychotherapeutic agents), RX1V2C1 (Drug 1, Level 2 of Therapeutic Category 1) would be '249' (antidepressants), and RX1V3C1 (Drug 1, Level 3 of Therapeutic Category 1) would be '307' (tricyclic antidepressants). If there were no second or third level for a particular category, the entry would be blank (' '). This is repeated for each of the drug's maximum of four therapeutic categories. The three levels can easily be concatenated by data users if they wish to obtain a complete code showing the full level structure applicable to each drug's therapeutic categories. An advantage of having separate levels is that it allows data users to aggregate drugs at any level desired. SAS code is provided at the website for micro-data users who wish to group therapeutic categories in various ways.

All drugs were coded using Multum drug categories, even those drugs that were not found in Multum's drug database. "Unspecified" drugs were assigned to their respective therapeutic category (e.g., hormones – unspecified: category id=97, category name=hormones). Drugs that could not be assigned to any drug entry name (MED1-12 = 99980, 99999) were not assigned a therapeutic drug category. In some cases, NCHS was able to categorize a drug's therapeutic class at the first or second Multum level, but not at the more detailed level. When this occurred, the undetermined levels are designated as '999' in the data.

Multum uses a "combination" category for some multiple ingredient drugs. These include antihypertensive combinations, antiasthmatic combinations, upper respiratory combinations, psychotherapeutic combinations, bronchodilator combinations, sex hormone combinations, skeletal muscle relaxant combinations, and narcotic analgesic combinations. This categorization may be sufficient for certain analyses but not for others because it lacks information about the therapeutic effect of the individual ingredients that make up the combination. For example, the drug HYDROCHLOROTHIAZIDE; LOSARTAN is identified as an antihypertensive combination category we do not know that the drug's single ingredients have the therapeutic effects of a diuretic and angiotensin II inhibitor, which is relevant for some analyses.

As a result, NCHS decided that, in addition to assigning therapeutic categories to each drug, a separate file would be provided listing the ingredients for each drug along with the therapeutic classes for each ingredient. In the case of single ingredient drugs, the ingredient therapeutic categories would be the same as the drug therapeutic categories. This separate downloadable file (DRUG_INGREDIENTS_2012) can be matched to the main file using the DRUGID code. For each DRUGID on the main file, the supplemental file contains up to 5 ingredients and up to 3 therapeutic category codes for each ingredient. In past years, codes used to identify the active generic ingredients of combination drugs were included on the public use file.

IMPORTANT: For the 2012 data, we have continued to update and revise the drug characteristics in our ambulatory care drug database, which underwent substantial revision beginning in 2002. For that year, we reviewed the ingredient lists for many drugs and removed non-active ingredients. Duplicate codes caused by misspellings or other variant entries were eliminated, and incorrect codes (for example, for non-medications) were removed. From 2002-2005, each drug entry had up to three therapeutic classes associated with it, compared with a single therapeutic class in prior years. These factors made trend analysis more problematic, and the solution was to provide researchers with our Drug Characteristics file. which was updated annually, at our Ambulatory Health Care Data website. The characteristics from this file could be applied by matching on drug codes to previous years of data in order to get the most accurate results when doing analysis of drug trends. A SAS program for applying drug characteristics from the current drug database to previous years of public use data was also available for downloading. However, with the adoption of the Multum Lexicon for coding drugs according to generic ingredients and therapeutic categories, a new solution for trend analysis was necessary. Therefore, beginning with the 2006 data release, we also provided a separate downloadable mapping file (MEDCODE_DRUGID_MAP_2006), which allowed data users to match all of the drug codes used in previous years (for example, MED1-MED8 in 2005) with the corresponding Multum DRUGID code for generic composition of the drug and its corresponding therapeutic categories. Once that was accomplished, users could also match to the drug ingredient file as described above.

For each subsequent year of data, including 2012, the mapping file has been updated and can be downloaded (for example, MEDCODE_DRUGID_MAP_2012) at

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/drugs/. Researchers should keep in mind, however, that in cases where drug characteristics have legitimately changed over the years (e.g., moving from prescription to non-prescription status), using the current updated version of the drug characteristics will overwrite all of the previous characteristics with current ones.

Data users should also keep in mind that the Multum classification system can itself change over time, with new categories being added and some therapeutic categories being removed from an existing category and placed in a new one. In coding 2009 data, for example, therapeutic class was modified to reflect changes to the Multum Lexicon system regarding the therapeutic class of Genitourinary Tract Agents. This was previously a second-level category within the first-level category of Miscellaneous Agents. It was changed to a first-level category of Genitourinary Tract Agents. All of the previous third-level classes within the original scheme were changed to second-level categories in the new scheme.

For users who are interested in analyzing drug data, one method involves the isolation of those records with drugs, or drug mentions, and the creation of a separate data file of drug mentions. Each Patient Record for 2012 can have up to twelve (ED) drug mentions recorded, so whatever file is created would need to include all of them. This method can be used for obtaining estimates of drug mentions, but is not recommended for variance estimation. Rather, the structure of the visit file should be kept intact when estimating variance. In order to do this, estimates of drug mentions can be obtained by creating a new weight variable (called DRUGWT in this example). This variable is created by multiplying PATWT (the patient visit weight) by NUMMED (the number of medications recorded at the sampled visit) or DRUGWT=PATWT*NUMMED. DRUGWT can then be used in place of PATWT to weight one's data; it produces the estimated number of drug mentions rather than visits. (See Record Format for more on PATWT and NUMMED.)

This documentation contains some marginal data for drug mentions. Should the data user need additional assistance in analyzing data on drug mentions, the staff of the Ambulatory and Hospital Care Statistics Branch is available by calling (301) 458-4600. Our website can be accessed at: http://www.cdc.gov/nchs/ahcd.htm

H. ESTIMATION PROCEDURES

Statistics from NHAMCS were derived by a multistage estimation procedure that produces essentially unbiased estimates. The estimation procedure has three basic components: 1) inflation by reciprocals of the sampling selection probabilities; 2) adjustment for nonresponse; and 3) a population weighting ratio adjustment.

1. Inflation by reciprocals of selection probabilities

There is one probability for each sampling stage: a) the probability of selecting the PSU; b) the probability of selecting the hospital; c) the probability of selecting the OPD clinic from within the hospital; and d) the probability of selecting the visit within the ESA or clinic. The last probability is calculated to be the sample size from the ESA or clinic divided by the total number of visits occurring in that unit during that unit's data collection period. The overall probability of selection is the product of the probabilities at each stage. The inverse of the overall selection probability is the basic inflation weight. Beginning in 1997, the overall selection probabilities of some OPDs were permanently trimmed to prevent individual OPDs from contributing too much of their region's total for OPD visit estimates.

2. Adjustment for nonresponse

NHAMCS data were adjusted to account for two types of nonresponse. The first type of nonresponse occurs when a sample hospital refuses to provide information about its ESA(s) and/or OPD clinic(s) which are

publicly known to exist. In this case, the weights of visits to hospitals similar to the nonrespondent hospitals were inflated to account for visits represented by the nonrespondent hospitals where hospitals were judged to be similar if they were in the same region, had the same department size, and had the same metropolitan statistical area (MSA) status (that is, whether they were located in an MSA or not in an MSA). This adjustment was made separately by department type. In addition to being in the same region, similarity for ED hospitals also required hospitals to be in the same stratum where strata were the individual targeted state(s) and the non-targeted rest of the region.

The second type of nonresponse occurs when an ESA or a sample OPD clinic within a respondent hospital fails to provide completed PRFs for a sample of its patient visits. In this case, the weights for visits to ESAs/OPD clinics similar to nonrespondent ESAs/OPD clinics were inflated to account for visits represented by nonrespondent ESAs/OPD clinics where ESAs/OPD clinics were judged to be similar if they were in the same region, MSA status group, and ESA/OPD clinic group. For this purpose, there were six OPD clinic groups: general medicine, pediatrics, surgery, OB/GYN, alcohol and/or substance abuse, and "other." Also, ESAs within the same region were judged to be similar if they were in the same stratum (targeted state or non-targeted region remainder).

Beginning in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospital OPDs and EDs were shifted to responding outpatient and emergency departments in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. However, adjustment for non-response within season was not feasible for the 2012 ED visit estimates due to uneven ED response across seasons.

3. Ratio adjustments

Adjustments were made within hospital strata defined by region. Within each region, adjustment for ED statistics were also made within strata defined by the targeted states and the non-targeted part of the region. Within the Northeast, the Midwest and the South, the adjustment strata were further defined by MSA status. These adjustments were made separately for emergency and outpatient departments. For EDs, the adjustment was a multiplicative factor that had as its numerator the sum of annual visit volumes reported for EDs in sampling frame hospitals in the stratum and as its denominator the estimated number of those visits for that stratum.

Beginning in 1997, the adjustment for OPD estimates was replaced by a ratio which had as its numerator the weighted OPD visit volumes of hospitals in the full NHAMCS sample (16 hospital panels) and as its denominator the weighted OPD visit volumes of hospitals in the 13 hospital panels included in that year's sample. (The full NHAMCS hospital sample is partitioned into 16 panels which are rotated into the sample over 16 periods of four weeks each so that only 13 panels are used in each year.) This adjustment used visit volumes that were based on the most recent survey data collected from hospitals that had participated in NHAMCS at least once. For hospitals which had never participated, visit volumes were obtained by phone, from frame data, or by using the average of visit volumes for refusal hospitals which had converted to respondent status.

I. PATIENT VISIT WEIGHT

The "patient visit weight" is a vital component in the process of producing national estimates from sample data and its use should be clearly understood by all data file users. The statistics contained on the data file reflect only a sample of patient visits-- not a complete count of all such visits that occurred in the United States. Each record on the ED file represents one visit in the sample of 29,453 visits. In order to obtain national estimates from the sample, each record is assigned an inflation factor called the "patient visit weight."

By aggregating the "patient visit weights" on the 29,453 sample records for 2012, the user should obtain the total of 130,869,572 estimated visits made by all patients to EDs in the United States.

IMPORTANT: Estimates produced from the 2012 ED public use file may differ somewhat from estimates produced from NCHS in-house files. This is because of adjustments required for the public use data as part of the disclosure avoidance process. Certain variables, including patient race, cause of injury, and physician's diagnosis, were masked on some records for confidentiality purposes.

The marginal tables in Section III contain data on numbers of records for selected variables as well as the corresponding national estimated number of visits and drug mentions obtained by aggregating the "patient visit weights" on those records. Note that there are no estimates for OPD settings because the OPD data file is not part of this product and should be released at a later time.

J. HOSPITAL CODE and PATIENT CODE

The purpose of these codes is to allow for greater analytical depth by permitting the user to link individual PRFs on the public use file with individual hospitals. This linkage will enable users to conduct more comprehensive analysis without violating the confidentiality of patients or hospitals. Hospital codes are randomly assigned each year and may be different on the OPD and ED files.

To uniquely identify a record, both the hospital code and the patient code must be used. Patient codes are merely a sequential numbering of the visits recorded by the hospital and alone will not uniquely identify visit records. In order to do so, both the unique 3-digit hospital code and the 3-digit patient code must be used.

K. USE OF THE ED WEIGHT

An emergency department weight (EDWT) was first added to the 2005 ED public use file. These weights enable data users to calculate department-level estimates. There is generally one weight for each emergency department which appears on the first visit record only for that department.

IMPORTANT: The initial (April 2016) release of the NHAMCS ED Public Use Data File does not include the EDWT variable. This will be added to a subsequent release.

When running an analysis of facility-level characteristics using EDWT, it is recommended to select only those records where EDWT is greater than 0. This will result in correct sample counts of variables, which is useful for assessing reliability. Weighted estimates will be correct either way, because of the one weight per department format.

Estimates at the ED level generated using EDWT reflect only facilities which participated in the survey. Therefore, estimates made with EDWT could be biased if nonresponding facilities had different characteristics than those which responded.

In addition to producing estimates of department-level characteristics, it is possible to compute means of visit characteristics at the department level, for example, caseload percentages across emergency departments for expected source of payment. This type of analysis is somewhat complicated and is described with sample SAS code at the Ambulatory Health Care Data website (www.cdc.gov/nchs/nhamcs.htm). For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600.

L. POPULATION FIGURES

The base population used in computing annual visit rates is presented in tables I-III. The estimates of age, sex, race, ethnicity, and geographic region for the civilian noninstitutionalized population of the U.S. are from

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 Table I. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory

 Medical Care Survey, by selected characteristics: July 1, 2012

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	308,698,958	3,941,277	16,052,496	41,105,147	42,970,009	41,041,784
Male	150,740,506	2,015,858	8,197,499	21,000,208	21,679,413	20,227,895
Female	157,958,452	1,925,419	7,854,997	20,104,939	21,290,596	20,813,889
White Only	240,911,121	2,839,356	11,581,385	30,306,276	31,994,375	31,216,506
Male	118,692,557	1,453,154	5,926,337	15,527,607	16,255,366	15,672,116
Female	122,218,564	1,386,202	5,655,048	14,778,669	15,739,009	15,544,390
Black Only	39,793,768	601,496	2,442,464	6,152,811	6,614,252	5,474,368
Male	18,528,073	306,667	1,238,782	3,123,019	3,231,864	2,472,034
Female	21,265,695	294,829	1,203,682	3,029,792	3,382,388	3,002,334
Asian Only	16,065,883	187,949	790,969	1,981,471	2,193,254	2,699,186
Male	7,629,086	96,226	402,716	997,213	1,107,104	1,275,906
Female	8,436,797	91,723	388,253	984,258	1,086,150	1,423,280
NHOPI* Only	693,268	11,817	48,095	113,192	120,538	122,950
Male	348,501	6,079	24,477	57,947	61,490	63,094
Female	344,767	5,738	23,618	55,245	59,048	59,856
AIAN* Only	3,788,042	63,865	260,842	647,898	647,025	573,135
Male	1,892,497	32,529	132,360	329,238	330,441	292,494
Female	1,895,545	31,336	128,482	318,660	316,584	280,641
Multiple Races	7,446,876	236,794	928,741	1,903,499	1,400,565	955,639
Male	3,649,792	121,203	472,827	965,184	693,148	452,251
Female	3,797,084	115,591	455,914	938,315	707,417	503,388

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

Geographic Region totals	
Northeast	55,004,549
Midwest	66,321,704
South	114,909,312
West	72,463,393

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. The estimates of age, sex, race and region are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

Race and sex	35-44	45-54	55-64	65-74	75 and over
All races	39,672,207	43,739,217	38,327,606	23,758,650	18,090,565
Male	19,430,978	21,353,916	18,414,476	11,088,254	7,332,009
Female	20,241,229	22,385,301	19,913,130	12,670,396	10,758,556
White Only	30,578,726	34,931,407	31,496,221	20,184,048	15,782,821
Male	15,254,579	17,284,750	15,321,360	9,526,747	6,470,541
Female	15,324,147	17,646,657	16,174,861	10,657,301	9,312,280
Black Only	5,122,419	5,458,648	4,287,927	2,202,357	1,437,026
Male	2,295,244	2,488,322	1,926,336	937,506	508,299
Female	2,827,175	2,970,326	2,361,591	1,264,851	928,727
Asian Only	2,664,151	2,199,785	1,736,676	970,873	641,569
Male	1,245,679	1,025,639	781,149	437,177	260,277
Female	1,418,472	1,174,146	955,527	533,696	381,292
NHOPI* Only	96,404	83,136	55,764	27,247	14,125
Male	48,256	41,034	27,100	13,040	5,984
Female	48,148	42,102	28,664	14,207	8,141
AIAN* Only	505,729	483,112	344,516	170,127	91,793
Male	254,651	237,145	165,880	80,228	37,531
Female	251,078	245,967	178,636	89,899	54,262
Multiple Races	704,778	583,129	406,502	203,998	123,231
Male	332,569	277,026	192,651	93,556	49,377
Female	372,209	306,103	213,851	110,442	73,854

 Table I. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory

 Medical Care Survey, by selected characteristics: July 1, 2012 - con.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. The estimates of age, sex, race and region are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

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Table II. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2012

HISPANIC						
Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	52,372,708	1,023,979	4,129,773	9,712,317	9,003,936	8,456,096
Male	26,372,044	522,658	2,104,937	4,955,014	4,643,125	4,385,099
Female	26,000,664	501,321	2,024,836	4,757,303	4,360,811	4,070,997
White Only	46,217,454	872,779	3,527,353	8,425,568	7,874,846	7,445,187
Male	23,311,385	445,517	1,798,663	4,300,558	4,070,548	3,878,601
Female	22,906,069	427,262	1,728,690	4,125,010	3,804,298	3,566,586
Black Only	2,431,638	56,846	226,625	489,079	448,299	400,695
Male	1,173,082	28,882	114,920	248,820	224,272	189,290
Female	1,258,556	27,964	111,705	240,259	224,027	211,405
Asian Only	519,061	11,898	47,326	102,137	93,759	86,019
Male	256,871	6,123	24,309	52,380	46,618	43,007
Female	262,190	5,775	23,017	49,757	47,141	43,012
NHOPI* Only	184,433	4,042	16,343	35,093	34,214	35,355
Male	95,021	2,076	8,273	17,847	17,864	19,356
Female	89,412	1,966	8,070	17,246	16,350	15,999
AIAN* Only	1,533,364	30,121	123,157	291,521	276,039	266,380
Male	798,032	15,382	62,741	148,259	144,888	144,782
Female	735,332	14,739	60,416	143,262	131,151	121,598
MultipleRaces	1,486,758	48,293	188,969	368,919	276,779	222,460
Male	737,653	24,678	96,031	187,150	138,935	110,063
Female	749,105	23,615	92,938	181,769	137,844	112,397

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

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Race and sex35-4445-5455-6465-7475 and overAll races7,519,5145,825,0553,611,3361,854,3161,236,386Male3,801,2792,909,4011,727,066831,200492,265Female3,718,2352,915,6541,884,2701,023,116744,121White Only6,726,4485,234,1193,265,6721,699,0171,146,465Male3,412,2912,622,5181,562,968762,028457,693Female3,314,1572,611,6011,702,704936,989688,772Black Only310,503239,903146,91270,07042,706Male142,301110,96967,55130,19815,879Female168,202128,93479,36139,87226,827Asian Only72,22052,42631,03014,0398,207Male36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,947 </th <th>HISPANIC</th> <th></th> <th></th> <th></th> <th></th> <th></th>	HISPANIC					
Male 3,801,279 2,909,401 1,727,066 831,200 492,265 Female 3,718,235 2,915,654 1,884,270 1,023,116 744,121 White Only 6,726,448 5,234,119 3,265,672 1,699,017 1,146,465 Male 3,412,291 2,622,518 1,562,968 762,028 457,693 Female 3,314,157 2,611,601 1,702,704 936,989 688,772 Black Only 310,503 239,903 146,912 70,070 42,706 Male 142,301 110,969 67,551 30,198 15,879 Female 168,202 128,934 79,361 39,872 26,827 Asian Only 72,220 52,426 31,030 14,039 8,207 Male 35,459 25,337 14,351 6,207 3,080 Female 36,761 27,089 16,679 7,832 5,127 NHOPI* Only 25,816 18,016 9,400 4,000 2,154 <t< td=""><td>Race and sex</td><td>35-44</td><td>45-54</td><td>55-64</td><td>65-74</td><td>75 and over</td></t<>	Race and sex	35-44	45-54	55-64	65-74	75 and over
Female3,718,2352,915,6541,884,2701,023,116744,121White Only6,726,4485,234,1193,265,6721,699,0171,146,465Male3,412,2912,622,5181,562,968762,028457,693Female3,314,1572,611,6011,702,704936,989688,772Black Only310,503239,903146,91270,07042,706Male142,301110,96967,55130,19815,879Female168,202128,93479,36139,87226,827Asian Only72,22052,42631,03014,0398,207Male35,45925,33714,3516,2073,080Female36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	All races		, ,	, ,	, ,	, ,
White Only 6,726,448 5,234,119 3,265,672 1,699,017 1,146,465 Male 3,412,291 2,622,518 1,562,968 762,028 457,693 Female 3,314,157 2,611,601 1,702,704 936,989 688,772 Black Only 310,503 239,903 146,912 70,070 42,706 Male 142,301 110,969 67,551 30,198 15,879 Female 168,202 128,934 79,361 39,872 26,827 Asian Only 72,220 52,426 31,030 14,039 8,207 Male 35,459 25,337 14,351 6,207 3,080 Female 36,761 27,089 16,679 7,832 5,127 NHOPI* Only 25,816 18,016 9,400 4,000 2,154 Male 13,299 9,048 4,554 1,811 893 Female 12,517 8,968 4,846 2,189 1,261 AIAN* Only 224,	Male	3,801,279	2,909,401	1,727,066	831,200	492,265
Male 3,412,291 2,622,518 1,562,968 762,028 457,693 Female 3,314,157 2,611,601 1,702,704 936,989 688,772 Black Only 310,503 239,903 146,912 70,070 42,706 Male 142,301 110,969 67,551 30,198 15,879 Female 168,202 128,934 79,361 39,872 26,827 Asian Only 72,220 52,426 31,030 14,039 8,207 Male 35,459 25,337 14,351 6,207 3,080 Female 36,761 27,089 16,679 7,832 5,127 NHOPI* Only 25,816 18,016 9,400 4,000 2,154 Male 13,299 9,048 4,554 1,811 893 Female 12,517 8,968 4,846 2,189 1,261 AIAN* Only 224,748 167,568 93,885 38,897 21,048 Male 119,673 <t< td=""><td>Female</td><td>3,718,235</td><td>2,915,654</td><td>1,884,270</td><td>1,023,116</td><td>744,121</td></t<>	Female	3,718,235	2,915,654	1,884,270	1,023,116	744,121
Female3,314,1572,611,6011,702,704936,989688,772Black Only310,503239,903146,91270,07042,706Male142,301110,96967,55130,19815,879Female168,202128,93479,36139,87226,827Asian Only72,22052,42631,03014,0398,207Male35,45925,33714,3516,2073,080Female36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	White Only	6,726,448	5,234,119	3,265,672	1,699,017	1,146,465
Black Only 310,503 239,903 146,912 70,070 42,706 Male 142,301 110,969 67,551 30,198 15,879 Female 168,202 128,934 79,361 39,872 26,827 Asian Only 72,220 52,426 31,030 14,039 8,207 Male 35,459 25,337 14,351 6,207 3,080 Female 36,761 27,089 16,679 7,832 5,127 NHOPI* Only 25,816 18,016 9,400 4,000 2,154 Male 13,299 9,048 4,554 1,811 893 Female 12,517 8,968 4,846 2,189 1,261 AIAN* Only 224,748 167,568 93,885 38,897 21,048 Male 119,673 87,353 47,695 18,613 8,646 Female 105,075 80,215 46,190 20,284 12,402 MultipleRaces 159,779 113,023 <td>Male</td> <td>3,412,291</td> <td>2,622,518</td> <td>1,562,968</td> <td>762,028</td> <td>457,693</td>	Male	3,412,291	2,622,518	1,562,968	762,028	457,693
Male 142,301 110,969 67,551 30,198 15,879 Female 168,202 128,934 79,361 39,872 26,827 Asian Only 72,220 52,426 31,030 14,039 8,207 Male 35,459 25,337 14,351 6,207 3,080 Female 36,761 27,089 16,679 7,832 5,127 NHOPI* Only 25,816 18,016 9,400 4,000 2,154 Male 13,299 9,048 4,554 1,811 893 Female 12,517 8,968 4,846 2,189 1,261 AIAN* Only 224,748 167,568 93,885 38,897 21,048 Male 119,673 87,353 47,695 18,613 8,646 Female 105,075 80,215 46,190 20,284 12,402 MultipleRaces 159,779 113,023 64,437 28,293 15,806 Male 78,256 54,176	Female	3,314,157	2,611,601	1,702,704	936,989	688,772
Female168,202128,93479,36139,87226,827Asian Only72,22052,42631,03014,0398,207Male35,45925,33714,3516,2073,080Female36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Black Only	310,503	239,903	146,912	70,070	42,706
Asian Only Male72,220 35,45952,426 25,33731,030 14,35114,039 6,207 6,2078,207 3,080 5,127NHOPI* Only Male25,816 13,29918,016 9,0489,400 4,5544,000 1,8112,154 893 893 1,261NHOPI* Only Male25,816 13,29918,016 9,0489,400 4,5544,000 1,8112,154 893 893 1,261AIAN* Only Male224,748 119,673167,568 87,35393,885 47,69538,897 18,61321,048 8,646 12,402MultipleRaces Male159,779 78,256113,023 54,17664,437 29,94728,293 12,34315,806 6,074	Male	142,301	110,969	67,551	30,198	15,879
Male35,45925,33714,3516,2073,080Female36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Female	168,202	128,934	79,361	39,872	26,827
Female36,76127,08916,6797,8325,127NHOPI* Only25,81618,0169,4004,0002,154Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Asian Only	72,220	52,426	31,030	14,039	8,207
NHOPI* Only Male25,816 13,29918,016 9,0489,400 4,5544,000 1,8112,154 893Female12,5178,9684,8462,1891,261AIAN* Only Male224,748 119,673167,568 87,35393,885 47,69538,897 18,61321,048 8,646 12,402MultipleRaces Male159,779 78,256113,023 54,17664,437 29,94728,293 12,34315,806 6,074	Male	35,459	25,337	14,351	6,207	3,080
Male13,2999,0484,5541,811893Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Female	36,761	27,089	16,679	7,832	5,127
Female12,5178,9684,8462,1891,261AIAN* Only224,748167,56893,88538,89721,048Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	NHOPI* Only	25,816	18,016	9,400	4,000	2,154
AIAN* Only 224,748 167,568 93,885 38,897 21,048 Male 119,673 87,353 47,695 18,613 8,646 Female 105,075 80,215 46,190 20,284 12,402 MultipleRaces 159,779 113,023 64,437 28,293 15,806 Male 78,256 54,176 29,947 12,343 6,074	Male	13,299	9,048	4,554	1,811	893
Male119,67387,35347,69518,6138,646Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Female	12,517	8,968	4,846	2,189	1,261
Female105,07580,21546,19020,28412,402MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	AIAN* Only	224,748	167,568	93,885	38,897	21,048
MultipleRaces159,779113,02364,43728,29315,806Male78,25654,17629,94712,3436,074	Male	119,673	87,353	47,695	18,613	8,646
Male 78,256 54,176 29,947 12,343 6,074	Female	105,075	80,215	46,190	20,284	12,402
Male 78,256 54,176 29,947 12,343 6,074	MultipleRaces	159,779	113,023	64,437	28,293	15,806
		,	,			,
remale 01,525 50,047 54,490 15,950 9,732	Female	81,523	58,847	34,490	15,950	9,732

Table II. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2012 - con.

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

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Table II. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2012 – con.

NON-HISPANIC

Race and sex	All ages	Under 1	1-4	5-14	15-24	25-34
All races	256,326,250	2,917,298	11,922,723	31,392,830	33,966,073	32,585,688
Male	124,368,462	1,493,200	6,092,562	16,045,194	17,036,288	15,842,796
Female	131,957,788	1,424,098	5,830,161	15,347,636	16,929,785	16,742,892
White Only	194,693,667	1,966,577	8,054,032	21,880,708	24,119,529	23,771,319
Male	95,381,172	1,007,637	4,127,674	11,227,049	12,184,818	11,793,515
Female	99,312,495	958,940	3,926,358	10,653,659	11,934,711	11,977,804
Black Only	37,362,130	544,650	2,215,839	5,663,732	6,165,953	5,073,673
Male	17,354,991	277,785	1,123,862	2,874,199	3,007,592	2,282,744
Female	20,007,139	266,865	1,091,977	2,789,533	3,158,361	2,790,929
Asian Only	15,546,822	176,051	743,643	1,879,334	2,099,495	2,613,167
Male	7,372,215	90,103	378,407	944,833	1,060,486	1,232,899
Female	8,174,607	85,948	365,236	934,501	1,039,009	1,380,268
NHOPI* Only	508,835	7,775	31,752	78,099	86,324	87,595
Male	253,480	4,003	16,204	40,100	43,626	43,738
Female	255,355	3,772	15,548	37,999	42,698	43,857
AIAN* Only	2,254,678	33,744	137,685	356,377	370,986	306,755
Male	1,094,465	17,147	69,619	180,979	185,553	147,712
Female	1,160,213	16,597	68,066	175,398	185,433	159,043
Multiple Races	5,960,118	188,501	739,772	1,534,580	1,123,786	733,179
Male	2,912,139	96,525	376,796	778,034	554,213	342,188
Female	3,047,979	91,976	362,976	756,546	569,573	390,991

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at www.census.gov.

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Table II. U.S. population estimates used in computing annual visit rates for the National Hospital Ambulatory
Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2012 - con.

NON-HISPAN	liC				
Race and sex	35-44	45-54	55-64	65-74	75 and over
All races	32,152,693	37,914,162	34,716,270	21,904,334	16,854,179
Male	15,629,699	18,444,515	16,687,410	10,257,054	6,839,744
Female	16,522,994	19,469,647	18,028,860	11,647,280	10,014,435
White Only	23,852,278	29,697,288	28,230,549	18,485,031	14,636,356
Male	11,842,288	14,662,232	13,758,392	8,764,719	6,012,848
Female	12,009,990	15,035,056	14,472,157	9,720,312	8,623,508
Black Only	4,811,916	5,218,745	4,141,015	2,132,287	1,394,320
Male	2,152,943	2,377,353	1,858,785	907,308	492,420
Female	2,658,973	2,841,392	2,282,230	1,224,979	901,900
Asian Only	2,591,931	2,147,359	1,705,646	956,834	633,362
Male	1,210,220	1,000,302	766,798	430,970	257,197
Female	1,381,711	1,147,057	938,848	525,864	376,165
NHOPI* Only	70,588	65,120	46,364	23,247	11,971
Male	34,957	31,986	22,546	11,229	5,091
Female	35,631	33,134	23,818	12,018	6,880
AIAN* Only	280,981	315,544	250,631	131,230	70,745
Male	134,978	149,792	118,185	61,615	28,885
Female	146,003	165,752	132,446	69,615	41,860
Multiple Races	544,999	470,106	342,065	175,705	107,425
Male	254,313	222,850	162,704	81,213	43,303
Female	290,686	247,256	179,361	94,492	64,122

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2012. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

Table III. U.S. population estimates used in computing annual visit rates for the 2012 National Hospital Ambulatory Medical Care Survey for the five most populous states (targeted by the sample design for separate estimation)

United States	308,698,958
California	37,509,880
Florida	18,992,230
Illinois	12,686,221
New York	19,313,868
Texas	25,547,678

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population for the 5 most populous states. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2012 set of state population estimates, and reflect Census 2010 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

Population estimates for race groups in the 2012 NHAMCS are based on data from the 2010 U.S. Census in which respondents were able to indicate more than one race category. Specific race denominators reflect persons with a single race identification, and a separate denominator is available for persons with more than one race designation. For a description of differences in the collection of race data as well as population denominators used for producing visit rates by race prior to 2002, please see the 2009 NHAMCS Public Use File Documentation.

Data indicate that multiple races are recorded for a patient less frequently in medical records compared to their numbers in the general population. The 2012 population estimates indicate that 2.4 percent of the total population identify themselves as being of multiple races. In contrast, multiple race patients account for 0.4 percent of weighted ED visits (based on known race data only). (REMINDER: Since 2009, NHAMCS data only include imputed values for the race categories White, Black, and Other; see 2009, 2010, or 2011 NHAMCS Public Use File Documentation Summary of Changes for more information.) Differences may exist because hospital staff are less likely to know and record multiple race preferences for patients, and not because, after age-adjusting, persons with multiple races make fewer visits to EDs. This implies that the ED visit rates by race populations calculated for 2012 are probably slight overestimates for the single race categories and underestimates for the multiple race category.

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Information concerning additional reports using NHAMCS data that have been published or are scheduled for publication through NCHS may be obtained from the Ambulatory and Hospital Care Statistics Branch.

II. A. RECORD FORMAT OF EMERGENCY DEPARTMENT MICRO-DATA FILE

Number of records = 29,453

This section consists of a detailed breakdown of each data record. For each item on the record, the user is provided with a sequential item number, field length, file location, and brief description of the item, along with valid codes. Unless otherwise stated in the "item description" column, the data are derived from the Emergency Department automated Patient Record form. The hospital induction interview is another source of information, and some data are derived by recoding selected items.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DATE OF VISIT
1	2	1-2	[VMONTH] MONTH OF VISIT 01-12: January-December
2	1	3	[VDAYR] DAY OF WEEK OF VISIT 1 = Sunday 2 = Monday 3 = Tuesday 4 = Wednesday 5 = Thursday 6 = Friday 7 = Saturday
3	2	4-7	[ARRTIME] ARRIVAL TIME (military time) -9 = Blank 0000-2359
4	4	8-11	[WAITTIME] WAITING TIME TO SEE MD/DO/PA/NP (minutes)
			(Note: MD/DO/PA/NP is Doctor of Medicine, Doctor of Osteopathy, Physician Assistant, and Nurse Practitioner)
			Calculated from date and time of ED arrival, and time seen by MD/DO/PA/NP
			-9 = Blank -7 = Not applicable (Not seen by MD/DO/PA/NP) 0-1366 (reported range)
5	4	12-15	[LOV] LENGTH OF VISIT (minutes)
			Calculated from date and time of ED arrival and discharge -9 = Blank 1-5745 (reported range)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
6	3	16-18	 [AGE] PATIENT AGE (IN YEARS; DERIVED FROM DATE OF VISIT AND DATE OF BIRTH) Note: Outlier values were top coded in accordance with NCHS confidentiality requirements. 0 = Under 1 year 1-92 93 = 93 years or older
7	1	19	[AGER] AGE RECODE 1 = Under 15 years 2 = 15-24 years 3 = 25-44 years 4 = 45-64 years 5 = 65-74 years 6 = 75 years and over
8	3	20-22	[AGEDAYS] AGE IN DAYS FOR PATIENTS LESS THAN ONE YEAR OF AGE 001-365 = 001-365 days -7 = Not applicable
9	2		[RESIDNCE] PATIENT RESIDENCE -9 = Blank -8 = Unknown 1 = Private residence 2 = Nursing home 3 = Homeless 4 = Other
10	1	25	[SEX] SEX 1 = Female 2 = Male
11	2	26-27	[ETHUN] ETHNICITY (UNIMPUTED) This variable is NOT imputed. Ethnicity data were missing on 28.7 percent of ED records. An imputed ethnicity variable can be found in column 28. -9= Blank 1 = Hispanic or Latino 2 = Not Hispanic or Latino
12	1	28	[ETHIM] ETHNICITY (WITH MISSING DATA IMPUTED) 1 = Hispanic or Latino 2 = Not Hispanic or Latino

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ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
13	2	29-30	[RACEUN] RACE (UNIMPUTED) This variable is NOT imputed. Race data were missing on 16.4 percent of ED records. An imputed race variable can be found in column 31. -9 = Blank 1 = White 2 = Black/African American 3 = Asian 4 = Native Hawaiian/Other Pacific Islander 5 = American Indian/Alaska Native 6 = More than one race reported
14	1	31	[RACER] RACE (WITH MISSING DATA IMPUTED) 1 = White 2 = Black 3 = Other
15	1	32	[RACERETH] RACE/ETHNICITY (WITH MISSING DATA IMPUTED) 1 = Non-Hispanic White 2 = Non-Hispanic Black 3 = Hispanic 4 = Non-Hispanic Other
16	2	33-34	[ARREMS] Arrival by ambulance -9 = Blank -8 = Unknown 1 = Yes
17	1	35	 2 = No [NOPAY] No answer to expected source of payment item 0 = At least one source of payment is recorded 1 = All sources of payments are blank
18	1	36	[PAYPRIV] EXPECTED SOURCE OF PAYMENT: PRIVATE INSURANCE 0 = No 1 = Yes
19	1	37	[PAYMCARE] EXPECTED SOURCE OF PAYMENT: MEDICARE 0 = No 1 = Yes
20	1	38	[PAYMCAID] EXPECTED SOURCE OF PAYMENT: MEDICAID or CHIP 0 = No 1 = Yes
21	1	39	[PAYWKCMP] EXPECTED SOURCE OF PAYMENT: WORKER'S COMPENSATION 0 = No 1 = Yes

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
22	1	40	[PAYSELF] EXPECTED SOURCE OF PAYMENT: SELF PAY 0 = No 1 = Yes
23	1	41	[PAYNOCHG] EXPECTED SOURCE OF PAYMENT: NO CHARGE 0 = No 1 = Yes
24	1	42	[PAYOTH] EXPECTED SOURCE OF PAYMENT: OTHER 0 = No 1 = Yes
25	1	43	[PAYDK] EXPECTED SOURCE OF PAYMENT: UNKNOWN 0 = No 1 = Yes
26	2	44-45	[PAYTYPER] RECODED PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT (Using this hierarchy of payment categories: Medicare, Medicaid or CHIP, Private Insurance, Worker's Compensation, Self-Pay, No Charge/Charity, Other, Unknown)
			NOTE change in hierarchy starting in 2008 relative to previous years. In 2005-2007, dual-eligible Medicare and Medicaid recipients had been grouped under Medicaid; this was changed to Medicare starting in 2008. See page 2 of the 2009 NHAMCS Public Use Data File Documentation for more information. Researchers can also create their own hierarchy as desired. -9 = Blank -8 = Unknown 1 = Private insurance 2 = Medicare 3 = Medicaid or CHIP 4 = Worker's compensation 5 = Self-pay 6 = No charge/Charity 7 = Other
			INITIAL VITAL SIGNS
27	4	46-49	[TEMPF] TEMPERATURE.There is an implied decimal between the third and fourth digits. -9 = Blank 0827-1080 = 82.7 – 108.0 Fahrenheit (reported range)
28	3	50-52	[PULSE] HEART RATE -9 = Blank 0-200 (reported range) 998 = DOP, DOPPLER

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
29	3	53-55	[RESPR] RESPIRATORY RATE -9 = Blank 0-134 (reported range)
30	3	56-58	[BPSYS] SYSTOLIC BLOOD PRESSURE -9 = Blank 0-272 (reported range)
31	3	59-61	[BPDIAS] DIASTOLIC BLOOD PRESSURE -9 = Blank 0-176 (reported range)
32	3	62-64	998 = P, Palp, DOP, or DOPPLER [POPCT] PULSE OXIMETRY (percent) -9 = Blank 0-100 (reported range)
33	2	65-66	[ONO2] ON OXYGEN -9 = Blank -8 = Unknown 1 = Yes 2 = No
34	2	67-68	[IMMEDR] IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN (Based on PRF Item Triage Level)

NOTE: The collection and processing of this item changed starting in 2009, as described in the 2009 Public Use Data File Documentation. Unlike in 2005-08 when response categories were checkboxes for each level of immediacy, the PRFs for 2009-2012 requested responses using a 1-5 scale. PRF responses were evaluated with reference to responses on the Ambulatory Unit Form, completed during induction, to the question, "How many levels are in this ESA's triage system?" After initial reconciliation between forms was completed, rescaling of responses was conducted. ESAs using 3 or 4 level triage systems had their responses rescaled to fit the 5 level system, such that, for 3-level hospitals, responses of 1,2, and 3 were recoded to 2, 3, and 4. For ESAs using a 4-level system, responses were recoded from 1-4 to 2-5. The rescaling method was determined in consultation with subject matter experts and based on record analysis. For 2012, rescaling was required for about 7 percent of records overall, or 10 percent of records with non-missing triage data.

Also, in 2009-2011, missing responses were imputed to levels 1-5 using the method described in Section 1. This is unlike years 2005-08 when "no triage" and "unknown", checkboxes used on the PRF in those years, were also valid imputation categories. For 2012, this item is NOT imputed. Because of the differences in the collection and processing of this item across the years, data users are advised to be careful when combining data across years or trending.

- -9 = Blank
- -8 = Unknown
- 0 = 'No triage' reported for this visit but ESA does conduct nursing triage
- 1 = Immediate
- 2 = Emergent
- 3 = Urgent
- 4 = Semi-urgent
- 5 = Nonurgent
- 7 = Visit occurred in ESA that does not conduct nursing triage

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
35	2	69-70	[PAINSCALE] PAIN SCALE NOTE: This item was collected using checkbox categories of none, mild, moderate, severe and unknown prior to 2009. Since 2009, a numerical 0-10 scale has been used. -9 = Blank -8 = Unknown 0-10
36	2	71-72	[SEEN72] HAS PATIENT BEEN SEEN IN THIS ED WITHIN THE LAST 72 HOURS AND DISCHARGED? (The wording for this item changed in 2012. In 2011, the question was "Has patient been seen in this ED within the last 72 hours?) -9 = Blank -8 = Unknown 1 = Yes 2 = No
			PATIENT'S REASON(S) FOR VISIT (See page 17 in Section I and Code List in Appendix II.)
37	5	73-77	[RFV1] REASON # 1 -9 = Blank 10050-89990 = 1005.0-8999.0
38	5	78-82	[RFV2] REASON # 2 -9 = Blank 10050-89990 = 1005.0-8999.0
39	5	83-87	[RFV3] REASON # 3 -9 = Blank 10050-89990 = 1005.0-8999.0
40	2	88-89	[EPISODE] EPISODE OF CARE -9 = Blank -8 = Unknown 1 = Initial visit to this ED 2 = Follow-up visit to this ED
			INJURY VARIABLES
41	2	90-91	[INJURY] IS THIS VISIT RELATED TO AN INJURY, POISONING, OR ADVERSE EFFECT OF MEDICAL TREATMENT?

This is a summary variable provided for trending with previous years of data, although the format has changed slightly from previous years to better reflect uncertainties and nuances in the injury data. It has been recoded from the INJPOISAD variable below.

This item reflects the broad definition of injury traditionally used in NHAMCS. In addition to injury, poisoning, and adverse effects and complications codes from the NCHS Reason for Visit Classification (RVC) and the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), a selection of other reason and diagnosis codes relating to various conditions (for example, carpal tunnel syndrome,

ITEM FIELD FILE NO. LENGTH LOCATION [ITEM NAME], DESCRIPTION, AND CODES

allergic reactions, alcohol and drug abuse, birth trauma, and others) was used to indicate an injury-related visit. This broader definition of injury is used in the INJURY, INJPOISAD, and INJDETR variables.

			-9 = Blank -8 = Unknown 0 = No 1 = Yes 2 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, and cause of injury)
42	1	92	[INJR1] IS THIS VISIT RELATED TO AN INJURY OR POISONING? Recoded version # 1

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on first-listed reason for visit, first-listed cause of injury, and first-listed diagnosis only. Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition.

			0 = No 1 = Yes
43	1	93	[INJR2] IS THIS VISIT RELATED TO AN INJURY OR POISONING? Recoded version # 2

This variable uses a definition of injury developed in conjunction with NCHS' Office of Analysis and Epidemiology and is based on any-listed reason for visit, any-listed cause of injury, and any-listed diagnosis. Note that adverse effects of medicinal drugs and adverse effects or complications of medical and surgical care are not included in this definition.

			0 = No 1 = Yes
44	2	94-95	[INJPOISAD] IS THIS VISIT RELATED TO AN INJURY, POISONING OR ADVERSE EFFECT OF MEDICAL TREATMENT?
			This variable reflects the new injury item format for 2012. INJPOISAD was created directly from reason for visit, diagnosis, and cause of injury codes first, followed by consideration of unedited data which indicated an injury but where no concrete evidence of injury existed.
			 -9 = Blank -8 = Unknown 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No, visit is not related to injury, poisoning, or adverse effect of medical treatment

5 = Questionable injury status ((visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
45	2	96-97	[INJPOISADR1] IS THIS VISIT RELATED TO AN INJURY, POISONING OR ADVERSE EFFECT OF MEDICAL TREATMENT? – Recode #1
			This variable is a recode of INJPOISAD which uses the INJR1 definition of injury described above, for categories 1 and 2 below.
			 -9 = Blank -8 = Unknown 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No, visit is not related to injury, poisoning, or adverse effect of medical treatment 5 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)
46	2	98-99	[INJPOISADR2] IS THIS VISIT RELATED TO AN INJURY, POISONING OR ADVERSE EFFECT OF MEDICAL TREATMENT? – Recode #2
			This variable is a recode of INJPOISAD which uses the INJ2 definition of injury described above, for categories 1 and 2 below.
			 -9 = Blank -8 = Unknown 1 = Yes, injury/trauma 2 = Yes, poisoning 3 = Yes, adverse effect of medical treatment 4 = No, visit is not related to injury, poisoning, or adverse effect of medical treatment 5 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)
47	2	100-101	[INTENT] IS THIS INJURY/POISONING INTENTIONAL? -9 = Blank -8 = Unknown 1 = Yes, self-inflicted 2 = Yes, assault 3 = No, unintentional 4 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
48	2	102-103	[INJDETR] IS VISIT RELATED TO ANY OF THE FOLLOWING?
			This item reflects the injury format used prior to 2012 and has been included for trending purposes.
			 -9 = Blank -8 = Unknown -5 = Intentionality does not apply 1 = Unintentional injury/poisoning 2 = Intentional injury/poisoning 3 = Injury/poisoning of undetermined intent 4 = Adverse effect of medical treatment 5 = Visit is not related to injury, poisoning, or adverse effect of medical Treatment 6 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)
49	2	104-105	[INJDETR1] IS VISIT RELATED TO ANY OF THE FOLLOWING? – RECODE #1
			This item reflects the injury format used prior to 2012 and has been included for trending purposes. It uses the INJR1 definition of injury above, for categories 1,2, and 3 below.
			 -9 = Blank -8 = Unknown 1 = Unintentional injury/poisoning 2 = Intentional injury/poisoning 3 = Injury/poisoning of undetermined intent 4 = Adverse effect of medical treatment 5 = Visit is not related to injury, poisoning, or adverse effect of medical Treatment 6 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)
50	2	106-107	[INJDETR2] IS VISIT RELATED TO ANY OF THE FOLLOWING? – RECODE #2
			This item reflects the injury format used prior to 2012 and has been included for trending purposes. It uses the INJR2 definition of injury above, for categories 1,2, and 3 below.
			 -9 = Blank -8 = Unknown 1 = Unintentional injury/poisoning 2 = Intentional injury/poisoning 3 = Injury/poisoning of undetermined intent 4 = Adverse effect of medical treatment 5 = Visit is not related to injury, poisoning, or adverse effect of medical Treatment 6 = Questionable injury status (visit was reported as injury related but lacked an injury reason for visit, diagnosis, or cause of injury)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES			
			CAUSE OF INJURY (See page 17 in Section I for explanation of codes.)			
51	4	108-111	[CAUSE1] CAUSE #1 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. Codes in the 700- series were developed by the Ambulatory and Hospital Care Statistics Branch.			
			-9 = Not applicable/Blank 700- = Drug use/abuse 710- = Alcohol use/abuse 8000-999[-] = E800.0-E999			
52	4	112-115	[CAUSE2] CAUSE #2 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. NOTE : CAUSE2 and CAUSE3 include additional activity codes (E000.0-E030.0) that can be used to indicate the activity of the patient seeking health care for an injury or health condition.			
			-9 = Not applicable/Blank 700- = Drug use/abuse 710- = Alcohol use/abuse 0000-999[-] = E000.0-E999			
53	4	116-119	[CAUSE3] CAUSE #3 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. See CAUSE #2 for details.			
	NUMERIC RECODES FOR CAUSE OF INJURY					
E-code the nur	The following recodes are included on the public use file to facilitate analysis of visits using ICD-9-CM E-codes. It had come to our attention in the past that some users of NHAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Users can make their own choice about which format best suits their needs (more information can be found on page 17).					
54	4	120-123	[CAUSE1R] CAUSE OF INJURY #1			

54 4 120-123 [CAUSE1R] CAUSE OF INJURY #1 (Recode to Numeric Field) -9 = Blank 7000 = Drug use/abuse 7100 = Alcohol use/abuse 8000-9999 = E800.0 - E999.[9]

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
55	4	124-127	[CAUSE2R] CAUSE OF INJURY #2 (Recode to Numeric Field) NOTE : CAUSE2R and CAUSE3R include additional activity codes (E000.0-E030.0) that can be used to indicate the activity of the patient seeking health care for an injury or health condition. -9 = Blank 7000 = Drug use/abuse 7100 = Alcohol use/abuse 0000-9999 = E000.0 - E999.[9]
56	4	128-131	[CAUSE3R] CAUSE OF INJURY #3 (Recode to Numeric Field) -9 = Blank 7000 = Drug use/abuse 7100 = Alcohol use/abuse 0000-9999 = E000.0 - E999.[9]
			PROVIDER'S DIAGNOSIS (See page 17, Section 1 for explanation of coding.)
57	5	132-136	[DIAG1] DIAGNOSIS #1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted.
			 -9 = Blank (no entry made) 0010[-] - V9199 = 001.0[0]-V91.9[9] V990- = Non-codable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy" V998- = Entry of "Not applicable", "Not Available", "NA" or "Blank"
58	5	137-141	[DIAG2] DIAGNOSIS # 2 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.
59	5	142-146	[DIAG3] DIAGNOSIS # 3 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			PROBABLE, QUESTIONABLE, AND RULE OUT DIAGNOSES
60	2	147-148	[PRDIAG1] IS DIAGNOSIS #1 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 0 = No 1 = Yes
61	2	149-150	[PRDIAG2] IS DIAGNOSIS #2 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 0 = No 1 = Yes
62	2	151-152	[PRDIAG3] IS DIAGNOSIS #3 PROBABLE, QUESTIONABLE, OR RULE OUT? -7 = Not applicable 0 = No 1 = Yes

NUMERIC RECODES FOR DIAGNOSES

The following items were included on the public use file to facilitate analysis of visits using ICD-9-CM codes. Prior to the 1995 public use file, all ICD-9-CM diagnosis codes on the NHAMCS micro-data file were converted from alphanumeric to numeric fields according to the following coding conventions: A prefix of '1' was added to ICD-9-CM codes in the range of 001.0[-] through 999.9[-]. A prefix of '20' was substituted for the letter 'V' for codes in the range of V01.0[-] through V91.9[9]. Inapplicable fourth or fifth digits were zerofilled. This conversion was done to facilitate analysis of ICD-9-CM data using Ambulatory Care Statistics software systems. Specific coding conventions are discussed in the public use documentation for each data year.

In 1995, however, the decision was made to use actual ICD-9-CM codes on the public use data file. Codes were not prefixed, and a dash was inserted for inapplicable fourth or fifth digits. This had the advantage of preserving actual codes and avoiding possible confusion over the creation of some artificial codes due to zerofilling.

It had come to our attention in the past that some users of NHAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Therefore, since data year 1997, we have included numeric recodes for ICD-9-CM diagnosis codes on our datasets. These are in addition to the actual codes for these diagnoses which appear earlier on the public use file. Users can make their own choice about which format best suits their needs.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
63	6	153-158	 [DIAG1R] DIAGNOSIS #1 (Recode to Numeric Field) 100100-209199 = 001.0[0]-V91.9[9] 209900 = Noncodable, insufficient information for coding, illegible 209910 = Left before being seen; patient walked out; not seen by doctor; left against medical advice 209920 = Transferred to another facility; sent to see specialist 209930 = HMO will not authorize treatment 209970 = Entry of "none," "no diagnosis," "no disease," or "healthy" 209980 = Entry of "Not Applicable", "NA", or "Blank" -9 = Blank
64	6	159-164	[DIAG2R] DIAGNOSIS #2 (Recode to Numeric Field) See DIAGNOSIS #1 for details.
65	6	165-170	[DIAG3R] DIAGNOSIS #3 (Recode to Numeric Field) See DIAGNOSIS #1 for details.
			DOES PATIENT HAVE:
			0 = No 1 = Yes
66 67	1 1	171 172	[CANCER] Cancer [CEBVD] Cerebrovascular disease/history of stroke or transient ischemic attack (TIA)
68	1	173	[COPD] Chronic obstructive pulmonary disease (COPD)
69 70	1 1	174 175	[EDDIAL] Condition requiring dialysis [CHF] Congestive heart failure
71	1	176	[DEMENTIA] Dementia
72	1	177	[DIABETES] Diabetes
73 74	1 1	178 179	[MIHX] History of myocardial infarction (MI) [DVT] History of pulmonary embolism or deep vein
75	1	180	thrombosis (DVT) [EDHIV] HIV infection/AIDS
76	1	181	[NOCHRON] None of the above
			0 = No 1 = Yes 2 = Entire item blank including "None" box
77	2	182-183	[TOTCHRON] Total number of chronic conditions
			-9 = "None" box and all item fields are blank 0-7 (reported range)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
78	1	184	[DIAGSCRN] Were diagnostic services ordered or provided at this visit?
			0 = No 1 = Yes 2 = Entire item blank, including "None" box
			DIAGNOSTIC SERVICES
			0 = No, 1 = Yes
79 80 81 82 83 84 85 86 87 88 89	1 1 1 1 1 1 1 1 1	185 186 187 188 189 190 191 192 193 194 195	Blood tests: [ABG] Arterial blood gases [BAC] BAC (blood alcohol concentration) [BLOODCX] Blood culture [BNP] BNP (Brain natriuretic peptide) [BUNCREAT] BUN (Blood urea nitrogen)/Creatinine [CARDENZ] Cardiac enzymes [CBC] CBC (Complete blood count) [DDIMER] D-dimer [ELECTROL] Electrolytes [GLUCOSE] Glucose [LACTATE] Lactate
90 91 92	1 1 1	196 197 198	[LFT] Liver function tests [PTTINR] Prothrombin time/INR [OTHERBLD] Other blood test
93 94 95 96 97 98 99 100 101 102	1 1 1 1 1 1 1 1	199 200 201 202 203 204 205 206 207 208	Other tests: [CARDMON] Cardiac monitor [EKG] EKG/ECG [HIVTEST] HIV test [FLUTEST] Influenza test [PREGTEST] Pregnancy/HCG test [TOXSCREN] Toxicology screen [URINE] Urinalysis (UA) [WOUNDCX] Wound culture [URINECX] Urine culture [OTHRTEST] Other test/service
103 104 105 106 107 108 109 110 111 112 113 114	1 1 1 1 1 1 1 1 1	209 210 211 212 213 214 215 216 217 218 219 220	Imaging: [ANYIMAGE] Any imaging [XRAY] X-ray [IVCONTRAST] Intravenous contrast [CATSCAN] CT scan (any) [CTAB] CT scan – abdomen/pelvis [CTCHEST] CT scan – chest [CTHEAD] CT scan – chest [CTHEAD] CT scan – head [CTOTHER] CT scan – other [CTUNK] CT scan – site not specified [MRI] MRI [ULTRASND] Ultrasound [OTHIMAGE] Other imaging

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
115	2	221-222	[TOTDIAG] TOTAL NUMBER OF DIAGNOSTIC SERVICES ORDERED OR PROVIDED -9 = "None" box and all item fields are blank 0-23 (reported range)
116	1	223	[PROC] Were procedures provided at this visit? 0 = No 1 = Yes 2 = Entire item blank, including "None" box PROCEDURES
			0 = No, 1 = Yes
117 118 119 120 121 122 123 124 125 126 127 128 129 130	1 1 1 1 1 1 1 1 1 1 2	224 225 226 227 228 229 230 231 232 233 234 235 236 237 238-239	[BPAP] BiPAP/CPAP [BLADCATH] Bladder catheter [CASTSPLINT] Cast, splint, wrap [CENTLINE] Central line [CPR] CPR [ENDOINT] Endotracheal intubation [INCDRAIN] Incision & drainage (I&D) [IVFLUIDS] IV fluids [LUMBAR] Lumbar puncture [NEBUTHER] Nebulizer therapy [PELVIC] Pelvic exam [SKINADH] Skin adhesives [SUTURE] Suturing/staples [OTHPROC] TOTAL NUMBER OF PROCEDURES PROVIDED -9 = "None" box and all item fields are blank 0-6 (reported range)
			MEDICATIONS & IMMUNIZATIONS (See page 18 for more information. See Appendix III for codes.)
132	1	240	[MED] WERE MEDICATIONS OR IMMUNIZATIONS GIVEN AT THIS VISIT OR PRESCRIBED AT ED DISCHARGE? 0 = No 1 = Yes 2 = Entire item blank, including "None" box
133	5	241-245	[MED1] MEDICATION #1 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
134	5	246-250	[MED2] MEDICATION #2 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
135	5	251-255	[MED3] MEDICATION #3 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
136	5	256-260	[MED4] MEDICATION #4 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
137	5	261-265	[MED5] MEDICATION #5 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
138	5	266-270	[MED6] MEDICATION #6 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
139	5	271-275	[MED7] MEDICATION #7 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
140	5	276-280	[MED8] MEDICATION #8 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
141	5	281-285	[MED9] MEDICATION #9 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
142	5	286-290	[MED10] MEDICATION #10 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
143	5	291-295	[MED11] MEDICATION #11 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
144	5	296-300	[MED12] MEDICATION #12 -9 = Blank 00001-99227 = 00001-99227 99980 = Unknown Entry; Other 99999 = Illegible Entry
145	2	301-302	[GPMED1] Was medication #1 given in ED or Rx at discharge? -9= Blank -7 = Not applicable 1 = Given in ED 2 = Rx at discharge 3 = Both given and Rx marked
146	2	303-304	[GPMED2] Was medication #2 given in ED or Rx at discharge? See GPMED1.
147	2	305-306	[GPMED3] Was medication #3 given in ED or Rx at discharge? See GPMED1.
148	2	307-308	[GPMED4] Was medication #4 given in ED or Rx at discharge? See GPMED1.
149	2	309-310	[GPMED5] Was medication #5 given in ED or Rx at discharge? See GPMED1.
150	2	311-312	[GPMED6] Was medication #6 given in ED or Rx at discharge? See GPMED1.
151	2	313-314	[GPMED7] Was medication #7 given in ED or Rx at discharge? See GPMED1.
152	2	315-316	[GPMED8] Was medication #8 given in ED or Rx at discharge? See GPMED1.
154	2	317-318	[GPMED9] Was medication #9 given in ED or Rx at discharge? See GPMED1.
154	2	319-320	[GPMED10] Was medication #10 given in ED or Rx at discharge? See GPMED1.
155	2	321-322	[GPMED11] Was medication #11 given in ED or Rx at discharge? See GPMED1.
156	2	323-324	[GPMED12] Was medication #12 given in ED or Rx at discharge? See GPMED1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
457	0	205 200	
157	2	325-326	[NUMGIV] NUMBER OF MEDICATIONS GIVEN IN ED 0 - 12
			NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed but only Rx at discharge; and c) drug listed but unknown whether given in ED or Rx at discharge.
158	2	327-328	[NUMDIS] NUMBER OF MEDICATIONS PRESCRIBED AT DISCHARGE 0 - 12 NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed but only given in ED; and c) drug listed but unknown whether given in ED or prescribed at discharge.
159	2	329-330	[NUMMED] NUMBER OF MEDICATIONS CODED 0 – 12
			PROVIDERS SEEN
			0 = No, 1 = Yes
160 161 162 163 164 165 166 167 168 169	1 1 1 1 1 1 1 1	331 332 333 334 335 336 337 338 339 340	[NOPROVID] No answer to item [ATTPHYS] ED attending physician [RESINT] ED resident/intern [CONSULT] Consulting physician [RNLPN] RN/LPN [NURSEPR] Nurse practitioner [PHYSASST] Physician assistant [EMT] EMT [MHPROV] Other mental health provider [OTHPROV] Other provider
			VISIT DISPOSITION
			0 = No, 1 = Yes
170 171 172 173 174 175 176 177 178 179 180 182 183 184	1 1 1 1 1 1 1 1 1 1	341 342 343 344 345 346 347 348 349 350 351 352 353 354	[NODISP] No answer to item [NOFU] No follow-up planned [RETRNED] Return to ED [RETREFFU] Return/Refer to physician/clinic for FU [LEFTBTRI] Left before triage [LEFTATRI] Left after triage [LEFTAMA] Left AMA [DOA] DOA [DIEDED] Died in ED [TRANNH] Return/transfer to nursing home [TRANPSYC] Transfer to psychiatric hospital [TRANOTH] Transfer to other hospital [ADMITHOS] Admit to this hospital [OBSHOS] Admit to observation unit, then hospitalized

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
185 185	1 1	355 356	[OBSDIS] Admit to observation unit, then discharged [OTHDISP] Other visit disposition
			The next 4 items were completed only if the patient was admitted to the hospital at the current visit.
186	2	357-358	[ADMIT] Admitted to:
			NOTE: The order of categories 4 and 5 was switched on the Patient Record Form starting in 2009 relative to 2007-08. Please take note if combining data across years. -9 = Blank -8 = Data not available (Unknown) -7 = Not applicable (not admitted to hospital) 1 = Critical care unit 2 = Stepdown unit 3 = Operating room 4 = Mental health or detox unit 5 = Cardiac catheterization lab 6 = Other bed/unit
187	2	359-360	[ADMTPHYS] Admitting physician -9 = Blank -7 = Not applicable (not admitted to hospital) 1 = Hospitalist 2 = Not hospitalist 3 = Unknown
188	4	361-364	[BLANK1] Reserved for possible future use
189	4	365-368	[LOS] Length of stay in hospital (days) Calculated from date patient left the ED to hospital discharge date -9 = Missing data -7 = Not applicable 1-93 (reported range)

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
190	5	369-373	 [HDDIAG1] HOSPITAL DISCHARGE DIAGNOSIS #1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. -9 = Blank -7 = Not applicable (not admitted to hospital) 0010[-] - V9199 = 001.0[0]-V91.9[9] V990- = Non-codable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy" V998- = Entry of "Not Available", "NA" or "Blank"
191	5	374-378	[HDDIAG2] HOSPITAL DISCHARGE DIAGNOSIS #2 (ICD-9-CM) See HDDIAG1.
192	5	379-383	[HDDIAG3] HOSPITAL DISCHARGE DIAGNOSIS #3 (ICD-9-CM) See HDDIAG1.
193	6	384-389	 NUMERIC RECODES FOR HOSPITAL DISCHARGE DIAGNOSIS [HDDIAG1R] HOSPITAL DISCHARGE DIAGNOSIS #1 (Recode to Numeric Field) 100100-209199 = 001.0[0]-V91.9[9] 209900 = Noncodable, insufficient information for coding, illegible 209910 = Left before being seen; patient walked out; not seen by doctor; left against medical advice 209920 = Transferred to another facility; sent to see specialist 209930 = HMO will not authorize treatment 209970 = Entry of "none," "no diagnosis," "no disease," or "healthy" 209980 = Entry of "Not Applicable", "NA", or "Blank" -9 = Blank
194	6	390-395	[HDDIAG2R] HOSPITAL DISCHARGE DIAGNOSIS #2 (Recode to Numeric Field) See HDDIAG1R.
195	6	396-401	[HDDIAG3R] HOSPITAL DISCHARGE DIAGNOSIS #3 See HDDIAG1R.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
196	2	402-403	[HDSTAT] Hospital discharge status -9 = Blank -8 = Data not available (Unknown) -7 = Not applicable (not admitted to hospital) 1 = Alive 2 = Dead	
197	2	404-405	 [ADISP] Disposition of live discharges -9 = Blank -8 = Data not available (Unknown) -7 = Not applicable (not admitted/admitted, but not a live discharge) 1 = Home/Residence 2 = Return/Transfer to nursing home 3 = Transfer to another facility (not usual place of residence) 4 = Other 	
198	4	406-409	[OBSSTAY] Length of stay in observation unit (for those patients who were admitted to observation unit and then discharged) Calculated from date and time patient was discharged from the ED and date and time of observation unit discharge -9 = Missing data -7 = Not admitted to observation unit and then discharged 1 -4170 minutes (reported range)	
199	1	410	 [STAY24] ED discharge greater than 24 hours 1 = Patient was discharged from ED in more than 24 hours 2 = Patient was discharged from ED in 24 hours or less 3 = Missing data for ED discharge date and/or time 	
**** TH	e followi	NG FIELDS SI	HOW WHETHER DATA WERE IMPUTED TO REPLACE BLANKS ****	
200	2	411-412	[AGEFL] Was patient age imputed, calculated or reported? -9 = Age derived by NCHS using imputed birth date 0 = Age calculated by NCHS based on reported birth date 1 = Age reported in survey instrument without birth date	
			IMPUTED FIELDS 0 = Not imputed 1 = Imputed	
201 202 203 204	1 1 1 1	413 414 415 416	[BDATEFL] Patient birth date [SEXFL] Patient sex [ETHNICFL] Patient ethnicity [RACERFL] Patient race	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
205	3	417-419	[HOSPCODE] HOSPITAL CODE A unique code assigned to all the records from a particular hospital. For a number of hospitals, additional masking was required to minimize risks of disclosure. For this reason, the number of hospital codes is different than the number of responding facilities. 1-367
206	3	420-422	[PATCODE] PATIENT CODE - A number assigned to identify each individual record from a particular hospital. 1-204

IMPORTANT: The initial release of the 2012 ED file does not include data on electronic medical records. Specifically, the following items (EBILLANYE through ALGLISTREFE) are all blank. Data for these items should be added in the second release of the public use file.

207	2	423-424	[EBILLANYE] DOES YOUR ED SUBMIT CLAIMS ELECTRONICALLY (ELECTRONIC BILLING?) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No
208	2	425-426	[EINSE] DOES YOUR ED VERIFY AN INDIVIDUAL PATIENT'S INSURANCE ELIGIBILITY ELECTRONICALLY? -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No
209	2	427-428	[EINSHOWE] HOW DOES YOUR ED ELECTRONICALLY VERIFY AN INDIVIDUAL PATIENT'S INSURANCE ELIGIBILITY? -9 = Blank -8 = Unknown -7 = Not applicable 1 = Stand-alone practice management system 2 = EMR/EHR system 3 = Another electronic system
210	2	429-4230	[EINSFASTE] WHEN YOUR STAFF ELECTRONICALLY VERIFIES A PATIENT'S INSURANCE ELIGIBILITY, DO YOU USUALLY GET RESULTS BACK BEFORE THE PATIENT LEAVES THE ED? -9 = Blank -8 = Unknown -7 = Not applicable -6 = Refused to answer 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
211	2	431-432	[EMRED] DOES YOUR ED USE ELECTRONIC MEDICAL OR HEALTH RECORDS (EMR/EHR)? (DO NOT INCLUDE BILLING SYSTEMS) -9 = Blank -8 = Unknown 1 = Yes, all electronic 2 = Yes, part paper and part electronic 3 = No
212	2	433-434	[EHRINSE] DOES YOUR ED HAVE PLANS FOR INSTALLING A NEW EMR/EHR SYSTEM WITHIN THE NEXT 18 MONTHS? -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 3 = Maybe

IMPORTANT NOTE: Questions on features of a hospital's computerized capabilities have changed over the years. In the following section, items with an "R" suffix have been recoded in each year since 2010 to be consistent with the format used in the 2009 Physician Induction Interview, to make trending easier. Items without the "R" suffix reflect the current format.

			PLEASE INDICATE WHETHER YOUR ED HAS EACH OF THE FOLLOWING COMPUTERIZED CAPABILITIES AND HOW OFTEN THESE CAPABILITIES ARE USED (APPLIES TO ITEMS 213-268)
213	2	435-436	[EDEMOGE] REPORTING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
214	2	437-438	[EDEMOGER] REPORTING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
215	2	439-440	[EPROLSTE] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but not used routinely 4 = No
216	2	441-442	[EPROLSTER] IF YES TO RECORDING PATIENT HISTORY AND DEMOGRAPHIC INFORMATION, DOES THIS INCLUDE A PATIENT PROBLEM LIST? (recoded for trending) -9 =
Blank			-8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
217	2	443-444	[EVITALE] RECORDING AND CHARTING VITAL SIGNS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
218	2	445-446	[EVITALER] RECORDING AND CHARTING VITAL SIGNS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
219	2	447-448	[ESMOKEE] RECORDING PATIENT SMOKING STATUS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
220	2	449-450	[ESMOKEER] RECORDING PATIENT SMOKING STATUS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
221	2	451-452	[EPNOTESE] RECORDING CLINICAL NOTES -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
222	2	453-454	[EPNOTESER] RECORDING CLINICAL NOTES (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
223	2	455-456	[EMEDALGE] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but not used routinely 4 = No
224	2 -9 =	457-458 Blank	[EMEDALGER] IF YES TO RECORDING CLINICAL NOTES, DO THE NOTES INCLUDE A LIST OF PATIENT'S MEDICATIONS AND ALLERGIES? (recoded for trending) -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
225	2	459-460	[ECPOEE] ORDERS FOR PRESCRIPTIONS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
226	2	461-462	[ECPOEER] ORDERS FOR PRESCRIPTIONS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
227	2	463-464	[ESCRIPE] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
228	2	465-466	[ESCRIPER] IF YES TO ORDERING PRESCRIPTIONS, ARE PRESCRIPTIONS SENT ELECTRONICALLY TO THE PHARMACY? (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
			WHEN ORDERS FOR PRESCRIPTIONS ARE SUBMITTED ELECTRONICALLY ARE THEY SUBMITTED BY (check all that apply):
229 230 231 232	2 2 2 2	467-468 469-470 471-472 473-474	[EWHOPRACPE] Prescribing practitioner [EWHOOTHEPE] Someone else [EWHOUNKPE] Unknown [EWHOREFPE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked

1 = Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
233	2	475-476	[EWARNE] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
234	2	477-478	[EWARNER] IF YES TO ORDERING PRESCRIPTIONS, ARE WARNINGS OF DRUG INTERACTIONS OR CONTRAINDICATIONS PROVIDED? (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
235	2	479-480	[EREMINDE] REMINDERS FOR GUIDELINE-BASED INTERVENTIONS AND/OR SCREENING TESTS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
236	2	481-482	[EREMINDER] REMINDERS FOR GUIDELINE-BASED INTERVENTIONS AND/OR SCREENING TESTS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
237	2	483-484	 [ESETSE] PROVIDING STANDARD ORDER SETS RELATED TO A PARTICULAR CONDITION OR PROCEDURE -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
238	2	485-486	[ESETSER] PROVIDING STANDARD ORDER SETS RELATED TO A PARTICULAR CONDITION OR PROCEDURE (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
239	2	487-488	[ECTOEE] ORDERING LAB TESTS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
240	2	489-490	[ECTOEER] ORDERING LAB TESTS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
241	2	491-492	[EORDERE] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENT ELECTRONICALLY? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but not used routinely 4 = No
242	2	493-494	[EORDERER] IF YES TO ORDERING LAB TESTS, ARE ORDERS SENT ELECTRONICALLY? (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			WHEN ORDERS FOR TESTS ARE SUBMITTED ELECTRONICALLY ARE THEY SUBMITTED BY (check all that apply):
243 244 245 246	2 2 2 2	495-496 497-498 499-500 501-502	[EWHOPRACLE] Prescribing practitioner [EWHOOTHLE] Someone else [EWHOUNKLE] Unknown [EWHOREFLE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
247	2	503-504	[ERESULTE] VIEWING LAB RESULTS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
248	2	505-506	[ERESULTER] VIEWING LAB RESULTS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
249	2	507-508	[EGRAPHE] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but not used routinely 4 = No
250	2	509-510	[EGRAPHER] IF YES TO VIEWING LAB RESULTS, CAN THE EHR/EMR AUTOMATICALLY GRAPH A SPECIFIC PATIENT'S LAB RESULTS OVER TIME? (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
251	2	511-512	[EIMGRESE] VIEWING IMAGING RESULTS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
252	2	513-514	[EIMGRESER] VIEWING IMAGING RESULTS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
253	2	515-516	 [EQOCE] VIEWING DATA ON QUALITY OF CARE MEASURES -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
254	2	517-518	[EQOCER] VIEWING DATA ON QUALITY OF CARE MEASURES (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
255	2	519-520	[ECQME] REPORTING CLINICAL QUANTITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID) -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but not used routinely 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
256	2	521-522	[ECQMER] REPORTING CLINICAL QUANTITY MEASURES TO FEDERAL OR STATE AGENCIES (SUCH AS CMS OR MEDICAID) (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
257	2	523-524	[EGENLISTE] GENERATING LIST OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
258	2	525-526	[EGENLISTER] GENERATING LIST OF PATIENTS WITH PARTICULAR HEALTH CONDITIONS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
259	2	527-528	[EIMMREGE] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
260	2	529-530	[EIMMREGER] ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
261	2	531-532	[EMUREPE] IF YES TO ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES, ARE THEY REPORTED IN STANDARDS SPECIFIED BY MEANINGFUL USE CRITERIA? -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
262	2	533-534	[EMUREPER] IF YES TO ELECTRONIC REPORTING TO IMMUNIZATION REGISTRIES, ARE THEY REPORTED IN STANDARDS SPECIFIED BY MEANINGFUL USE CRITERIA? (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
263	2	535-536	 [ESUME] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
264	2	537-538	[ESUMER] PROVIDING PATIENTS WITH CLINICAL SUMMARIES FOR EACH VISIT (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
265	2	539-540	 [EMSGE] EXCHANGING SECURE MESSAGES WITH PATIENTS -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
266	2	541-542	[EMSGER] EXCHANGING SECURE MESSAGES WITH PATIENTS (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
267	2	543-544	[EHLTHINFOE] PROVIDING PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION -9 = Blank -8 = Unknown -6 = Refused to answer question 1 = Yes, used routinely 2 = Yes, but not used routinely 3 = Yes, but turned off or not used 4 = No
268	2	545-546	[EHLTHINFOER] PROVIDING PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION (recoded for trending) -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No 4 = Yes, but turned off/not used
269	2	547-548	[ESHAREE] DOES YOUR ED SHARE ANY PATIENT HEALTH INFORMATION ELECTRONICALLY (NOT FAX) WITH OTHER PROVIDERS, INCLUDING HOSPITALS, AMBULATORY PROVIDERS, OR LABS? -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes 2 = No
			HOW DOES YOUR ED ELECTRONICALLY SHARE PATIENT HEALTH INFORMATION?
270 271 272 273 274	2 2 2 2 2	549-550 551-552 553-554 555-556 557-558	[ESHAREEHRE] EHR/EMR [ESHAREWEBE] Web potal (separate from EHR/EMR) [ESHAREOTHE] Other electronic methods [ESHAREUNKE] Unknown [ESHAREREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked

1 = Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DOES YOUR ED SHARE LAB RESULTS ELECTRONICALLY (NOT FAX) WITH:
275 276 277 278 279 280	2 2 2 2 2 2	559-560 561-562 563-564 565-566 567-568 569-570	[LABRESE1] Hospitals with which your hospital is affiliated [LABRESE2] Departments inside your hospital [LABRESE3] Hospitals with which your hospital is not affiliated [LABRESE4] Ambulatory providers outside your hospital [LABRESUNKE] Unknown [LABRESREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
			DOES YOUR ED SHARE IMAGING REPORTS ELECTRONICALLY (NOT FAX) WITH:
281 282 283 284 285 286	2 2 2 2 2 2	571-572 573-574 575-576 577-578 579-580 581-582	[IMAGREPE1] Hospitals with which your hospital is affiliated [IMAGREPE2] Departments inside your hospital [IMAGREPE3] Hospitals with which your hospital is not affiliated [IMAGREPE4] Ambulatory providers outside your hospital [IMAGREPUNKE] Unknown [IMAGREPREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
			DOES YOUR ED SHARE PATIENT PROBLEM LISTS ELECTRONICALLY (NOT FAX) WITH:
287 288 289 290 291 292	2 2 2 2 2 2	583-584 585-586 587-588 589-590 591-592 593-594	[PTPROBE1] Hospitals with which your hospital is affiliated [PTPROBE2] Departments inside your hospital [PTPROBE3] Hospitals with which your hospital is not affiliated [PTPROBE4] Ambulatory providers outside your hospital [PTPROBUNKE] Unknown [PTPROBREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked

1 = Box is marked

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DOES YOUR ED SHARE MEDICATIONS LISTS ELECTRONICALLY (NOT FAX) WITH:
293 294 295 296 297 298	2 2 2 2 2 2	595-596 597-598 599-600 601-602 603-604 605-606	[MEDLISTE1] Hospitals with which your hospital is affiliated [MEDLISTE2] Departments inside your hospital [MEDLISTE3] Hospitals with which your hospital is not affiliated [MEDLISTE4] Ambulatory providers outside your hospital [MEDLISTUNKE] Unknown [MEDLISTREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
			DOES YOUR ED SHARE MEDICATION ALLERGY LISTS ELECTRONICALLY (NOT FAX) WITH:
299 300 301 302 303 304	2 2 2 2 2 2	607-608 609-610 611-612 613-614 615-616 617-618	[ALGLISTE1] Hospitals with which your hospital is affiliated [ALGLISTE2] Departments inside your hospital [ALGLISTE3] Hospitals with which your hospital is not affiliated [ALGLISTE4] Ambulatory providers outside your hospital [ALGLISTUNKE] Unknown [ALGLISTREFE] Refused to answer
			-9 = Blank -7 = Not applicable 0 = Box is not marked 1 = Box is marked
305	2	619-620	[MUINC] MEDICARE AND MEDICAID OFFER INCENTIVES TO HOSPITALS THAT DEMONSTRATE MEANINGFUL USE OF HEALTH IT. AT YOUR HOSPITAL, ARE THERE PLANS TO APPLY FOR THESE INCENTIVE PAYMENTS? -9 = Blank -8 = Unknown -6 = Refused to answer 1 = Yes, we already applied 2 = Yes, we intend to apply 3 = Uncertain if we will apply 4 = No, we will not apply
306	2	621-622	[INTENDYR] WHEN DO YOU INTEND TO FIRST APPLY [for meaningful use payments] -9 = Blank -8 = Unknown -7 = Not applicable 1 = 2012 2 = 2013 or later

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
307	2	623-624	[OBSUNITS] DOES YOUR ED HAVE A PHYSICALLY SEPARATE OBSERVATION OR CLINICAL DECISION UNIT? Note that there were related items in 2009 called OBSUNIT, OBSED, and OBSDEC. OBSUNITS, OBSPHYSED, OBSHOSP, OBSPHYSOT, and OBSPHYSUN replace those for 2012. -9 = Blank -8 = Unknown 1 = Yes 2 = No
			IF YOUR ED HAS A PHYSICALLY SEPARATE OBSERVATION OR CLINICAL DECISION UNIT, WHAT TYPE OF PHYSICIAN MAKES DECISIONS FOR PATIENTS IN THIS OBSERVATION UNIT?
308 309 310 311	2 2 2 2	625-626 627-628 629-630 631-632	[OBSPHYSED] ED physicians [OBSHOSP] Hospitalists [OBSPHYSOT] Other physicians [OBSPHYSUN] Unknown
			-7 = Not applicable 0 = Box is not marked 1 = Box is marked
312	2	633-634	[BOARD] ARE ADMITTED ED PATIENTS EVER "BOARDED" FOR MORE THAN 2 HOURS IN THE ED OR OBSERVATION UNIT WHILE WAITING FOR AN INPATIENT BED? -9 = Blank -8 = Unknown 1 = Yes 2 = No
313	2	635-636	[BOARDHOS] IF THE ED IS CRITICALLY OVERLOADED, ARE ADMITTED ED PATIENTS EVER "BOARDED" IN INPATIENT HALLWAYS OR IN ANOTHER SPACE OUTSIDE THE ED? -9 = Blank -8 = Unknown 1 = Yes 2 = No
314	2	637-638	[AMBDIV] DID YOUR ED GO ON AMBULANCE DIVERSION IN 2011? -9 = Blank -8 = Unknown 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
315	2	639-640	[TOTHRDIVR] TOTAL NUMBER OF HOURS YOUR HOSPITAL'S ED WAS ON AMBULANCE DIVERSION IN 2011 (Recoded) -9='Blank' -7='Not applicable' 2 = 1-99 3 = 100-499 4 = 500 or more 5 = Diversion data not available
316	2	641-642	[REGDIV] IS AMBULANCE DIVERSION ACTIVELY MANAGED ON A REGIONAL LEVEL VERSUS EACH HOSPITAL ADOPTING DIVERSION IF AND WHEN IT CHOOSES? -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
317	2	643-644	[ADMDIV] DOES YOUR HOSPITAL CONTINUE TO ADMIT ELECTIVE OR SCHEDULED SURGERY CASES WHEN THE ED IS ON AMBULANCE DIVERSION? -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
318	2	645-646	[INCSHX] IN THE LAST TWO YEARS, HAS YOUR ED INCREASED THE NUMBER OF STANDARD TREATMENT SPACES? -9 = Blank -8 = Unknown 1 = Yes 2 = No
319	2	647-648	[INCPHYS] IN THE LAST TWO YEARS, HAS YOUR ED'S PHYSICAL SPACE BEEN EXPANDED? -9 = Blank -8 = Unknown 1 = Yes 2 = No
320	2	649-650	[EXPSPACE] DO YOU HAVE PLANS TO EXPAND YOUR ED'S PHYSICAL SPACE WITHIN THE NEXT TWO YEARS? -9 = Blank -8 = Unknown 1 = Yes 2 = No

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DOES YOUR ED USE: (Note change in item format since 2009.) -9 = Blank -8 = Unknown 1 = Yes 2 = No
321 322 323 324 325 326 327 328 329 330 331 332 333	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	651-652 653-654 655-656 657-658 659-660 661-662 663-664 665-666 667-668 669-670 671-672 673-674 675-676	 [BEDREG] Bedside registration [KIOSELCHK] Kiosk self check-in [CATRIAGE] Computer-assisted triage [IMBED] Immediate bedding [ADVTRIAG] Advanced triage (triage-based care) protocols [PHYSPRACTRIA] Physician/practitioner at triage [FASTTRAK] Separate fast track unit for nonurgent care [EDPTOR] Separate operating room dedicated to ED patients [DASHBORD] Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources [RFID] Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment) [WIRELESS] Wireless devices by providers [ZONENURS] Zone nursing (i.e., all of a nurse's patients are located in one area) [POOLNURS] "Pool" nurses (i.e., nurses that can be pulled to the ED
334	2	677-678	to respond to surges in demand) [SURGDAY] HOW MANY DAYS IN A WEEK ARE INPATIENT ELECTIVE SURGERIES SCHEDULED? -9 = Blank -8 = Unknown 0-7
335	2	679-680	[BEDCZAR] DOES YOUR HOSPITAL HAVE A BED COORDINATOR, SOMETIMES REFERRED TO AS A BED CZAR? -9 = Blank -8 = Unknown 1 = Yes 2 = No
336	2	681-682	[BEDDATA] HOW OFTEN ARE HOSPITAL BED CENSUS DATA AVAILABLE? -9 = Blank -8 = Unknown 1 = Instantaneously 2 = Every 4 hours 3 = Every 8 hours 4 = Every 12 hours 5 = Every 24 hours 6 = Other

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
337	2	683-684	[HLIST] DOES YOUR HOSPITAL HAVE HOSPITALISTS ON STAFF? -9 = Blank -8 = Unknown 1 = Yes 2 = No
338	2	685-686	[HLISTED] DO THE HOSPITALISTS ON STAFF AT YOUR HOSIPTAL ADMIT PATIENTS FROM YOUR ED? -9 = Blank -8 = Unknown -7 = Not applicable 1 = Yes 2 = No
339	2	687-688	[FIPSSTHOSP] STATE/REGION REMAINDER (Based on actual location of the hospital.)
			NOTE: The five most populous states were targeted for sampling (see page 2 for more information). The remaining states were grouped within their Census region and sampled as 'region remainders.' Records in both the region remainders and targeted states should be weighted using the PATWT variable. 06 = California 12 = Florida 17 = Illinois 36 = New York 48 = Texas 91 = Northeast Region Remainder (excludes NY) 92 = Midwest Region Remainder (excludes IL) 93 = South Region Remainder (excludes TX and FL) 94 = West Region Remainder (excludes CA)
340	1	689	[REGION] GEOGRAPHIC REGION (Based on actual location of the hospital.) 1 = Northeast 2 = Midwest 3 = South 4 = West

ITEM FIELD FILE NO. LENGTH LOCATION [ITEM NAME], DESCRIPTION, AND CODES

DRUG-RELATED INFO FOR MEDICATION #1

NOTE: Starting with the 2006 data release, all drug codes based on entry name (using NCHS' standard classification system) were also assigned a unique generic drug code from Multum's Lexicon Drug Database, where possible. The structure of the Multum database is such that multiple ingredient drugs are assigned a single generic drug code encompassing all of a drug's ingredients rather than being assigned generic drug codes for each ingredient, as in past years of NHAMCS drug data. All Multum codes start with the letter "d" but there were some drugs reported in NHAMCS that could not be assigned a code in Multum. These received a prefix of either "a" (when ingredients could be determined) or "c" (when ingredients could not be determined). For more on the structure of the drug data (including information on therapeutic class and drug ingredients, please see page 18.)

341	6	690-695	[DRUGID1] DRUG ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
342	1	696	[PRESCR1] PRESCRIPTION STATUS CODE1 = Prescription Drug4 = Illicit (no longer used in NHAMCS)2 = Nonprescription Drug5 = Both Prescription and3 = UndeterminedOver-the-Counter
343	1	697	[CONTSUB1] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
344	1	698	[COMSTAT1] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
345	3	699-701	[RX1CAT1] MULTUM DRUG CATEGORY # 1

Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.

			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
346	3	702-704	[RX1CAT2] MULTUM DRUG CATEGORY # 2 See RX1CAT1.
347	3	705-707	[RX1CAT3] MULTUM DRUG CATEGORY # 3 See RX1CAT1.

ITEM	FIELD	FILE	[ITEM NAME], DESCRIPTION, AND CODES
NO.	LENGTH	LOCATION	
348	3	708-710	[RX1CAT4] MULTUM DRUG CATEGORY # 4 See RX1CAT1.
			DRUG CATEGORY LEVELS
			See RX1CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
349	3	711-713	[RX1V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
350	3	714-716	[RX1V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
351	3	717-719	[RX1V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
352	3	720-722	[RX1V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
353	3	723-725	[RX1V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
354	3	726-728	[RX1V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
355	3	729-731	[RX1V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
356	3	732-734	[RX1V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
357	3	735-737	[RX1V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
358	3	738-740	[RX1V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
359	3	742-743	[RX1V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
360	3	744-746	[RX1V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #2			
361	6	747-752	[DRUGID2] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
362	1	753	[PRESCR2] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
363	1	754	[CONTSUB2] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
364	1	755	[COMSTAT2] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
365	3	756-758	[RX2CAT1] MULTUM DRUG CATEGORY # 1	
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
366	3	759-761	[RX2CAT2] MULTUM DRUG CATEGORY # 2 See RX2CAT1.	
367	3	762-764	[RX2CAT3] MULTUM DRUG CATEGORY # 3 See RX2CAT1.	
368	3	765-767	[RX2CAT4] MULTUM DRUG CATEGORY # 4 See RX2CAT1.	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX2CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
369	3	768-770	[RX2V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
370	3	771-773	[RX2V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
371	3	774-776	RX2V1C3 Level 1 of MULTUM DRUG CATEGORY # 3
372	3	777-779	[RX2V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
373	3	780-782	[RX2V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
374	3	783-785	[RX2V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
375	3	786-788	[RX2V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
376	3	789-791	[RX2V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
377	3	792-794	[RX2V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
378	3	795-797	[RX2V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
379	3	798-800	[RX2V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
380	3	801-803	[RX2V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #3			
381	6	804-809	[DRUGID3] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
382	1	810	[PRESCR3] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
383	1	811	[CONTSUB3] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
384	1	812	[COMSTAT3] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
385	3	813-815	[RX3CAT1] MULTUM DRUG CATEGORY # 1 Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
386	3	816-818	[RX3CAT2] MULTUM DRUG CATEGORY # 2 See RX3CAT1.	
387	3	819-821	[RX3CAT3] MULTUM DRUG CATEGORY # 3 See RX3CAT1.	
388	3	822-824	[RX3CAT4] MULTUM DRUG CATEGORY # 4 See RX3CAT1.	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX3CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
389	3	825-827	[RX3V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
390	3	828-830	[RX3V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
391	3	831-833	[RX3V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
392	3	834-836	[RX3V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
393	3 3	837-839	[RX3V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
394 395	3	840-842 843-845	[RX3V2C2] Level 2 of MULTUM DRUG CATEGORY # 2 [RX3V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
395 396	3	846-848	[RX3V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
390	5	040-040	
397 398 399	3 3 3	849-851 852-854 855-857	[RX3V3C1] Level 3 of MULTUM DRUG CATEGORY # 1 [RX3V3C2] Level 3 of MULTUM DRUG CATEGORY # 2 [RX3V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
400	3	858-860	[RX3V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
DRUG-RELATED INFO FOR MEDICATION #4			
401	6	861-866	[DRUGID4] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
402	1	867	[PRESCR4] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter
403	1	868	[CONTSUB4] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
404	1	869	[COMSTAT4] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
405	3	870-872	[RX4CAT1] MULTUM DRUG CATEGORY # 1
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.
			 " "= Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
406	3	873-875	[RX4CAT2] MULTUM DRUG CATEGORY # 2 See RX4CAT1.
407	3	876-878	[RX4CAT3] MULTUM DRUG CATEGORY # 3 See RX4CAT1.
408	3	879-881	[RX4CAT4] MULTUM DRUG CATEGORY # 4 See RX4CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
<u>NO.</u>	LENGTH	LOCATION	[ITEWINAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX4CAT1 for general coding conventions that apply to all
			Multum drug categories. Complete Multum classification
			scheme is shown in Appendix III.
409	3	882-884	[RX4V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
410	3	885-887	[RX4V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
411	3	888-890	[RX4V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
412	3	891-893	[RX4V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
413	3	894-896	[RX4V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
414	3	897-899	[RX4V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
415	3	900-902	[RX4V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
416	3	903-905	[RX4V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
417	3	906-908	[RX4V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
418	3	909-911	[RX4V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
419	3	912-914	[RX4V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
420	3	915-917	[RX4V3C4] Level 3 of MULTUM DRUG CATEGORY # 4
-		-	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #5			
421	6	918-923	[DRUGID5] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
422	1	924	[PRESCR5] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
423	1	925	[CONTSUB5] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
424	1	926	[COMSTAT5] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
425	3	927-929	[RX5CAT1] MULTUM DRUG CATEGORY # 1 Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
426	3	930-932	[RX5CAT2] MULTUM DRUG CATEGORY # 2 See RX3CAT1.	
427	3	933-935	[RX5CAT3] MULTUM DRUG CATEGORY # 3 See RX3CAT1.	
428	3	936-938	[RX5CAT4] MULTUM DRUG CATEGORY # 4 See RX3CAT1.	

ITEM	FIELD	FILE LOCATION	
NO.	LENGTH	LUCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX5CAT1 for general coding conventions that apply to all
			Multum drug categories. Complete Multum classification
			scheme is shown in Appendix III.
429	3	939-941	[RX5V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
430	3	942-944	[RX5V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
431	3	945-947	[RX5V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
432	3	948-950	[RX5V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
102	Ū	010000	
433	3	951-953	[RX5V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
434	3	954-956	[RX5V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
435	3	957-959	[RX5V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
436	3	960-962	[RX5V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
430	3	900-902	
407	2		
437	3	963-965	[RX5V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
438	3	966-968	[RX5V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
439	3	969-971	[RX5V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
440	3	972-974	[RX5V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #6			
441	6	975-980	[DRUGID6] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
442	1	981	[PRESCR6] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
443	1	982	[CONTSUB6] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
444	1	983	[COMSTAT6] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
445	3	984-986	[RX6CAT1] MULTUM DRUG CATEGORY # 1	
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
446	3	987-989	[RX6CAT2] MULTUM DRUG CATEGORY # 2 See RX6CAT1.	
447	3	990-992	[RX6CAT3] MULTUM DRUG CATEGORY # 3 See RX6CAT1.	
448	3	993-995	[RX6CAT4] MULTUM DRUG CATEGORY # 4 See RX6CAT1.	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX6CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
449	3	996-998	[RX6V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
450	3	999-1001	
451	3		[RX6V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
452	3	1005-1007	[RX6V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
453	3	1008-1010	[RX6V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
454	3		[RX6V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
455	3		[RX6V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
456	3		[RX6V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
457	3	1020 1022	
458	3		[RX6V3C1] Level 3 of MULTUM DRUG CATEGORY # 1 [RX6V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
458 459	3		[RX6V3C3] Level 3 of MULTUM DRUG CATEGORY # 2
459 460	3		[RX6V3C4] Level 3 of MULTUM DRUG CATEGORY # 3
400	5	1029-1031	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #7			
461	6	1032-1037	DRUGID7] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
462	1	1038	[PRESCR7] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
463	1	1039	[CONTSUB7] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
464	1	1040	[COMSTAT7] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
465	3	1041-1043	[RX7CAT1] MULTUM DRUG CATEGORY # 1	
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
466	3	1044-1046	[RX7CAT2] MULTUM DRUG CATEGORY # 2 See RX7CAT1.	
467	3	1047-1049	[RX7CAT3] MULTUM DRUG CATEGORY # 3 See RX7CAT1.	
468	3	1050-1052	[RX7CAT4] MULTUM DRUG CATEGORY # 4 See RX7CAT1.	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX7CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
469	3	1053-1055	[RX7V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
470	3		[RX7V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
471	3		[RX7V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
472	3	1062-1064	[RX7V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
473	3	1065-1067	[RX7V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
474	3		[RX7V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
475	3		[RX7V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
476	3		[RX7V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
477	3		[RX7V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
478	3		[RX7V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
479	3		[RX7V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
480	3	1086-1088	[RX7V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES	
	DRUG-RELATED INFO FOR MEDICATION #8			
481	6	1089-1094	DRUGID8] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)	
482	1	1095	[PRESCR8] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter	
483	1	1096	[CONTSUB8] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined	
484	1	1097	[COMSTAT8] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined	
485	3	1098-1100	[RX8CAT1] MULTUM DRUG CATEGORY # 1 (therapeutic class)	
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.	
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category 	
486	3	1101-1103	[RX8CAT2] MULTUM DRUG CATEGORY # 2 See RX8CAT1.	
487	3	1104-1106	[RX8CAT3] MULTUM DRUG CATEGORY # 3 See RX8CAT1.	
488	3	1107-1109	[RX8CAT4] MULTUM DRUG CATEGORY # 4 See RX8CAT1.	

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX8CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
489	3	1110-1112	[RX8V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
490	3		[RX8V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
491	3	1116-1118	[RX8V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
492	3	1119-1121	[RX8V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
493	3	1122-1124	[RX8V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
494	3		[RX8V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
495	3		[RX8V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
496	3		[RX8V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
497	3	1134-1136	[RX8V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
498	3		[RX8V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
499	3		[RX8V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
500	3		[RX8V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
		DRU	G-RELATED INFO FOR MEDICATION #9
501	6	1146-1151	DRUGID9] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
502	1	1152	[PRESCR9] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter
503	1	1153	[CONTSUB9] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
504	1	1154	[COMSTAT9] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
505	3	1155-1157	[RX9CAT1] MULTUM DRUG CATEGORY # 1 (therapeutic class)
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
506	3	1158-1160	[RX9CAT2] MULTUM DRUG CATEGORY # 2 See RX9CAT1.
507	3	1161-1163	[RX9CAT3] MULTUM DRUG CATEGORY # 3 See RX9CAT1.
508	3	1164-1166	[RX9CAT4] MULTUM DRUG CATEGORY # 4 See RX9CAT1.

ITEM	FIELD	FILE	
NO.	LENGTH	LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX9CAT1 for general coding conventions t Multum drug categories. Complete Multum class

See RX9CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.

509	3	1167-1169 [RX9V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
510	3	1170-1172 [RX9V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
511	3	1173-1175 [RX9V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
512	3	1176-1178 [RX9V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
513 514 515 516	3 3 3 3	 1179-1181 [RX9V2C1] Level 2 of MULTUM DRUG CATEGORY # 1 1182-1184 [RX9V2C2] Level 2 of MULTUM DRUG CATEGORY # 2 1185-1187 [RX9V2C3] Level 2 of MULTUM DRUG CATEGORY # 3 1188-1190 [RX9V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
517	3	1191-1193 [RX9V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
518	3	1194-1196 [RX9V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
519	3	1197-1199 [RX9V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
520	3	1200-1202 [RX9V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
	DRUG-RELATED INFO FOR MEDICATION #10		
521	6	1203-1208	DRUGID10] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
522	1	1209	[PRESCR10] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter
523	1	1210	[CONTSUB10] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
524	1	1211	[COMSTAT10] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
525	3	1212-1214	[RX10CAT1] MULTUM DRUG CATEGORY # 1 (therapeutic class)
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.
			 " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
526	3	1215-1217	[RX10CAT2] MULTUM DRUG CATEGORY # 2 See RX10CAT1.
527	3	1218-1220	[RX10CAT3] MULTUM DRUG CATEGORY # 3 See RX10CAT1.
528	3	1221-1223	[RX10CAT4] MULTUM DRUG CATEGORY # 4 See RX10CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX10CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
529	3	1224-1226	[RX10V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
530	3		[RX10V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
531	3		[RX10V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
532	3	1233-1235	[RX10V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
533	3		[RX10V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
534	3		[RX10V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
535	3		[RX10V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
536	3	1245-1247	[RX10V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
537 538 539	3 3 3 3	1251-1253 1254-1256	[RX10V3C1] Level 3 of MULTUM DRUG CATEGORY # 1 [RX10V3C2] Level 3 of MULTUM DRUG CATEGORY # 2 [RX10V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
540	3	1207-1209	[RX10V3C4] Level 3 of MULTUM DRUG CATEGORY # 4

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
	DRUG-RELATED INFO FOR MEDICATION #11		
541	6	1260-1265	DRUGID11] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
542	1	1266	[PRESCR11] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter
543	1	1267	[CONTSUB11] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
544	1	1268	[COMSTAT11] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
545	3	1269-1271	[RX11CAT1] MULTUM DRUG CATEGORY # 1 (therapeutic class)
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.
			 " " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
546	3	1272-1274	[RX11CAT2] MULTUM DRUG CATEGORY # 2 See RX11CAT1.
547	3	1275-1277	[RX11CAT3] MULTUM DRUG CATEGORY # 3 See RX11CAT1.
548	3	1278-1280	[RX11CAT4] MULTUM DRUG CATEGORY # 4 See RX11CAT1.

DRUG CATEGORY LEVELS	
DRUG CATEGORY LEVELS	
See RX11CAT1 for general coding conventions that app Multum drug categories. Complete Multum classification scheme is shown in Appendix III.	
549 3 1281-1283 [RX11V1C1] Level 1 of MULTUM DRUG CATEGORY # 550 3 1284-1286 [RX11V1C2] Level 1 of MULTUM DRUG CATEGORY #	
550 3 1284-1286 [RX11V1C2] Level 1 of MULTUM DRUG CATEGORY # 551 3 1287-1289 [RX11V1C3] Level 1 of MULTUM DRUG CATEGORY #	
552 3 1207-1209 [RX11V1C4] Level 1 of MULTUM DRUG CATEGORY #	
553 3 1293-1295 [RX11V2C1] Level 2 of MULTUM DRUG CATEGORY #	
554 3 1296-1298 [RX11V2C2] Level 2 of MULTUM DRUG CATEGORY #	
555 3 1299-1301 [RX11V2C3] Level 2 of MULTUM DRUG CATEGORY #	
556 3 1302-1304 [RX11V2C4] Level 2 of MULTUM DRUG CATEGORY #	4
557 3 1305-1307 [RX11V3C1] Level 3 of MULTUM DRUG CATEGORY # 558 3 1308-1310 [RX11V3C2] Level 3 of MULTUM DRUG CATEGORY # 559 3 1311-1313 [RX11V3C3] Level 3 of MULTUM DRUG CATEGORY # 560 3 1314-1316 [RX11V3C4] Level 3 of MULTUM DRUG CATEGORY #	2 3

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
		DRUC	G-RELATED INFO FOR MEDICATION #12
561	6	1317-1322	[DRUGID12] Drug ID (See p. 130 for more information.) a07001-a92507 = NCHS code (for drugs not found in Multum but for which ingredients could be determined) c00001-c00898, c00900-c92511 = NCHS code (for drugs not found in Multum and with undetermined ingredients) d00001-d08200 = Multum code n00001-n12023 = NCHS code (for drugs not found in Multum that were added to the database beginning with survey year 2008)
562	1	1323	[PRESCR12] PRESCRIPTION STATUS CODE 1 = Prescription Drug4 = Illicit (no longer used in NHAMCS) 2 = Nonprescription Drug5 = Both Prescription and 3 = Undetermined Over-the-Counter
563	1	1324	[CONTSUB12] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined
564	1	1325	[COMSTAT12] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined
565	3	1326-1328	[RX12CAT1] MULTUM DRUG CATEGORY # 1 (therapeutic class)
			Reflects the most detailed therapeutic level to which the drug can be classified. For some drugs, Multum Level 1 (broadest level) is the most detailed, while others can be coded to Level 2, but the majority can be coded to Level 3 (most detailed level). For more on the Multum classification system, please see page 18. The complete Multum classification is shown in Appendix III.
			 " " = Blank/Not applicable 001 - 899 = Drug category 999 = Undetermined category
566	3	1329-1331	[RX12CAT2] MULTUM DRUG CATEGORY # 2 See RX12CAT1.
567	3	1332-1334	[RX12CAT3] MULTUM DRUG CATEGORY # 3 See RX12CAT1.
568	3	1335-1337	[RX12CAT4] MULTUM DRUG CATEGORY # 4 See RX12CAT1.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
			DRUG CATEGORY LEVELS
			See RX12CAT1 for general coding conventions that apply to all Multum drug categories. Complete Multum classification scheme is shown in Appendix III.
569	3	1338-1340	[RX12V1C1] Level 1 of MULTUM DRUG CATEGORY # 1
570	3	1341-1343	[RX12V1C2] Level 1 of MULTUM DRUG CATEGORY # 2
571	3		[RX12V1C3] Level 1 of MULTUM DRUG CATEGORY # 3
572	3	1347-1349	[RX12V1C4] Level 1 of MULTUM DRUG CATEGORY # 4
573	3	1350-1352	[RX12V2C1] Level 2 of MULTUM DRUG CATEGORY # 1
574	3		[RX12V2C2] Level 2 of MULTUM DRUG CATEGORY # 2
575	3		[RX12V2C3] Level 2 of MULTUM DRUG CATEGORY # 3
576	3	1359-1361	[RX12V2C4] Level 2 of MULTUM DRUG CATEGORY # 4
577	3	1362-1364	[RX12V3C1] Level 3 of MULTUM DRUG CATEGORY # 1
578	3		[RX12V3C2] Level 3 of MULTUM DRUG CATEGORY # 2
579	3		[RX12V3C3] Level 3 of MULTUM DRUG CATEGORY # 3
580	3	1371-1373	[RX12V3C4] Level 3 of MULTUM DRUG CATEGORY # 4
*****	*************	******	END OF DRUG CHARACTERISTICS
581	1	1374	[SETTYPE] SETTING TYPE
	·		This item is intended for use when combining data from the NAMCS or NHAMCS-OPD public use files with ED data. 1 = Physician Office (NAMCS) (only on NAMCS file) 2 = Outpatient Department (NHAMCS-OPD) (only on OPD file) 3 = Emergency Department (NHAMCS-ED)
582	4	1375-1378	[YEAR] SURVEY YEAR (2012)

NHAMCS DESIGN VARIABLES

Masked design variables were first released on the 2000 NHAMCS (and NAMCS) public use files, and were subsequently added to the 1993-1999 public use files. These variables reflected the multi-stage sampling design of the surveys, and were for use with statistical software like SUDAAN that takes such information into account. However, these variables could not be used in other statistical software packages, such as SAS and Stata, which employ an ultimate cluster model to estimate variance, without substantial modification. Therefore, two new variables were created and first added to the 2002 file, CSTRATM and CPSUM. They can be used to estimate variance with SUDAAN's with-replacement (WR) option, as well as with Stata, SPSS, SAS, and other statistical software packages utilizing an ultimate cluster model for variance estimation. These variables and their use are described more fully in the "Relative Standard Errors" section of the public use file documentation. The decision was made to include only these new variables, CSTRATM and CPSUM, and not the multi-stage design variables, beginning with the 2003 data release. For those who wish to combine data from 2003 forward with survey data from years prior to 2002 which do not contain CSTRATM and CPSUM, please see the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, at http://www.cdc.gov/nchs/nhamcs.htm.

ITEM NO.	FIELD LENGTH	FILE LOCATION	[ITEM NAME], DESCRIPTION, AND CODES
583	8	1379-1386	[CSTRATM] CLUSTERED PSU STRATUM MARKER (masked) 10112201-40400000
584	6	1387-1392	[CPSUM] CLUSTERED PSU MARKER (masked) 0100357
******	***********	*******	*** WEIGHTING VARIABLES ************************************
585	6	1393-1398	[PATWT] PATIENT VISIT WEIGHT (See page 22 in Section I.) A right-justified integer developed by NCHS staff for the purpose of producing national estimates from sample data. For 2012, it can also be used to produce estimates for the five most populous states and 'region remainders' (see FIPSSTHOSP in columns 687-688). 16-20834
			DWT IS NOT AVAILABLE ON THE FIRST RELEASE OF THE 2012 ED DDED TO A SUBSEQUENT RELEASE.***********************************
586	6	1399-1404	[EDWT] EMERGENCY DEPARTMENT WEIGHT EDWT enables data users to make emergency-department-level estimates. Please see p. 23 for more information.

III. MARGINAL DATA

A. EMERGENCY DEPARTMENT PATIENT VISITS

PATIENT AGE

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT
Total	29,453	130,869,572	100.000
1 - Under 15 years	5,220	23,521,648	17.973
2 - 15-24 years	4,520	20,327,723	15.533
3 - 25-44 years	8,407	37,296,010	28.499
4 - 45-64 years	6,606	28,938,111	22.112
5 - 65-74 years	2,006	8,936,722	6.829
6 - 75 years and over	2,694	11,849,358	9.054

PATIENT SEX

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT	
Total	29,453	130,869,572	100.000	
1 - Female	16,226	72,712,175	55.561	
2 - Male	13,227	58,157,397	44.439	

PATIENT RACE (WITH MISSING DATA IMPUTED)

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT
Total	29,453	130,869,572	100.000
1 - White	21,474	94,748,157	72.39
2 - Black	6,798	31,170,315	23.818
3 - Other	1,181	4,951,100	3.783

PATIENT ETHNICITY (WITH MISSING DATA IMPUTED)

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT
Total 1 - Hispanic or Latino 2 - Not Hispanic or Latino	29,453 5,336 24,117	130,869,572 22,978,757 107,890,815	100.000 17.559 82.44

Total	29,453	130,869,572	100.00
-9 - All sources of payment are blank	305	1,284,426	0.981
-8 - Unknown	2,124	10,656,957	8.143
1 - Private insurance	8,273	37,774,548	28.864
2 - Medicare	5,363	23,972,348	18.318
3 - Medicaid or CHIP	8,046	33,173,738	25.349
4 - Worker's compensation	236	1,159,103	0.886
5 - Self-pay	3,929	17,830,430	13.625
6 - No charge/Charity	257	1,033,714	0.790
7 - Other	920	3,984,308	3.044

RECODED EXPECTED PRIMARY SOURCE OF PAYMENT FOR THIS VISIT

RECODED IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN (TRIAGE LEVEL)

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT	
Total	29,453	130,869,572	100.000	
-9 - Blank	873	4,921,623	3.761	
-8 - Unknown	4,852	23,017,989	17.588	
0 - 'No triage' for this	visit			
but ESA does conduct	nursing			
triage	1,352	4,971,098	3.799	
1 - Immediate	309	945,533	0.723	
2 - Emergent	2,168	9,422,618	7.200	
3 - Urgent	10,232	45,462,340	34.739	
4 - Semi-urgent	7,504	34,776,936	26.574	
5 - Nonurgent	1,532	6,146,740	4.697	
7 - Visit occured in ESA				
that does not conduct				
nursing triage	631	1,204,695	0.921	
 Immediate Emergent Urgent Semi-urgent Nonurgent Visit occured in ESA that does not conduct 	309 2,168 10,232 7,504 1,532	945,533 9,422,618 45,462,340 34,776,936 6,146,740	0.723 7.200 34.739 26.574 4.697	

NUMBER OF MEDICATION CODES THIS VISIT

CATEGORY	RECORDS	WEIGHTED VISITS	PERCENT
Total	29,453	130,869,572	100.000
0	6,749	32,069,442	24.505
1	6,933	30,116,466	23.013
2	5,973	26,490,162	20.242
3	3,984	17,252,946	13.183
4	2,451	10,642,340	8.132
5	1,429	6,018,123	4.599
6	805	3,503,688	2.677
7	401	1,737,277	1.327
8	257	1,099,731	0.840
9	147	615,147	0.470
10	229	932,919	0.713
11	69	312,583	0.239
12	26	78,748	0.060

B. EMERGENCY DEPARTMENT DRUG MENTIONS

PATIENT AGE

CATEGORY	RECORDS	WEIGHTED MENTI	ONS PERCENT	
Total 1 - Under 15 years 2 - 15-24 years 3 - 25-44 years 4 - 45-64 years 5 - 65-74 years 6 - 75 years and over	62,157 7,825 8,544 19,347 15,937 4,639 5,865	268,745,420 33,888,029 37,528,644 84,349,345 67,919,443 19,826,185 25,233,774	12.610 13.964 31.386 25.273 7.37	
PATIENT SEX				
CATEGORY	RECORDS V	VEIGHTED MENTIONS	PERCENT	
Total 1 - Female 2 - Male	62,157 35,022 27,135	268,745,420 153,046,428 115,698,992	110.000 62.643 47.357	

PATIENT RACE (WITH MISSING DATA IMPUTED)

CATEGORY	RECORDS	WEIGHTED MENTION	S PERCENT
Total	62,157	268,745,420	100.000
1 - White	45,679	196,149,147	72.987
2 - Black	14,200	62,548,573	23.274
3 - Other	2,278	10,047,700	3.739

DRUG THERAPEUTIC CATEGORIES (USING LEVEL 1 CODES)

CATEGORY	RECORDS	WEIGHTED MENTIONS	PERCENT
Total	71,188	307,721,318	100.000
'001' - Anti-infectives	8,846	37,357,545	12.140
'O2O' - Antineoplastics	32	102,086	0.033
'O28' - Biologicals	15	57,757	0.019
'O4O' - Cardiovascular agents	3,608	15,581,111	5.063
'057' - Central nervous system agents	29,003	128,539,295	41.771
'081' - Coagulation modifiers	1,570	6,866,252	2.231
'087' - Gastrointestinal agents	3,644	15,972,847	5.191
'097' - Hormones	2,116	9,089,298	2.954
'105' - Miscellaneous agents	1,549	6,756,783	2.196
'113' - Genitourinary tract agents	275	1,190,820	0.387
'115' - Nutritional products	5,827	24,523,497	7.969
'122' - Respiratory agents	9,239	39,565,772	12.858
'133' - Topical agents	2,124	8,841,712	2.873
'153' - Plasma expanders	9	33,297	0.011
'218' - Alternative medicines	47	217,376	0.071
'242' - Psychotherapeutic agents	920	2,639,485	0.858
'254' - Immunological agents	903	3,917,025	1.273
'331' - Radiologic agents	361	1,743,447	0.567
'358' - Metabolic agents	800	3,482,278	1.132
'365' - Medical gases	268	1,109,348	0.361
'899' - Pharmaceutical aid	32	134,287	0.044

Therapeutic categories are based on Lexicon Plus[®], a proprietary database of Cerner Multum, Inc. The Lexicon Plus is a comprehensive database of all prescription and some nonprescription drug products available in the U.S. drug market. For additional information on the Multum Lexicon Drug Database, please refer to the following Web site: <u>http://www.multum.com/lexicon.html</u>. For more information on coding therapeutic categories in NHAMCS, see page 18.

APPENDIX I

A. STANDARD ERRORS AND VARIANCE ESTIMATION

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample is surveyed, rather than the entire universe. The relative standard error (RSE) of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Standard errors and other measures of sampling variability are best determined by using a statistical software package that takes into account the sample designs of surveys to produce such measures.

In the past, NHAMCS micro-data file documentation contained formulas for approximating relative standard errors based on generalized variance curves as well as tables showing lowest reliable estimates based on curve coefficients. This was provided as an alternative for data users who lacked analytic software to produce standard errors and other measures of sampling variability. However, it has long been recognized that such approximations are less accurate than those produced using a statistical software package that takes into account the complex sample designs of surveys. As more data users have obtained access to sophisticated computer software over time, and as recent efforts by NCHS research staff to refine the generalized variance curves did not yield significant improvements, the decision was made starting with 2011 NHAMCS data to discontinue the provision of these approximate methods of variance estimation.

Using computer software like SUDAAN to produce standard errors will, in general, yield results that are more accurate than those produced using generalized variance curves. This is especially true for clustered variables like race, provider seen, or expected source of payment. However, standard errors produced with such software using masked design variables, while improving substantially over generalized variance curve results, will not always be as accurate as those produced using unmasked data. Data files containing unmasked variables are confidential and are only available through the NCHS Research Data Center. While the initial release of masked design variables (starting with the 2000 data year, and continuing with re-released files for 1993-99) included the multi-stage variables necessary for running SUDAAN's full sample without-replacement design option, the 2002 release added two new variables (CSTRATM and CPSUM) needed for running programs that use an ultimate cluster model. Ultimate cluster variance estimates depend only on the first stage of the sample design, so that only first-stage cluster and first-stage stratum identification are required. The earlier version of the masked design variables could not be used with such software without substantial recoding. For 2003 forward, the decision was made to include only those two new variables on the files. The new variables, CSTRATM and CPSUM, differ from the earlier design variables STRATM and PSUM, in that providers are the first-stage sampling units in certainty areas (geographic areas selected with certainty), while geographic areas are the first-stage sampling units in non-certainty areas. Therefore, one should not use the new and old versions (CSTRATM and STRATM or CPSUM and PSUM) together (as for example, when combining years of data). Researchers who wish to combine data from 2003 forward with prior files which do not contain CSTRATM and CPSUM should refer to the technical paper, Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files, at http://www.cdc.gov/nchs/ahcd/ahcd_guestionnaires.htm.

Although the 2012 NHAMCS used both a list sample (for the 5-state supplement sample) (see 1.b on page 9) as well as the traditional clustered sample for the national sample (see 1.a. on page 9), the design variables CSTRATM and CPSUM have been developed to work with either design.

Examples using CSTRATM and CPSUM in SUDAAN's 1-stage WR (with replacement) design option, SAS's PROC SURVEYMEANS, Stata, and SPSS applications are presented below. These examples can be used to approximate variances for visit estimates for 2012 data alone or when combined with NAMCS data or previous years of NHAMCS data.

It should be noted that in previous years, public use file data users were urged to combine data from the ED and OPD components of NHAMCS in order to ensure that all hospitals were included (since hospitals were sampled prior to the selection of EDs and OPDs) to get the best variance estimation. There can be in the public use files hospitals with EDs but no OPDs, and vice versa, and if only one file were used, not all

hospitals would be accounted for when calculating variances. However, because 2012 OPD data are not being released at this time, research was conducted to determine if special steps would need to be taken to preserve all sampling clusters when computing variances with ED records alone. It was found that SUDAAN's with-replacement (WR) option (using an ultimate cluster design) with 2012 ED data alone yielded standard errors that were on average slightly more conservative (less than 5% higher for totals and 2.5% for percents) than the majority of those produced with internal data using SUDAAN's without-replacement (WOR) option. Therefore, for 2012, the lack of the OPD file is not deemed to be a problem. This research has not yet been conducted for any other years so the recommendation remains to combine ED and OPD data when computing variances for years prior to 2012.

SUDAAN 1-stage WR (With-Replacement) Option

The program below provides a with-replacement ultimate cluster (1-stage) estimate of standard errors for a cross-tabulation with a dataset called COMB1.

PROC CROSSTAB DATA=ED1 DESIGN=WR FILETYPE=SAS; NEST CSTRATM CPSUM/MISSUNIT;

SAS - PROC SURVEYMEANS

PROC SURVEYMEANS DATA=ED1; CLUSTER CPSUM; STRATA CSTRATM;

Stata - For use with ultimate cluster design option:

The pweight (PATWT), strata (CSTRATM), and PSU (CPSUM) are set with the svyset command as follows:

<u>Stata 8:</u> svyset [pweight=patwt], psu(cpsum) strata(cstratm)

<u>Stata 9 and later:</u> svyset cpsum [pweight=patwt], strata(cstratm)

<u>SPSS</u>

To obtain variance estimates which take the sample design into account, IBM SPSS Inc.'s Complex Samples module can be used. This description applies to version 21.0. From the main menu, first click on 'Analyze', then 'Complex Samples', then 'Prepare for Analysis'. The 'Analysis Preparation Wizard' can be used to set CSTRATM as the stratum variable, CPSUM as the cluster variable, and PATWT as the weighting variable. The WR design option may be chosen. This will create the PLAN FILE syntax, which should resemble the code below, where PLAN FILE reflects the location you have selected to store the file on your computer:

CSPLAN ANALYSIS /PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN' /PLAN VARS ANALYSISWEIGHT=PATWT /PRINT PLAN /DESIGN STAGELABEL= 'ANY LABEL' STRATA=CSTRATM CLUSTER=CPSUM /ESTIMATOR TYPE=WR.

After creating the plan file, various analyses can be selected from the 'Complex Samples' menu. This is an example of a crosstabulation with options selected for counts, percents, and standard errors, with missing data (if any) included:

CSTABULATE /PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN' /TABLES VARIABLES = AGER BY SEX /CELLS POPSIZE ROWPCT COLPCT /STATISTICS SE COUNT /MISSING SCOPE = TABLE CLASSMISSING = INCLUDE.

Results using IBM SPSS with the WR option were found to be the same as those obtained using SUDAAN Release 11.0.1 with the WR option.

Since the ultimate cluster procedures discussed above compute Taylor series variance estimates, results should be identical. Results differ, however, when a single case stratum, or singleton, is present on the data file because each software package treats such cases differently. There are no singletons on the 2012 NHAMCS ED file, so this should not present a problem.

IMPORTANT NOTE: These examples can be used when producing visit or drug estimates. For department-level estimates, the statements are the same, but replace PATWT with either EDWT (for emergency department estimates) or OPDWT (for outpatient department estimates). The EDWT and OPDWT are only placed on the first record for each emergency department or outpatient department on the file. When running purely facility level analysis, it is recommended that only records with EDWT > 0 or OPDWT > 0 be selected; this will give the correct sample counts and will not affect estimation of variance. Weighted estimates will be correct either way.

In addition to producing estimates of department-level characteristics, it is possible to compute means of visit characteristics at the department level, for example, average waiting time to see a physician in the ED. This is a more complicated process, and is described with sample SAS code at the Ambulatory Health Care Data website (<u>http://www.cdc.gov/nchs/ahcd.htm</u>). For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600.

B. INSTRUCTIONS FOR COMPLETING PATIENT RECORD FORMS (PRFs)

I. EMERGENCY DEPARTMENT PATIENT RECORD FORM

NOTE: In years prior to 2012, NHAMCS data collection agents were provided with a manual containing the Patient Record Form Instructions. This was used to train hospital staff in completing the questionnaires and in familiarizing the data collection agents with the survey instructions in cases where they abstracted the data directly from medical records. Starting in 2012 when a computer-assisted mode of data collection was used for the first time, data collection agents abstracted data from medical records for nearly all sampled visits and recorded them using an automated tool. This tool contained online help screens which could be accessed during data collection for most data items, replacing the old paper manuals. What is shown below is a compilation of the various help screen texts taken from the automated instrument.

PATIENT INFORMATION

DATE AND TIME OF VISIT

(1) Arrival – Record the month, day, and 2-digit year of arrival in figures, for example, 05/17/11 for May 17, 2011. Record the hour and minutes when the patient first arrived.

(2) Seen by MD/DO/PA/NP – Record the month, day, and 4-digit year (MMDDYYYY) the patient was first seen by a physician, physician assistant, or nurse practitioner in figures.Record the hour and minutes in the format HHMM*ampmml* when the patient was first seen first by a physician, physician assistant, or nurse practitioner.

(3) ED discharge –The ED discharge time should accurately reflect the actual time that the patient was discharged from the ED no matter what the disposition is, i.e., treated and released or admitted to the hospital or transferred to another hospital.

This date and time may be different from the time that the patient actually left the ED, especially for admitted patients as they may spend time in the ED waiting for an inpatient bed.

If the patient was admitted to an observation unit in the ED, then the ED discharge date and time should be the same time that the patient was transferred to the observation unit.

ZIP CODE

Enter the 5-digit ZIP Code from patient's mailing address.

DATE OF BIRTH

Record the month, day, and 4-digit year of the patient's birth in figures, for example, 06/26/2007 for June 26, 2007. In the rare event the date of birth is unknown, the year of birth should be estimated as closely as possible.

PATIENT RESIDENCE

	Residence	Definition
1	Private residence	The patient's current place of residence is a private home (such as an apartment, single-family home, townhouse, etc.). This includes the patient staying at the private home of a friend or relative. A P.O. box should be considered a private residence, unless there is information to the contrary.
2 3	Nursing home Homeless	The patient's current place of residence is a nursing home. The patient has no home (e.g., lives on the street) or patient's current place of residence is a homeless shelter.
4	Other	The patient's current place of residence is a hotel, college dormitory, assisted-living center, or an institution other than a nursing home (such as a prison, mental hospital, group home for the mentally or physically disabled, etc.).
5	Unknown	If the patient's current residence cannot be determined, enter "Unknown."

SEX

Please enter the appropriate category based on observation or your knowledge of the patient or from information in the medical record.

ETHNICITY

Ethnicity refers to a person's national or cultural group. There are two categories for ethnicity, "Hispanic or Latino" and "Not Hispanic or Latino".

Enter the appropriate category according to the information in the medical record. If the patient's ethnicity is not known and is not obvious, enter the category which in your judgment is most appropriate. The definitions of the categories are listed below.

Do not determine the patient's ethnicity from his/her last name.

	Ethnicity	Definition
1		A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
2	Not Hispanic or Latino	All other persons.

RACE

Enter all appropriate categories based on the information in medical record. If the patient's race is not known or not obvious, enter the categories which in your judgment is (are) most appropriate. Do not determine the patient's race from their last name.

	Race	Definition
1	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
2	Black or African American	A person having origins in any of the black racial groups of Africa.
3	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	American Indian or Alaska Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

ARRIVAL BY AMBULANCE

	Ambulance	Definition
1	Yes	The patient arrived in an ambulance, either air or ground. This includes private and public ambulances that can provide either Advanced Life Support or Basic Life Support.
2	No	The patient did not arrive by ambulance.
3	Unknown	The mode of arrival is unknown.

EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT

Expected source(s) of Payment	Definition
1 Private insurance	Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue Shield) either directly to the physician/CHC provider or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan.
2 Medicare	Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the physician/CHC provider as well as payments reimbursed to the patient. Include charges covered under a Medicare sponsored prepaid plan.
3 Medicaid or CHIP	Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the physician/CHC provider as well as payments reimbursed to the patient.

Include charges covered under a Medicaid sponsored prepaid plan or the Children's Health Insurance Program (CHIP).

4 Worker's Includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault. compensation 5 Self-pay Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self- pay" includes visit for which the patient is expected to be ultimately responsible for most of the bill, even though the patient never actually pays it. DO NOT check this box for a copayment or deductible. 6 No charge/Charity Visits for which no fee is charged (e.g., charity, special research or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post- operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid. 7 Other Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage). 8 Unknown The primary source of payment is not known.

TEMPERATURE

Record the patient's initial temperature if measured at this visit. Enter the appropriate box, indicating the type of measurement (degrees C or F).

TRIAGE LEVEL

Enter the triage level assigned by a triage nurse upon ED arrival.

Most ED patients will be assigned a number from 1-5 with the lowest number indicating the most urgent cases. The triage level may be expressed as a Roman numeral.

Enter "No triage" if the emergency service area does not perform triage or the patient arrived DOA. Enter "Unknown" if the triage level is unknown.

PAIN SCALE

Enter a number from 0 (no pain)-10 (worst pain imaginable) that indicates the level of the patient's pain at triage as recorded in the medical record. Enter "Unknown", if the pain level is unknown.

Health care professionals typically measure pain on a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable. The scale they use is:

0-1 No pain 2-3 Mild pain 4-5 Discomforting - moderate pain6-7 Distressing - severe pain8-9 Intense - very severe pain10 Unbearable pain

The pain scale for children may consist of 6 faces (0=no hurt to 5=hurts worst). If this is used by the ED, then adapt it to the 11-point scale by multiplying the value on the faces scale by 2 (e.g., for 5 on the faces scale, enter 10). For 0 on the faces scale, enter 0.

Wong-Baker FACES Pain Scale for children ~3-7 years old -



HAS PATIENT BEEN SEEN IN THIS ED WITHIN THE LAST 72 HOURS and DISCHARGED?

Indicate whether the patient was seen in this emergency department within the 72 hours prior to the current visit and then was discharged from the emergency department.

If it cannot be determined whether the patient has been seen in this time period, enter "Unknown."

PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT (use patient's own words.)

Enter the Patient's complaint(s), symptom(s), or other reason(s) for this visit *in the Patient's own words*. Space has been allotted for the "most important" and 2 "other" complaints, symptoms, and reasons as indicated below.

- (1) Most important
- (2) Other
- (3) Other

The *Most Important* reason should be entered in (1). By "most important" we mean the problem or symptom which, in the provider's judgment, was most responsible for the patient making this visit. Two additional complaints/symptoms/reasons may be entered.

This is one of the most important items on the Patient Record. No similar data on emergency department visits are available in any other survey and there is tremendous interest in the findings. Take your time to be sure you understand what is required--especially the following two points:

Enter the patient's principal complaint(s), symptom(s) or any other reason(s) in the patient's own words. The provider may recognize right away, or may find out after the examination, that the real problem is something

entirely different; however, in this item we are interested in how the patient defines the reason for the visit (e.g., "cramps after eating," or "fell and twisted my ankle").

This item refers to the patient's complaint, symptom, or other reason for this visit. Conceivably, the patient may be undergoing a course of treatment for a serious illness, but if his/her principal reason for this visit is a cut finger or a twisted ankle, then that is the information that should be entered.

There will be visits by patients for reasons other than some complaint or symptom. Examples might be follow-up for suture removal or recheck of a heart condition. In such cases, simply enter the **reason for the visit**.

Reminder: If the reason for a patient's visit is to pay a bill, ask the physician to complete an insurance form, or drop off a specimen, then the patient is not eligible for the sample. A Patient Record should not be completed for this patient.

EPISODE OF CARE

The "Episode of care" attempts to measure the nature of the care provided at the visit, an initial visit versus a follow-up visit. An episode of care begins with the initial visit for care for a particular problem and ends when the patient is no longer continuing treatment. A problem may recur later, but that is considered a new episode of care. An initial visit may be diagnostic in nature whereas a follow-up visit may be to check progress or continue therapy.

	Episode of care	Definition
1	Initial visit to this ED for problem	This is the FIRST VISIT to this ED by this patient for care of this particular problem or complaint.
2	Follow-up visit to this ED for problem	Care was previously provided for this problem in this ED. This is the second or subsequent visit to this ED for this problem or complaint.
3	Unknown	Cannot determine if this is the first or follow-up visit for this problem.

Visits for follow-up care for injuries such as removal of casts would be reported under "Follow-up." An initial visit for a new episode of a chronic problem flare-up would be listed under "Initial visit" whereas a follow-up visit for a chronic problem flare-up would be listed under "Follow-up visit."

INJURY/DIAGNOSIS

IS THIS VISIT RELATED TO AN INJURY, POISONING, OR ADVERSE EFFECT OF MEDICAL TREATMENT?

If ANY PART of this visit was related to an injury or poisoning or adverse effect of medical or surgical care (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure) or an adverse effect of a medical drug, then enter the appropriate answer category.

The injury/poisoning/adverse effect does not need to be recent.

It can include those visits for follow-up or previously treated injuries and visits for flare-ups of problems due to old injuries.

This item not only includes injuries or poisonings, but also adverse effects of medical treatment or surgical procedures. Include any prescription or over-the-counter medication involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

Injury/Poisoning/ Adverse effect		Definition
1	Yes, injury/trauma	Visit related to injury or trauma.
2	Yes, poisoning	Visit related to poisoning that is unintentional (e.g., toddler swallowing grandparent's heart medicine) or intentional (e.g., suicide attempt).
3	Yes, adverse effect of medical treatment	Visit is related to an to an adverse effect of medical (e.g., penicillin allergy) or surgical treatment (e.g., foreign body left in abdomen during procedure).
4	No	Visit is not related to an injury or poisoning or adverse effect of medicinal or surgical treatment.
5	Unknown	It is unknown whether this visit is related to an injury or poisoning or adverse effect of medical or surgical treatment.

As specifically as possible, list diagnoses related to this visit including chronic conditions.

This is one of the most important items on the Patient Record form.

The primary diagnosis refers to the provider's primary diagnosis for this visit. If possible, enter a final or provisional diagnosis, otherwise, use "problem" terms. Do not enter "rule out" diagnosis. If the patient was not seen by a physician, then the diagnosis by the main health care provider should be recorded.

If a patient appears for postoperative care (follow-up visit after surgery), record the postoperative diagnosis as well as any other. The postoperative diagnosis should be indicated with the letters "P.O."

Do not enter the operative procedure.

(1) Primary diagnosis

- (2) Other
- (3) Other

(2) and (3) Other:

Enter up to two diagnoses which existed at the time of the visit if they are of DIRECT CONCERN to the visit. Include chronic disease.

Does the patient have -

The intent of this item is to supplement the diagnosis reported in the previous screen. Enter all condition(s) regardless of whether it was already reported in the diagnosis item. Even if the condition is judged to be not clinically significant for this visit, it should still be entered.

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	Condition	Definition
1	Cancer	Cancer includes any type of cancer (ca), such as carcinoma, sarcoma, leukemia, and lymphoma.
2	Cerebrovascular disease/ History of stroke or transient ischemic attack (TIA)	Cerebrovascular disease is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. Hypertension is the most important cause. The results of cerebrovascular disease can include a stroke, or occasionally a hemorrhagic stroke. A transient ischemic attack is a brief episode in which the brain gets an insufficient blood supply. Include a history of stroke or TIA.
3	Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease includes chronic bronchitis and emphysema, but excludes asthma.
4	Condition requiring dialysis	Condition requiring dialysis includes end-stage renal disease (ESRD) and chronic kidney/renal failure (CRF) due to diabetes or hypertension that requires the patient to be on kidney/renal dialysis. Include both hemodialysis and peritoneal dialysis.
5	Congestive heart failure (CHF)	Congestive heart failure (CHF) is generally defined as the inability of the heart to supply sufficient blood flow to meet the needs of the body. Does not include aystole or cardiac arrest.
6	Dementia	Dementia is a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Diabetes includes both type I and type II diabetes (sometimes
7	Diabetes	called diabetes mellitus) and diabetes insipidus (a condition in which the kidneys are unable to conserve water), but excludes gestational diabetes (diabetes related to pregnancy).
8	History of heart attack or myocardial infarction (MI)	Only include if the patient had a heart attack or myocardial infarction (MI) prior to the sampled visit. A heart attack or MI occurs when the blood vessels that supply blood to the heart are blocked, preventing enough oxygen from getting to the heart. The heart muscle dies or becomes permanently damaged. Also known as acute myocardial infarction (AMI).
9	History of pulmonary embolism (PE) or deep vein thrombosis (DVT)	Only include if the patient had a pulmonary embolism or a diagnosis of deep vein thrombosis (DVT) prior to the sampled visit. Pulmonary embolism (PE) is a blockage of the main artery of the lung or one of its branches by a substance that has travelled from elsewhere in the body through the bloodstream (embolism). Usually this is due to embolism of a thrombus (blood clot) from the deep veins in the legs, a process termed venous thromboembolism. Deep vein thrombosis (also known as deep venous thrombosis) is the formation of a blood clot ("thrombus") in a deep vein. It is a form of thrombophlebitis (inflammation of a vein with clot formation). DVT commonly affects the leg veins (such as the femoral vein or the popliteal vein) or the deep veins of the pelvis.

10	ΗIV	HIV infection is a condition caused by the human immunodeficiency virus which gradually destroys the immune system and makes it harder for the body to fight infections. Asymptomatic (without symptoms) HIV infection is a phase of chronic infection with human immunodeficiency virus (HIV) during which there are no symptoms of HIV infection. AIDS (acquired immune deficiency syndrome) is the final stage of HIV disease, which causes severe damage to the immune system.
11	None of the above	Enter "None of the above" if none of the conditions listed above exist.

DIAGNOSIS

Enter all services that were ordered or provided during this visit for the purpose of diagnosis (i.e., identification of health problems causing individuals to be symptomatic).

EACH SERVICE ORDERED OR PROVIDED SHOULD BE ENTERED.

Enter "NONE" if no blood tests, imaging services, or other tests were ordered or provided. If services were ordered or provided that are not listed, then enter "Other blood test," "Other test/service," or "Other imaging," as appropriate.

	Service	Definitions/Special Instructions
	Blood tests	Basic blood chemistry panels (e.g., SMA7, Chem-1, CPBASIC, BMP) include kidney tests (BUN and creatinine), electrolytes (sodium, potassium, bicarbonate and chloride) and glucose.
		Comprehensive blood chemistry panels (e.g., SMA18, Chem-2, CPCOMP, but CMP) include the 7 tests in the basic panel as well as others (e.g., bilirubin, alkaline phosphatase, etc.).
2	Arterial blood gases	May be abbreviated as ABG. To obtain an ABG, an artery is punctured, usually in the wrist (radial artery). ABG measures the levels of pH, oxygen (PO ₂ or PaO ₂) carbon dioxide (PCO ₂ or PaCO ₂), bicarbonate (HCO ₃), and oxygen saturation (SaO ₂). ABG is not the same as a venous blood gas (VBG).
3	(BAC) Blood alcohol concentration	A blood alcohol concentration (BAC) test measures the amount of alcohol in the bloodstream which is reported as a percentage.
4	Blood culture	A blood culture determines if microorganisms, such as bacteria or fungi, are present in the blood. A sample of blood is put in a special laboratory preparation and incubated in a controlled environment for 1 to 7 days. Often obtained in sets of 2 or 3 at the same time. May be abbreviated as BC or blood cx.
5	BNP (brain natriuretic peptide)	Either the BNP (brain natriuretic peptide) or NT-proBNP (N-terminal pro b-type natriuretic peptide) may be used to help diagnose heart failure and to grade the severity of heart failure.

	Service	Definitions/Special Instructions
6	BUN/Creatinine	The blood urea nitrogen (BUN) test measures the amount of urea (nitrogen containing waste material) in blood serum. A high level of serum urea usually indicates poor kidney function, as it is the function of the kidney to remove urea from the bloodstream and filter it into the urine. The common laboratory abbreviation is BUN. The creatinine test measures the amount of creatinine, also a nitrogen containing waste material, in the blood serum or plasma. It is considered the most reliable test for kidney function. Since creatinine is normally produced as a protein breakdown product by muscle and excreted by the kidneys in the urine, an elevation in the creatinine blood level normally indicates a disturbance of kidney function. Elevation is also seen in dehydration scenarios, or in individuals with high protein diets.
7	Cardiac enzymes	May be abbreviated as CE. Cardiac enzymes include any of the following tests: CKMB (MB fraction of creatine kinase) or CPK-MB; troponin I or troponin T (Tnl, cTnl).
8	CBC	A complete blood count includes white blood cell count (WBC), white blood cell differential (the differential classifies a person's white blood cells into each type: neutrophils [also known as segs, PMNs, granulocytes, grans], lymphocytes, monocytes, eosinophils, and basophils), red blood cell count (RBC), hemoglobin, hematocrit, platelet, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), and red cell distribution width (RDW).
9	D-dimer	The D-dimer test is ordered, along with other laboratory tests and imaging scans, to help rule out the presence of a thrombus. Some of the conditions that the d-dimer test is used to help rule out include: deep vein thrombosis (DVT), pulmonary embolism (PE), and stroke. Also known as fragment D-dimer and fibrin degradation fragment.
10	Electrolytes	The electrolytes test measures any of the following in the blood: sodium (Na), chloride (CI), potassium (K), bicarbonate (HCO_3), and carbon dioxide (CO_2).
11	Glucose	The glucose test measures the amount of glucose (sugar) in serum and plasma. High blood levels of glucose (hyperglycemia) can indicate diseases such as diabetes mellitus. Glucose may also be measured in the urine during a urinalysis. A fasting blood glucose test is known as FBS.
12	Lactate	The lactate test is primarily ordered to help determine if someone has lactic acidosis, a high level of lactate in the blood. Lactic acidosis is most commonly caused by an inadequate amount of oxygen in cells and tissues (hypoxia). Also known as Lactic Acid; L-Lactate.
13	Liver function tests	May be abbreviated as LFT. LFTs iInclude any of the following blood tests: ALP (alkaline phosphatase), SGPT (serum glutamate pyruvate transaminase) or ALT (alanine transaminase), SGOT (serum glutamic-oxaloacetic transaminase) or AST (aspartate aminotransferase), GGT (gamma-glutamyl transpeptidase), and serum bilirubin.
14	Prothrombin time/INR	The prothrombin time (PT)/INR test measures the clotting time of plasma (the liquid portion of the blood). Alternative names include PT and Pro-time. INR (international normalized ratio) is a system for

	Service	Definitions/Special Instructions
		reporting the results of blood coagulation (clotting) tests. Usually collected with PTT (partial thromboplastin time). Also known as coags.
	Other tests:	·
16	Cardiac monitor	A cardiac monitor is a piece of electronic equipment for continual observation of the function of the heart. Include: heart monitor, Holter monitor, ballistocardiography, cardiography, and electrocardiography (ECG or EKG).
17	EKG/ECG	EKG/ECG includes stress tests, e.g., treadmill.
18	HIV test	Antibodies to the HIV virus are often detected by an HIV screening test called an ELISA. The ELISA test is repeated if positive. The ELISA method is very sensitive but requires another test, a Western Blot, to confirm the results. Also known as AIDS test, AIDS screen, and HIV serology.
19	Influenza test	The influenza test is done almost exclusively during the flu season on patients presenting with symptoms of respiratory infection. The best sample for a flu test is usually a nasal aspirate, but the most frequently used samples are the nasal or throat swab (rapid), nasal culture, or serology (blood). The result of the rapid test may be obtained in 10 minutes. Include: flu test, rapid flu test, influenza antigen test, and viral culture for flu/influenza.
20	Pregnancy/HC G test	A pregnancy test may be done on either urine or blood. HCG or human chorionic gonadotropin is a hormone that is produced during pregnancy. Include: HCG, beta HCG, total HCG, and total beta HCG.
21	Toxicology screen	A toxicology screen evaluates the type (and roughly measures the amount) of legal and illegal drugs a person has taken. It tests for several drugs of abuse and is usually a urine sample, but could also be blood.
22	Urinalysis	A urinalysis is the chemical analysis of urine for medical diagnosis. Routine urinalysis includes determining specific gravity, observing any unusual color or odor, bacteria, and sediment to screen for urinary tract infections, renal disease, and diseases of other organs that result in abnormal products appearing in the urine. Include "clean-catch" urine sample.
23	Urine culture	The urine culture test detects and identifies bacteria and yeast in the urine and is used to diagnose a urinary tract infection (UTI). A mid-stream clean catch urine sample is submitted to the lab; sometimes a urine sample is obtained via catheter. With a urine culture, a small sample of urine is placed on one or more agar plates (a thin layer of a nutrient media) and incubated at body temperature. Any microorganisms that are present in the urine sample grow over the next 24 to 48 hours as small circular colonies.

	Service	Definitions/Special Instructions
24	Wound culture	A wound culture is used to detect and identify bacteria or fungi that may be infecting the skin or wound. Specimen is usually obtained by a cotton swab of pus or the wound base. The test involves growing the microorganisms from a wound in a special growth medium.
	Imaging:	
26	X-ray	X-ray includes angiogram and fluoroscopy.
27	Intravenous contrast	Intravenous contrast refers to radiocontrast agents, usually iodine, that are used in X-ray examinations to visualize vessels and changes in tissues on X-ray and CT, but can also be used for tests of the urinary tract, uterus, and fallopian tubes.
28	CT scan	A CT scan — also called computerized tomography or just CT — combines a series of X-ray views taken from many different angles to produce cross-sectional images of the bones and soft tissues inside the body.
		A CT scan is particularly well suited to quickly examine people who may have internal injuries from car accidents or other types of trauma. A CT scan can also visualize the brain and — with the help of injected contrast material — check for blockages or other problems in your blood vessels. Enter the body site that is being examined by the CT scan, i.e., abdomen, chest, head, or other.
29	MRI	Magnetic resonance imaging (MRI) is a test that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body. In many cases MRI gives different information about structures in the body than can be seen with an X-ray, ultrasound, or computed tomography (CT) scan. MRIs also may show problems that cannot be seen with other imaging methods.
30	Ultrasound	May be abbreviated as US. Ultrasound includes echocardiogram. ED physicians have begun to perform bedside ultrasound themselves, so indicate whether the ultrasound was performed by the emergency physician or someone else (e.g., x-ray tech in Radiology).
31	Other imaging	Other imaging includes PET scan.

Mark all provided at this visit. Exclude medications.

Enter all procedures provided at this visit. Enter "NONE" if no procedures were provided.

	Procedure	Definition
1	None	No procedures provided.
		BiPAP (variable/bilevel positive airway pressure) provides two levels of

2	BIPAP/CPAP	pressure: inspiratory positive airway pressure and a lower expiratory positive airway pressure for easier exhalation. CPAP is continuous positive airway pressure. The main indications for positive airway pressure are congestive heart failure and chronic obstructive pulmonary disease.	
3	Bladder catheter	A bladder catheter is a latex, polyurethane or silicone tube inserted into a patient's bladder via his or her urethra. Catheterization allows the patient's urine to drain freely from the bladder for collection. It may be used to inject liquids used for treatment or diagnosis of bladder conditions, also known as a urinary catheter. May be referred to as a Foley catheter.	
4	Cast/Splint/ Wrap	A cast is a rigid or flexible dressing made of plaster or fiberglass, molded to the body while pliable and hardening as it dries to give firm support. A splint is a rigid or flexible appliance used to maintain in position a displaced or moveable part, or to keep in place and protect an injured part.	
		A wrap is an elastic bandage (also known as an ACE bandage, elastic wrap, compression bandage or crepe bandage) is a "stretchable bandage used to create localized pressure." Elastic bandages are commonly used to treat muscle sprains and strains by reducing the flow of blood to a particular area by the application of even stable pressure which can restrict swelling at the place of injury.	
5	Central line	A central venous line (also known as central venous catheter or CVC) is usually inserted into a large vein in the neck, chest, or groin to administer medications or fluids and to obtain blood for testing and cardiovascular measurements.	
6	CPR	CPR is cardiopulmonary resuscitation	
7	Endotracheal intubation	Endotracheal intubation is a medical procedure in which a tube is placed into the windpipe (trachea), through the mouth or the nose. Endotracheal intubation is done to open the airway to give oxygen, medication, or anesthesia, and to help with breathing. It may also be done to remove blockages (foreign bodies) from the airway or to allow the doctor to get a better view of the upper airway.	
8	Incision and drainage(I & D)	Incision and drainage (I&D) is a common treatment for skin infections and abscesses. A scalpel is inserted into the skin overlying the pus and the pus is drained.	
9	IV fluids	Refers to the administration of intravenous fluids.	
10	Lumbar puncture	Lumbar puncture (LP) is a diagnostic and at times therapeutic procedure that is performed in order to collect a sample of cerebrospinal fluid (CSF) for biochemical, microbiological, and cytological analysis, or very rarely as a treatment ("therapeutic lumbar puncture") to relieve increased intracranial pressure. Also known as a spinal tap.	

11 Nebulizer therapy During nebulizer therapy, bronchodilator (airway-opening) medications therapy (e.g., albuterol, ipratropium) are delivered through a nebulizer which changes liquid medicine into fine droplets (in aerosol or mist form) that are inhaled through a mouthpiece or facemask. Used for patients

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		with asthma or COPD (chronic obstructive pulmonary disease).
12	Pelvic exam	A pelvic exam is an examination of the organs of the female reproductive system.
13	Skin adhesives	Skin adhesives can be used in a wide range of wound care where gentle adhesion to skin is critical (e.g., wound dressings, pressure sore cushions, and burn treatment gauzes).
14	Suturing/Staples	Suturing/stapling is the process of using stitches, sutures or staples to hold the skin or tissue together.
15	Other	Enter "Other" if procedures were provided but are not listed above

MEDICATIONS & IMMUNIZATIONS

List up to 12 drugs given at this visit or prescribed at ED discharge, using either the brand or generic names. Include prescription and over-the-counter drugs, immunizations, and anesthetics. Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacid," "birth control pill," or "antibiotic."

If no medication was prescribed, provided, or continued, then enter "0" and continue.

Limit entries to drug name only.

Additional information such as dosage, strength, or regimen is not required. For example, the medication might be in the form of pills, injections, salves or ointments, drops, suppositories, powders, or skin patches, but this information should not be entered.

For each drug listed, record if the medication was given in the ED, prescribed at discharge or both given in ED and at discharge.

If more than 12 drugs were given in the ED and/or prescribed at ED discharge, then enter the medications/immunizations according to the following priority:

- 1. All medications (including OTC drugs)/immunizations associated with the listed diagnoses.
- 2. All medications (including OTC drugs)/immunizations given in the ED, excluding vitamins and dietary supplements.
- 3. All medications (including OTC drugs)/immunizations prescribed at discharge, excluding vitamins and dietary supplements.
- 4. Vitamins and dietary supplements.

Enter all providers seen during this visit.

If care was provided, at least in part, by a person not represented in the eight categories, enter "Other."

Answer Box	Provider	Provider (Definition)
3	Consulting physician	Physician who is called to the ED by the patient's ED provider and who may leave a consultation note.
7	EMT	EMT is emergency medical technician. Only enter this category if an EMT provided care in the ED as opposed to in the ambulance.
8	Other mental health provider	Include psychologists, counselors, social workers, and therapists who provide mental health counseling. Exclude psychiatrists.

DISPOSITION

Enter all that apply. Enter "other", if the visit disposition is not listed.

	Visit Disposition	Definition
1	No follow-up planned	No return visit or telephone or e-mail contact is scheduled or planned for the patient's problem.
2	Return to ED	The patient was told to schedule an appointment or was given an appointment to return to the ED at a particular time.
3	Return/Refer to physician/clinic for FU	The patient was referred to the ED by his or her personal physician or some other physician and is now instructed to consult with the physician who made referral. The patient was screened, evaluated, stabilized, and then referred to another physician or clinic for follow-up.
4	Left before triage	The patient left before being triaged.
5	Left after triage	The patient left after being triaged, but before being seen by the main health care provider.
6	Left AMA	The patient left against medical advice, that is, the patient was evaluated by the hospital staff and advised to stay and receive or complete treatment.
7	DOA	The patient was dead on arrival (DOA). This patient is still included in the sample if listed on the arrival log.
8	Died in ED	The patient died in the ED. This patient is still included in the sample if listed on the arrival log.
9	Return/Transfer to nursing home	The patient returned to the nursing home that is their usual place of residence or was transferred to a nursing home.
10	Transfer to psychiatric hospital	The patient was transferred to a psychiatric hospital.
11	Transfer to other hospital	The patient was transferred to another non-psychiatric hospital.

12	Admit to this hospital	The patient was instructed that further care or treatment was needed and was admitted to this hospital.
13	Admit to observation unit, then hospitalized	The patient was admitted to a designated observation unit operated by the ED for evaluation and management or to wait for an inpatient bed, and then was admitted to the hospital.
14	Admit to observation unit, then discharged	The patient was admitted to a designed observation unit in the ED for evaluation and management, but was discharged from the ED and was never admitted to a hospital. The observation unit must be located in a separate geographic area from the ED and does not merely indicate a change in the patient's status. Other names of ED observation units include the following: clinical decision unit (CDU), chest pain evaluation unit, short-stay unit, and rapid diagnostic and treatment unit.
15	Other	Any other disposition not included in the above list.

HOSPITAL

ADMITTED TO:

	Type of Unit	Definition
1	Critical care unit	The patient was admitted to a critical care unit of the hospital (e.g., Intensive Care Unit (ICU), Coronary Care Unit (CCU), Pediatric Intensive Care Unit (PICU)).
2	Stepdown unit	The patient was admitted to a stepdown unit area of the hospital where special machines are used to closely monitor patients. The level of care is less intense than in the ICU, but is not present in all hospitals.
3	Operating room	The patient was sent directly to the operating room.
4	Mental health or detox unit	The patient was admitted to a mental health or psychiatric unit or a unit providing detoxification services for drugs and/or alcohol.
5	Cardiac catheterization lab	The patient was sent directly to the cardiac catheterization lab.
6	Other bed/unit	The patient was admitted to a bed/unit in the hospital not listed above (e.g., med/surg unit).
7	Unknown	Information is not available to determine where the patient was admitted.

ADMITTING PHYSICIAN

Indicate whether the admitting physician is a hospitalist. A hospitalist is a physician whose primary professional focus is the general medical care of hospitalized patients. A hospitalist oversees ED patients being admitted to the hospital.

If the records do not indicate that the admitting physician is a hospitalist, enter "Unknown".

DATE AND TIME PATIENT ACTUALLY LEFT THE ED OR OBSERVATION UNIT

Record the month , day, and year in figures when the patient actually left the ED or observation unit, for example 05/17/2012 for May 17,2012.

Record the hour, minutes, and AM/PM/Military time indicator when the patient actually left the ED in figures. For example, enter 600am for 6:00 a.m. or 600pm for 6:00 p.m. or 1400ml for 14:00 military time.

If the date and time when the patient actually left the ED is unknown, leave the field blank.

If the patient was admitted to the hospital from the ED or observation unit, it is possible that he/she had to wait for an inpatient bed to become available after being discharged from the ED or observation unit. This is called "boarding" and the National Center for Health Statistics is interested in calculating "boarding time." Therefore, the date and time entered here should reflect the time that the patient actually left the ED or observation unit, not necessarily the time that the patient was discharged.

HOSPITAL DISCHARGE STATUS/DISPOSITION

If the patient was discharged "Alive," enter one of the following:

	Status	Definition
1	Home/ Residence	The patient was discharged to their normal place of residence (e.g., private home, assisted living, nursing home, college dormitory, homeless shelter, hospice, prison, or group home for the mentally or physically disabled).
2	Return/Transfer to nursing home	The patient returned to the nursing home that is their normal place of residence or was transferred to a nursing home.
3	Transfer to another facility (not usual place of residence)	The patient was transferred to another facility that is not their usual place of residence (e.g., psychiatric hospital, detox, rehabilitation hospital, another short-term hospital, intermediate care facility (ICF), extended care facility or custodial care facility). If an extended care facility or custodial care facility has a distinct unit that provides skilled nursing care, enter "Return/Transfer to nursing home".
4	Other	Any other disposition where the patient neither returned to their normal place of residence nor was transferred.
5	Unknown	Information is not available to determine where the patient was discharged.

OBSERVATION UNIT STAY

Complete this item for patients who were discharged from the observation unit to return to their residence.

If the date and time when the patient was discharged from the observation unit is unknown, leave the field blank.

When entering the date and time that the patient was discharged from the observation unit, it is important to determine that this unit is a separate geographic location from the ED, not just a change in the patient's status. The ED discharge time should be the time the patient was transferred to the observation unit, not the same time the patient was discharged from the observation unit.

C. DEFINITIONS OF CERTAIN TERMS USED IN THE SURVEY

<u>Patient</u> - An individual seeking personal health services not currently admitted to any health care institution on the premises. Patients arriving by ambulance are included. Patients are defined as in scope or out of scope as follows:

In scope - A patient seen by hospital staff in an in scope emergency service area or clinic except as excluded below.

<u>Out of scope</u> - Patients seen by a physician in their private office, nursing home, or other extended care institution or in the patient's home. Patients who contact and receive advice from hospital staff via telephone. Patients who come to the hospital only to leave a specimen, to pick up insurance forms, to pick up medication, or to pay a bill.

<u>Visit</u> - A direct, personal exchange between an ambulatory patient seeking care and a physician or other hospital staff member working under the physician's supervision for the purpose of rendering personal health services.

<u>Drug mention</u> - The health care provider's entry on the Patient Record form of a pharmaceutical agent ordered, supplied, administered or continued during the visit-- by any route of administration--for prevention, diagnosis, or treatment. Generic as well as brand name drugs are included, as are nonprescription as well as prescription drugs. Along with all new drugs, the hospital staff also records continued medications if the patient was specifically instructed during the visit to continue the medication.

<u>Hospital</u> - All hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospital whose specialty is general (medical or surgical) or children's general are eligible for the National Hospital Ambulatory Medical Care Survey except Federal hospitals and hospital units of institutions, and hospitals with less than six beds staffed for patient use.

<u>Emergency department</u> - Hospital facility for the provision of unscheduled outpatient services to patients whose conditions require immediate care and which is staffed 24 hours a day. Emergency departments that are open less than 24 hours a day are included as part of the hospital's outpatient department.

<u>Emergency service area</u> - Area within the emergency department where emergency services are provided. This includes services provided under the "hospital as landlord" arrangement in which the hospital rents space to a physician group.

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<u>Outpatient department</u> - Hospital facility where non-urgent ambulatory medical care is provided under the supervision of a physician.

<u>Clinic</u> - Administrative unit within an organized outpatient department that provides ambulatory medical care under the supervision of a physician. This excludes the "hospital as landlord" arrangement in which the hospital only rents space to a physician group and is not otherwise involved in the delivery of services.

Clinics are grouped into the following six specialty groups for purposes of systematic sampling and non-response adjustment: general medicine, surgery, pediatrics, obstetrics/gynecology, substance abuse, and other. Clinics are defined as in scope or out of scope as follows:

In scope - General Medicine

23/24 Hour Observation Adult - Screening Adult HIV AIDS Allergy (Adult) **Ambulatory Care** Andrology Anticoagulation Apnea (Adult) Arthritis/Rheumatology (Adult) Asthma Bariatrics/Bariatric Medicine Brain Tumor **Breast Medical Oncology Cancer Center** Cancer Screening Cardiac (Adult) Cardiology (Adult) Cardiovascular CD4 Cerebral Palsy (Adult) Chest Chest TB Chorea/Huntington's Disease Coagulant **Congestive Heart Failure Connective Tissue** Cystic Fibrosis (Adult) Cytomegalovirus (CMV) Dermatology Diabetes **Digestive Disease** Down's Syndrome (Adult) Endocrinology (Adult) Epilepsy Family Practice Gastroenterology (Adult) General Medicine General Medicine (Outreach Program) **General Practice** Genetics (Adult) **Geriatric Medicine** Gynecologic Oncology Head (Non-Surgical) Head & Neck (Non-Surgical) Hematology (Adult) Hemophilia (Adult) Hepatology HIV (Adult) Holistic Medicine Homeless Huntington's Disease/Chorea Hyperlipidemia (Adult) **Hypertension** Immunology

Immunosuppression Infectious Diseases (Adult) Internal Medicine (Adult) Lead Poisoning (Adult) Leukemia Lipid Liver Lupus (Systemic Lupus Erythematosus/SLE) Medical Oncology Medical Screening Melanoma Metabolic Movement and Memory Disorders Multiple Sclerosis (MS) Muscular Dystrophy (MD) Nephrology (Adult) Neurocutaneous Non-Surgical Head Non-Surgical Head & Neck Obesity (Adult)Occupational MedicineOutreach Program (General Medicine) Pacemaker Pediatric Oncology Pentamidine Peripheral Vascular Disease Pheresis **Pigmented Lesion** Plasmapheresis Primary Care Pulmonary (Adult) Radiation Oncology Renal Respiratory Rheumatology/Arthritis (Adult) Sarcoidosis Screening (Adult) Screening - Cancer Screening and/or Walk-In Seizure Senior Care Sexually Transmitted Diseases (STD) Short Stay (Adult) Sickle Cell (Adult)Spina Bifida (Adult) STD/Sexually Transmitted Diseases Surgical Oncology Systemic Lupus Erythematosus/SLE (Lupus) Thyroid **Transplant Medicine** Travel Medicine Tuberculosis Tumor (Brain & Other) Urgent Care Vascular Walk-in and/or Screening Weight Management Wellness

In scope - Surgery

Abdominal Surgery Amputee Ano-Rectal Back Care **Bariatric Surgery** Bone Marrow Aspiration Bone Marrow Transplant Breast Breast Care Burn Cardiothoracic Surgery Cardiovascular Surgery Cast/Brace Chief Resident (Follow-up Surgery) Chronic Wound Cleft Palate Club Foot Cochlear Colon & Rectal Surgery Craniofacial Cryosurgery **Elective Surgery** ENT (Ear, Nose, and Throat) (Adult) ENT (Ear, Nose, and Throat) (Pediatric) Eve Eve Retinopathy of Prematurity **Fine Needle Aspiration** Fracture General Surgery Genitourinary Genitourinary Surgery Hand Surgerv Head and Neck Surgical Heart Transplant Injury Injury (Pediatric) Knee NeurosurgeryOphthalmologic Surgery **Ophthalmology** (Adult) **Ophthalmology** (Pediatric) **Orthopedic Surgery** Orthopedics (Adult) Orthopedics (Pediatric) Ostomy Otolaryngologic Surgery Otolaryngology (Adult) Otolaryngologic (Pediatric) Otology Otorhinolaryngology Plastic Surgery (Adult) Plastic Surgery (Pediatric) Postoperative Preoperative Proctology Pulmonary/Thoracic Surgery Rectal & Colon Surgery

Renal Surgery Renal Transplant Scoliosis (Adult) Scoliosis (Pediatric) Spinal Cord Injury Spine (Adult) Spine (Pediatric) Sports Medicine Surg Surgery (Adult) Surgery (Pediatric) Surgery Cancer Detection Surgical Oncology Suture Thoracic Surgery/Pulmonary Transplant Surgery Trauma **Traumatic Brain Injury** Traumatic Surgery Urodvnamics Urologic Surgery Urology (Adult) Urology (Pediatric) Vascular Surgery Visual Fields Wound Care

In scope – Pediatrics

Abuse (Child)/Sexual Assault Adolescent Medicine Adolescent/Young Adult After Hours (Pediatric) Airway (Pediatric) Allergy (Pediatric) Apnea (Infant) Arthritis/Rheumatology (Pediatric) Asthma (Pediatric) Attention Deficit Disorder Autism Behavior and Development (Child) Birth Defect Cardiac (Pediatric) Cardiology (Pediatric) Cerebral Palsy (Child) Chest (Pediatric) Clotting (Pediatric) **Congenital Heart** Craniomalformation Critical Care (Pediatric) Cystic Fibrosis (Child) Dermatology (Pediatric) **Developmental Disability Developmental Evaluation** Diabetes (Pediatric) Diagnostic (Pediatric) Down's Syndrome (Child) Endocrinology (Pediatric)

In scope – Pediatrics (cont.)

Epilepsy (Pediatric) Feeding Disorder (Pediatric) Gastroenterology (Pediatric) Gastrointestinal (Pediatric) **General Pediatrics** Genetics (Pediatric) GI (Pediatric) Growth Hormone (Pediatric) Hematology (Pediatric) Hemoglobinopathy (Pediatric) Hemophilia (Child) High Risk Pediatrics **HIV Pediatrics** Hyperlipidemia (Pediatric) Immunization (Pediatric) Immunology (Pediatric) Infectious Diseases (Pediatric) Injury (Pediatric) Internal Medicine (Pediatric) Lead Poisoning (Pediatric) Learning Disorder Metabolic (Pediatric) Neonatal Neonatal Follow-up Neonatology Nephrology (Pediatric) Newborn **Obesity** (Pediatric) **Oncology** (Pediatric) Pediatrics (General) Perinatal Phenylketonuria Prader-Willi Syndrome Pulmonary (Pediatric) Renal and Diabetes (Pediatric) **Rheumatic Heart Disease** Rheumatology/Arthritis (Pediatric) Screening (Pediatric) Sexual Assault/Abuse (Child) Short Stay (Pediatric) Sickle Cell (Child) Skeletal Dysplasia Spina Bifida (Child) Teen Health Teen-Tot Teenage Urgent care (Pediatric) Well Child Care

In scope - Obstetrics/Gynecology

Adolescent Gynecology Antepartum Birth Control Dysplasia (Gynecologic)

Endocrinology (Gynecologic) Endocrinology (Reproductive) Family Planning Fertility Gynecology (General) Gynecology (Adolescent) Gynecology (Dysplasia) Gynecology (Endocrinologic) Gynecology (Oncologic) Gynecology (Pediatric) Gynecology (Preteen) High Risk Obstetrics **HIV** Obstetrics In Vitro Fertilization Infertility Maternal Fetal Medicine Maternal Health Maternity **OB/GYN Obstetrics** (General) Oncology (Gynecologic) Perinatal (Obstetrics) Postpartum (Obstetrics) **Pregnancy Verification** Prenatal Prenatal (Obstetrics) Preteen Gynecology Reproductive Reproductive Endocrinology Well Woman Women's Care

In scope - Substance Abuse

Alcohol Abuse Alcohol Detoxification Alcohol Walk-in Chemical Dependence (excluding Methadone Maintenance) Drug Abuse (excluding Methadone Maintenance) Substance Abuse (excluding Methadone Maintenance) Substance Abuse (excluding Methadone Maintenance) Walk-in – Alcohol Women's Alcohol Program

In scope - Other

Anxiety **Behavioral Medicine** BiofeedbackEating Disorder **General Preventive Medicine** Geriatric Psychiatry Headache (Neurology) Hyperbaric oxygen Mental Health Mental Hygiene Myasthenia Gravis **Myelomeningocele** Neurofibromatosis Neurology (Adult) Neurology (Pediatric) Neuromuscular Neurophysiology Neuropsychiatry Neurosensorv Palliative Medicine **Preventive Medicine** Psychiatry (Adolescent) Psychiatry (Adult) Psychiatry (Child) Psychiatry (Geriatric) Psychiatry (Pediatric) Psychopharmacology Sleep Disorder Sleep Medicine Toxicology Voice and Swallowing

Out of scope

Abortion/Pregnancy Termination Acupuncture Adult Day Care Ambulatory Surgery Center Amniocentesis Anesthesia Anesthesiology Arthroscopy Audiology Blood Bank Bone Density Screening Bronchoscopy Cardiac Catheterization CAT Scan & Imaging Chemotherapy Chiropractic Colonoscopy Colposcopy Cyberknife Radiology Cystoscopy Day Hospital Dental **Dental Surgery**

Diabetic Foot Clinic Diagnostic X-ray (Imaging)/Radiology Dialysis Dietary Drug Immunotherapy Echocardiology Electrocardiogram (ECG) Electroconvulsive Therapy (ECT) Electromyography Employee Health Service/Center Endoscopy Fetal Diagnostic Testing Hearing & Speech Hemodialysis Home Intravenous Therapy Imaging & CAT Scan Infusion Infusion Therapy IV Therapy Kidney (Renal) Dialysis Laser Surgery Lasik Surgery Lithotripsy Mammography Methadone Maintenance Nuclear Medicine Nurse Clinic/Nurse Only Nutrition Occupational Health Occupational Safety and Health Occupational Therapy Optometry Oral Surgery Orthotics Pain Pain Block Pain Management Pain Medicine Partial Hospitalization Partial Hospitalization Program (Psyc) Path Lab Pathology Pharmacy Physiatry **Physical Medicine** Physical Therapy Physiotherapy Podiatry Preadmission Testing Pregnancy Termination/Abortion Psychology Pulmonary Function Lab **Radiation Diagnosis** Radiation Oncology

Out of scope (cont.)

Radiation Therapy Radiology/Diagnostic X-ray (Imaging) Reading & Language Reference Lab Reference X-Ray Rehabilitation Renal (Kidney) Dialysis Same Day Surgery School Programs Sigmoidoscopy Social Work Speech & Hearing Student Health Service/Center Tele-Health Transfusion Ultrasound Vertical Balance <u>Region</u> - Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

Region States included

- Northeast Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
- Midwest Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
- South Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
- West Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

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APPENDIX II REASON FOR VISIT CLASSIFICATION

NOTE: The Reason for Visit Classification used for the 2012 NHAMCS is the same as that used for the 2012 National Ambulatory Medical Care Survey and is available <u>here</u>.

APPENDIX III

A. GENERIC CODES AND NAMES IN NUMERIC ORDER

This list reflects the new classification being used to code drugs reported in NHAMCS. Starting with 2006 data, the Multum Lexicon Plus system was used to classify drugs in NHAMCS. Drugs starting with a "d" prefix are those for which a match was found in the Multum Lexicon Plus[®], a proprietary database of Cerner Multum, Inc., and the code reflects the Multum code for the drug. Drugs starting with an "a" prefix are those which were added to the NCHS database in 2006 and 2007 for which a match could not be found in Multum but for which ingredients could be identified. Drugs starting with a "c" prefix are those drugs added to the NCHS database in 2006 and 2007 for which ingredients could not be determined. Drugs starting with "a" or "c" were assigned codes by NCHS. Starting in 2008, the "a" and "c" codes are no longer being used to code drugs in the NCHS database. Starting in 2008, drugs which were added to the NCHS database for which no match could be found in Multum use an "n" prefix. Ingredients are separated by semi-colons or dashes.

a07001 FOLIC ACID;NIACIN;VITAMIN E;PYRIDOXINE;CYANOCOBALAMIN a07002 CHOLECALCIFEROL-CALCIUM CITRATE a07003 MULTIVITAMIN-LUTEIN a07022 ZINC; VITAMIN A; VITAMIN E; RIBOFLAVIN; ASCORBIC ACID a07027 CALCIUM;MAGNESIUM;CHOLECALCIFEROL a07032 HYPERICUM 3X-TOPICAL ANESTHETICS a07044 DIETARY SUPPLEMENT-PROTEIN a07050 ANGIOTENSIN II RECEPTOR BLOCKERS a07055 4-AMINOPYRIDINE a07061 XANTHAN GUM a07065 CURCUMIN a07068 ETHYL-APOVINCAMINATE a07069 CYANOACRYLATE a10000 ACACIA GUM; ALOE VERA TOPICAL; GUM GHATTI a10001 ACACIA GUM;HYDROCORTISONE;LEVONORGESTREL;NEOMYCIN;POLYMYXIN B SULFATE a10047 BENZOPHENONE;LANOLIN TOPICAL;MINERAL OIL;PEG-4 DILAURATE a10049 BENZYL ALCOHOL; DIMETHICONE; PETROLATUM TOPICAL a10051 BENZYL ALCOHOL;SOYBEAN OIL;STARCH TOPICAL a10067 ASCORBIC ACID:BIOTIN:FOLIC ACID:VITAMIN B COMPLEX:ZINC ACETATE a10068 ASCORBIC ACID; BIOTIN; VITAMIN B COMPLEX a10083 BALSAM PERU TOPICAL; BENZOCAINE TOPICAL; BISMUTH ANTI-DIARRHEA; RESORCINOL TOPICAL a10096 ASPIRIN-BUFFERS a10111 CALCIUM REPLACEMENT-SODIUM FLUORIDE a10114 CALCIUM REPLACEMENT; ERGOCALCIFEROL; PHOSPHORUS a10125 CALCIUM REPLACEMENT-ERGOCALCIFEROL a10127 CALCIUM REPLACEMENT-CHOLECALCIFEROL a10133 CALCIUM ION;CHLORIDE ION;MAGNESIUM ANTACIDS;POTASSIUM ION;SODIUM ION a10136 CALCIUM ION; CHOLECALCIFEROL; IRON PREPARATIONS; VITAMIN A; VITAMIN B COMPLEX a10140 CALCIUM ION; MAGNESIUM CHLORIDE; POTASSIUM ION; SODIUM CHLORIDE a10150 CANTHARIDIN; PODOPHYLLUM RESIN TOPICAL; SALICYLIC ACID TOPICAL a10155 CARMELLOSE; GELATIN; MINERAL OIL; PECTIN a10156 ALGINIC ACID; BORIC ACID TOPICAL; CARMELLOSE; GLYCERIN TOPICAL; PROPYLENE GLYCOL a10160 CASEIN;COCONUT OIL;MAGNESIUM AMINO ACIDS CHELATE;SUCROSE;TAPIOCA a10162 CASEIN;CORN OIL;LECITHIN;MULTIVITAMIN;SODIUM ION a10163 CASEIN;MULTIVITAMIN;SAFFLOWER OIL;SOYBEAN OIL;SUCROSE a10166 CERESIN WAX; MINERAL OIL; PETROLATUM TOPICAL; WOOLWAX ALCOHOL a10172 CETEARETH: PETROLATUM TOPICAL: PROPYLENE GLYCOL: SORBITOL a10176 AMMONIUM LACTATE TOPICAL:CETYL ALCOHOL:GLYCERYL:MINERAL OIL:PARABENS a10181 CETYL ALCOHOL;LANOLIN TOPICAL;MULTIVITAMIN;PROPYLENE GLYCOL;PURIFIED WATER a10194 CHLOROBUTANOL; EPINEPHRINE; SODIUM BISULFITE; SODIUM CHLORIDE a10217 COCOA BUTTER; PARABENS; ZINC TOPICAL AGENTS, EXTERNAL USE

a10227 CAJEPUT:COTTONSEED OIL:EUCALYPTUS OIL:PEPPERMINT:PINE OIL a10244 DEXTROSE: MAGNESIUM ACETATE: POTASSIUM REPLACEMENT SOLUTIONS: SODIUM CHLORIDE a10245 DEXTROSE-POTASSIUM REPLACEMENT SOLUTIONS a10252 DEXTROSE-NORMAL SALINE a10254 DEXTROSE; LACTATED RINGERS; POTASSIUM CHLORIDE a10264 DEXTROSE; POTASSIUM CHLORIDE; SODIUM CHLORIDE a10266 DEXTROSE; POTASSIUM CHLORIDE; STERILE WATER a10267 DEXTROSE-SODIUM CHLORIDE a10289 ALOE VERA TOPICAL; DIMETHICONE; ETHANOL; GLYCERIN TOPICAL; MICONAZOLE TOPICAL a10290 ALOE VERA TOPICAL; DIMETHICONE; ETHANOL; GLYCERIN TOPICAL; PETROLATUM TOPICAL a10300 ASCORBIC ACID; ELECTROLYTES; MINERALS; VITAMIN B COMPLEX a10301 ELECTROLYTES-RICE a10304 ELECTROLYTES-POLYETHYLENE GLYCOL 3350 a10312 ETHANOL: EUCALYPTUS OIL: MENTHOL TOPICAL: METHYL SALICYLATE TOPICAL: THYMOL a10313 BENZOIN TOPICAL;CAMPHOR TOPICAL;EUCALYPTUS OIL;MENTHOL TOPICAL;THYMOL a10318 EUCALYPTUS OIL;MENTHOL TOPICAL;PHENOL TOPICAL;SALICYLIC ACID TOPICAL;ZINC SULFATE a10329 FOOD SUPPLEMENT; MINERALS; MULTIVITAMIN a10336 CALCIUM CARBONATE;CITRIC ACID;GLUCONIC ACID;MAGNESIUM CARBONATE; MAGNESIUM CITRATE a10337 GLYCERYL; LANOLIN TOPICAL; MINERAL OIL; PROPYLENE GLYCOL a10338 GLYCINE-IMMUNE GLOBULIN INTRAMUSCULAR a10340 FENNEL; GLYCYRRHIZA; SENNA; SUCROSE; SULFUR TOPICAL a10362 HYDROCORTISONE TOPICAL; IODOCHLORHYDROXYQUIN; PRAMOXINE TOPICAL a10363 HYDROCORTISONE TOPICAL-IODOCHLORHYDROXYQUIN a10379 IRON PREPARATIONS-VITAMIN B COMPLEX a10383 IRON PREPARATIONS-VITAMINS a10385 ETHINYL ESTRADIOL; IRON PREPARATIONS; NORETHINDRONE a10387 CALCIUM CARBONATE; FOLIC ACID; IRON PREPARATIONS; MULTIVITAMIN; NIACIN a10391 CYANOCOBALAMIN: FOLIC ACID: IRON PREPARATIONS a10394 ASCORBIC ACID:CYANOCOBALAMIN:FOLIC ACID:IRON PREPARATIONS:LIVER DERIVATIVE COMPLEX a10399 FOLIC ACID; IRON PREPARATIONS; MULTIVITAMIN a10406 CYANOCOBALAMIN; IRON PREPARATIONS; NIACIN; RIBOFLAVIN a10419 ASCORBIC ACID; ERGOCALCIFEROL; IRON PREPARATIONS; VITAMIN A a10421 CYANOCOBALAMIN; IRON PREPARATIONS; PYRIDOXINE; RIBOFLAVIN; THIAMINE a10432 CYANOCOBALAMIN; IRON PREPARATIONS; THIAMINE a10435 ASCORBIC ACID-IRON PREPARATIONS a10438 FLUORIDE; IRON PREPARATIONS; MULTIVITAMIN a10439 DOCUSATE-IRON PREPARATIONS a10442 IRON PREPARATIONS-MULTIVITAMIN a10452 LACTOSE-NORETHINDRONE a10453 LACTOSE-MOMETASONE NASAL a10454 EPLERENONE-LACTOSE a10455 LACTOSE-TROSPIUM a10456 LEMON OIL; MENTHOL; PEPPERMINT; THYME a10459 CALCIUM ACETATE; MAGNESIUM ACETATE; PASSION FLOWER POWER; VALERIAN a10462 ACETAMINOPHEN: ALUMINUM HYDROXIDE: ASPIRIN: CAFFEINE: MAGNESIUM ANTACIDS a10463 ALUMINUM HYDROXIDE; DIPHENHYDRAMINE TOPICAL; LIDOCAINE; MAGNESIUM ANTACIDS a10464 ASPIRIN; CALCIUM CARBONATE; MAGNESIUM ANTACIDS a10465 ALUMINUM HYDROXIDE; ASPIRIN; MAGNESIUM ANTACIDS a10471 CALCIUM CARBONATE-MAGNESIUM ANTACIDS a10472 ALUMINUM HYDROXIDE;CALCIUM CARBONATE;MAGNESIUM ANTACIDS a10474 ALUMINUM HYDROXIDE-MAGNESIUM ANTACIDS a10475 ALUMINUM HYDROXIDE: MAGNESIUM ANTACIDS; SIMETHICONE a10499 ACRYLATE COPOLYMER;CARBOMER 940;METHYLPARABEN;PROPYLENE GLYCOL

a10500 ALLANTOIN TOPICAL;ALLIUM CEPA;METHYLPARABEN;POLYETHYLENE GLYCOL

3350;SORBIC ACID

a10502 GLYCERIN TOPICAL; METHYLPARABEN; MINERAL OIL; STERILE WATER a10511 MINERALS-VITAMINS a10512 LECITHIN; MINERALS; SOY PROTEIN; VITAMINS; WATER a10530 MINERALS-MULTIVITAMIN a10533 CAMPHOR TOPICAL: ISOPROPYL ALCOHOL TOPICAL: MENTHOL TOPICAL: METHYL SALICYLATE TOPICAL;MUSTARD OIL a10547 GLYCERIN TOPICAL;LACTIC ACID TOPICAL;OLEIC ACID;PROPYLENE GLYCOL a10566 BUTYL METHOXYDIBEZOYL METHANE-PADIMATE O a10588 MINERAL OIL-PEANUT OIL a10623 ASPARTAME; MANNITOL; NICOTINE; PHENYLALANINE a10625 LIVE YEAST CELL; PHENYLMERCURIC NITRATE; SHARK LIVER OIL a10627 ALTEPLASE; ARGININE; PHOSPHORIC ACID; POLYSORBATE a10638 PHOSPHORUS: POTASSIUM REPLACEMENT SOLUTIONS: SODIUM CHLORIDE a10644 METHYLCELLULOSE;OCULAR LUBRICANT;POTASSIUM REPLACEMENT SOLUTIONS;SODIUM CHLORIDE a10651 POTASSIUM ION-SODIUM CHLORIDE a10660 ISOPROPYL ALCOHOL TOPICAL; PROPYLENE GLYCOL; SODIUM LAURYL SULFATE;SORBITOL;STEARYL ALCOHOL a10664 HP GUAR; POLYETHYLENE GLYCOL 3350; PROPYLENE GLYCOL; SODIUM BORATE TOPICAL a10678 CARBOHYDRATES;MULTIVITAMIN;PROTEIN SUPPLEMENT a10685 PEG-150; QUATERNIUM; SODIUM LAURETH-13 CARBOX; SODIUM TRIDECETH SULFATE a10697 GINSENG;MEADOWFOAM OIL;PETROLATUM TOPICAL;SAFFLOWER OIL;SESAME OIL a10704 BALSAM PERU TOPICAL:MINERAL OIL:SILICONE:ZINC TOPICAL AGENTS, EXTERNAL USE a10707 SOAP-WATER a10710 CITRIC ACID; MAGNESIUM OXIDE; SODIUM CARBONATE a10713 ASCORBIC ACID; ERGOCALCIFEROL; PYRIDOXINE; SODIUM FLUORIDE; VITAMIN A a10715 MULTIVITAMIN-SODIUM FLUORIDE a10716 ERTAPENEM;SODIUM BICARBONATE;SODIUM HYDROXIDE a10717 CITRIC ACID;SODIUM CITRATE;SODIUM ION a10724 MENTHOL TOPICAL; METHYL SALICYLATE TOPICAL; SODIUM BICARBONATE; SODIUM CHLORIDE;SODIUM PERBORATE a10726 POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE;SODIUM SULFATE a10729 ALLANTOIN TOPICAL:COAL TAR TOPICAL:SALICYLIC ACID TOPICAL:SQUALENE a10730 HORSETAIL: MANGANESE SULFATE: STEARIC ACID a10732 CORN STARCH TOPICAL; LANOLIN TOPICAL; PETROLEUM; STEARYL ALCOHOL; ZINC OXIDE TOPICAL a10738 AMPICILLIN-SULBACTIN SODIUM a10744 SULFABENZAMIDE;SULFACETAMIDE SODIUM TOPICAL;SULFATHIAZOLE a10750 BORIC ACID TOPICAL;TALC;ZINC TOPICAL AGENTS, EXTERNAL USE a10753 TALC-ZINC OXIDE TOPICAL a10785 CALCIUM CARBONATE; CHOLECALCIFEROL; VITAMIN K a10801 BENZOCAINE TOPICAL; EPINEPHRINE TOPICAL; ZINC TOPICAL AGENTS, EXTERNAL USE a10826 CALAMINE TOPICAL; RESORCINOL TOPICAL; ZINC TOPICAL AGENTS, EXTERNAL USE a10834 CYANOCOBALAMIN; FOLIC ACID; VITAMIN B a10840 ASCORBIC ACID;FOLIC ACID;VITAMIN B COMPLEX;VITAMIN E:ZINC a10843 D-BIOTIN;FOLIC ACID;INOSITOL;VITAMIN B COMPLEX a10848 ASCORBIC ACID;CALCIUM ACETATE;FOLIC ACID;VITAMIN A;VITAMIN B COMPLEX a10849 ASCORBIC ACID:FOLIC ACID:VITAMIN B COMPLEX a10851 ASCORBIC ACID; CHOLECALCIFEROL; VITAMIN A; VITAMIN B COMPLEX; VITAMIN E a10871 IRON-VITAMINS a10872 CHORIONIC GONADOTROPIN (HCG);FOLLICLE STIMULATING HORMONE;LEUTENIZING HORMONE a10873 FOLLICLE STIMULATING HORMONE-LEUTENIZING HORMONE a10874 CHONDROITIN:GLUCOSAMINE:HYALURONIC ACID:METHYLSULFONYLMETHANE a10875 GLUCOSAMINE-METHYLSULFONYL-METHANE a10878 HYDROXYQUINOLINE TOPICAL:LANOLIN TOPICAL:PETROLEUM a10879 PENICILLIN (OBSOLETE)-PENICILLIN G BENZATHINE a10880 ADENOSYL-TRIPHOSPHATE-METHIONINE a10881 DOCOSAHEXAENOIC ACID-EICOSAPENTAENOIC ACID a10890 CLINDAMYCIN TOPICAL-METHYL PARABEN

a10897 HOMATROPINE METHYL BROMIDE-HYDROCODONE a10899 ESTRADIOL; ESTRIOL; ESTRONE a10900 ESTRADIOL-ESTRIOL a10903 ASCORBIC ACID; COPPER GLUCONATE; LUTEIN; VITAMIN E; ZINC a10904 BETA-CAROTENE;BILBERRY;LUTEIN;LYCOPENE;VITAMIN E a10906 LUTEIN; MULTIVITAMIN; ZEAXANTHIN a10910 BUPIVACAINE-XYLOCAINE a10911 TRIAMCINOLONE-XYLOCAINE a10914 LYSINE; MAGNESIUM; SELENIUM; ZINC a10915 CALCIUM ACETATE; CHOLECALCIFEROL; COPPER GLUCONATE; MAGNESIUM; ZINC a10921 MULTIVITAMIN-ZINC a10922 BLACK COHOSH:BORIC ACID TOPICAL: ISOFLAVONES: KAVA: MULTIVITAMIN a10927 EDETATE DISODIUM;METRONIDAZOLE TOPICAL;PARABENS a10928 BENZONATATE-PARABENS a10934 GYMNEMA SYLVESTRE;LIPOIC ACID;MAGNESIUM CITRATE;PYRIDOXINE;VANADIUM a10937 ADRENALINE;LIDOCAINE;TETRACAINE TOPICAL a10941 CITRIC ACID:COLLAGEN PROTEIN:POTASSIUM SORBATE:TRYPTOPHAN:WATER a10944 CADEXOMER IODINE-POLYETHYLENE GLYCOL 3350 a10950 CHORIOGONADOTROPIN ALFA; MANNITOL; ORTHOPHOSPHORIC ACID a10956 CHLORPHENIRAMINE-HYDROCODONE POLISTIREX a10958 BELLAFOLINE; ERGOTAMINE; PHENOBARBITAL a10960 ALUMINUM CHLORHYDRATE: MENTHOL TOPICAL; UNDECYLENIC ACID TOPICAL a10961 BUROW'S SOLUTION; CAMPHOR TOPICAL; MENTHOL TOPICAL; PHENOL TOPICAL a10962 BENZOCAINE TOPICAL; BUTYL AMINOBENZOATE; TETRACAINE TOPICAL a10963 ALOE VERA TOPICAL;MENTHOL TOPICAL;SALICYLIC ACID TOPICAL;TEA TREE OIL;VITAMIN E TOPICAL a10968 MINERAL OIL: MINERAL WAX: PETROLATUM TOPICAL: WOOLWAX ALCOHOL a10972 ACETIC ACID TOPICAL;HYDROCORTISONE OTIC;PROPYLENE GLYCOL DIACETATE;SODIUM ACETATE a10973 ALUMINUM HYDROXIDE;DONNATAL;LIDOCAINE;MAGNESIUM HYDROXIDE;SIMETHICONE a10978 DIPHTHERIA TOXOID;FILAMENTOUS HEMAGGLUTININ;PERTACTIN;PERTUSSIS, ACELLULAR; TETANUS TOXOID a10982 ZINC CITRATE-ZINC GLUCONATE a10986 MULTIVITAMIN-WHEY a10988 L-METHYLFOLATE; METHYLCOBALAMIN; PYRIDOXINE a10989 CALCIUM ACETATE; GLUCOSAMINE; MAGNESIUM OXIDE; METHYLCOBALAMIN; MULTIVITAMIN a10991 CHICORY ROOT EXTRACT-LACTOBACILLUS GG a10993 ASCORBIC ACID; MAGNESIUM; MANGANESE SULFATE a10995 CALCIUM ACETATE-MAGNESIUM a11000 LANOLIN ALCOHOL; MINERAL OIL; PETROLATUM TOPICAL; SODIUM CHLORIDE a11002 BETAINE; DICALCIUM PHOSPHATE; MANGANESE SULFATE a11003 ALLANTOIN TOPICAL; CALCIUM LACTATE; CHOLINE BITARTRATE; PORCINE STOMACH a11004 ALOE VERA TOPICAL;BLACK WALNUT;CASCARA SAGRADA;RHUBARB;SENNA a11006 FLAVOCOXID-MALTODEXTRIN a11015 ILEX-MENTHOL TOPICAL a11020 ASCORBIC ACID:CALCIUM SULFATE:CHOLECALCIFEROL:VITAMIN A:VITAMIN E a11021 CALCIUM AMINO ACID CHELATE;CALCIUM CITRATE;MICROCRYSTALLINE HYDROXYAPATITE a11022 AMYLASE;CELLULASE;GLUCOAMYLASE;LIPASE;PROTEASE a11027 ACETAMINOPHEN-MISCELLANEOUS ANALGESICS a11030 CONTRACEPTIVES-NORETHINDRONE a11031 MISCELLANEOUS UNCATEGORIZED AGENTS-PHENTOLAMINE a11040 ARGININE-CEFTAZIDIME a11041 CIPROFLOXACIN-DEXAMETHASONE a11042 CIPROFLOXACIN-HYDROCORTISONE a11076 BUTALBITAL-CODEINE a11082 ABACAVIR; AMPRENAVIR; LAMIVUDINE; ZIDOVUDINE

a11087 CYCLOPHOSPHAMIDE;DOXORUBICIN;MITOMYCIN

a11114 ACETAMINOPHEN-PHENYLPROPANOLAMINE

a11120 ACETAMINOPHEN;CAFFEINE;SALICYLAMIDE

a11126 BUPIVACAINE-LIDOCAINE a11127 BUPIVACAINE;LIDOCAINE;TRIAMCINOLONE a11129 DIPHENHYDRAMINE-LIDOCAINE a11134 LIDOCAINE-TRIAMCINOLONE a11135 LIDOCAINE-METHYLPREDNISOLONE TOPICAL a11137 ALUMINUM HYDROXIDE;LIDOCAINE;MAGNESIUM HYDROXIDE;SIMETHICONE a11138 EPINEPHRINE TOPICAL;LIDOCAINE;TETRACAINE TOPICAL a11146 GENTAMICIN OPHTHALMIC-PREDNISOLONE a11151 ATROPINE;HYOSCYAMINE;METHENAMINE;METHYLENE BLUE;PHENYL SALICYLATE a11156 HYOSCYAMINE;METHENAMINE;METHYLENE BLUE;PHENYL SALICYLATE;SODIUM PHOSPHATE a11157 METHENAMINE-SODIUM SALICYLATE a11159 HYOSCYAMINE: METHENAMINE: METHYLENE BLUE: PHENYL SALICYLATE: SODIUM BIPHOSPHATE a11163 POLYMYXIN B SULFATE-TRIMETHOPRIM a11165 ALPROSTADIL-PRAZOSIN a11166 DORZOLAMIDE OPHTHALMIC-TIMOLOL a11190 ASPIRIN; CAFFEINE; CINNAMEDRINE a11198 ATROPINE; CHLORPHENIRAMINE; HYOSCYAMINE; PHENYLEPHRINE; PHENYLPROPANOLAMINE a11204 ATROPINE;HYOSCYAMINE;PHENAZOPYRIDINE;SCOPOLAMINE a11252 CHLORPHENIRAMINE: ETHANOL; PHENYLPROPANOLAMINE a11257 CYTARABINE-DAUNORUBICIN a11259 AMMONIUM CHLORIDE-DEXTROMETHORPHAN a11261 AMMONIUM CHLORIDE; DEXTROMETHORPHAN; GUAIFENESIN; SODIUM CITRATE a11284 ETHINYL ESTRADIOL;FERROUS FUMARATE;NORETHINDRONE a11285 FLUOROURACIL; IRINOTECAN; LEUCOVORIN a11286 FLUOROURACIL;LEUCOVORIN;OXALIPLATIN a11287 FLUOROURACIL; MITOXANTRONE; VINCRISTINE a11291 CYANOCOBALAMIN; FOLIC ACID; PYRIDOXINE a11292 ARGININE;CYANOCOBALAMIN;FOLIC ACID;PYRIDOXINE a11293 BETAINE;CYANOCOBALAMIN;FOLIC ACID;PYRIDOXINE a11294 CYANOCOBALAMIN-FOLIC ACID a11298 FOLIC ACID:MULTIVITAMIN:SODIUM CHLORIDE:THIAMINE a11299 FOLIC ACID: MAGNESIUM SULFATE; MULTIVITAMIN; THIAMINE a11300 FOLIC ACID-MULTIVITAMIN a11303 FOLIC ACID-IRON POLYSACCHARIDE a11315 INSULIN-INSULIN ISOPHANE a11319 MANNITOL-PEMETREXED a11320 AZACITIDINE-MANNITOL a11325 NEOMYCIN-POLYMYXIN B SULFATE a11328 BACITRACIN TOPICAL; NEOMYCIN; POLYMYXIN B SULFATE a11330 BACITRACIN OPHTHALMIC; HYDROCORTISONE OPHTHALMIC; NEOMYCIN; POLYMYXIN B SULFATE a11331 DEXAMETHASONE OPHTHALMIC;NEOMYCIN;POLYMYXIN B SULFATE a11332 HYDROCORTISONE OTIC;NEOMYCIN;POLYMYXIN B SULFATE a11344 HYDROCORTISONE OTIC;NEOMYCIN;POLYMYXIN B OPHTHALMIC a11345 NEOMYCIN-POLYMYXIN B OPHTHALMIC a11350 ERGOCALCIFEROL:NIACIN:RIBOFLAVIN:THIAMINE:VITAMIN A a11354 ASCORBIC ACID;NIACIN;RIBOFLAVIN;THIAMINE;VITAMIN E a11355 CYANOCOBALAMIN;NIACIN;PYRIDOXINE;RIBOFLAVIN a11356 ASCORBIC ACID;CYANOCOBALAMIN;NIACIN;PYRIDOXINE;RIBOFLAVIN a11357 CYANOCOBALAMIN;NIACIN;PYRIDOXINE;RIBOFLAVIN;THIAMINE a11358 ASCORBIC ACID;NIACIN;PYRIDOXINE;RIBOFLAVIN;THIAMINE a11360 DEXPANTHENOL;NIACIN;PYRIDOXINE;RIBOFLAVIN;THIAMINE a11361 NIACIN: PYRIDOXINE: RIBOFLAVIN: THIAMINE a11370 MULTIVITAMIN-NIACIN a11394 BACITRACIN TOPICAL-POLYMYXIN B SULFATE a11396 DEXAMETHASONE OPHTHALMIC; NEOMYCIN OPHTHALMIC; POLYMYXIN B SULFATE a11400 DEXTRAN 1;HYDROXYPROPYL METHYLCELLULOSE OPHTHALMIC;POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE

a11411 BENZTHIAZIDE-RESERPINE

a11413 VITAMIN A-VITAMIN E a11415 ERGOCALCIFEROL; RIBOFLAVIN; THIAMINE; VITAMIN A; VITAMIN E a11416 ASCORBIC ACID; VITAMIN A; VITAMIN E a11419 ASCORBIC ACID;COPPER GLUCONATE;VITAMIN A;VITAMIN E;ZINC OXIDE TOPICAL a11420 CYANOCOBALAMIN; PYRIDOXINE; RIBOFLAVIN; VITAMIN A a11421 CYANOCOBALAMIN; PYRIDOXINE; RIBOFLAVIN; THIAMINE; VITAMIN A a11423 ERGOCALCIFEROL; PYRIDOXINE; RIBOFLAVIN; VITAMIN A a11424 ERGOCALCIFEROL; PYRIDOXINE; RIBOFLAVIN; THIAMINE; VITAMIN A a11429 ASCORBIC ACID; ERGOCALCIFEROL; RIBOFLAVIN; THIAMINE; VITAMIN A a11431 ASCORBIC ACID; CHOLECALCIFEROL; FLUORIDE; VITAMIN A a11432 ASCORBIC ACID; ERGOCALCIFEROL; VITAMIN A a11436 CHOLECALCIFEROL-VITAMIN A a11437 ALLANTOIN TOPICAL; ALOE VERA TOPICAL; CALAMINE TOPICAL; CHOLECALCIFEROL; VITAMIN A a11440 ASCORBIC ACID-VITAMIN E a11441 CHOLECALCIFEROL-VITAMIN E a11446 ASCORBIC ACID;CYANOCOBALAMIN;PYRIDOXINE;RIBOFLAVIN;THIAMINE a11447 CYANOCOBALAMIN;L-METHYLFOLATE;PYRIDOXINE;RIBOFLAVIN a11450 CHOLINE; INOSITOL; RIBOFLAVIN; THIAMINE a11456 CYANOCOBALAMIN-PYRIDOXINE a11458 PANCREATIN-PYRIDOXINE a11461 MAGNESIUM OXIDE-PYRIDOXINE a11465 CYANOCOBALAMIN-THIAMINE a11471 CALCIUM CARBONATE;CALCIUM CITRATE;MAGNESIUM CITRATE;MAGNESIUM OXIDE a11472 CALCIUM CARBONATE-CHOLECALCIFEROL a11473 CALCIUM CARBONATE; MAGNESIUM GLUCONATE; MAGNESIUM OXIDE a11475 ASCORBIC ACID-CALCIUM ACETATE a11477 FLUORIDE-MULTIVITAMIN a11479 CHONDROITIN; GLUCOSAMINE; MANGANESE SULFATE a11482 SODIUM ACETATE-SODIUM CHLORIDE a11484 BENZALKONIUM CHLORIDE TOPICAL: EDETATE DISODIUM; OCULAR LUBRICANT; SODIUM CHLORIDE;SODIUM PHOSPHATE a11489 BENZALKONIUM CHLORIDE TOPICAL; DEXTRAN, HIGH MOLECULAR WEIGHT;HYDROXYPROPYL METHYLCELLULOSE OPHTHALMIC;SODIUM CHLORIDE a11493 SODIUM CHLORIDE-STERILE WATER a11501 SODIUM BICARBONATE-SODIUM CHLORIDE NASAL a11509 AMMONIUM CHLORIDE-SODIUM CITRATE a11511 ALOE VERA TOPICAL:CYSTEINE:GRAPE SEED OIL:MULTIVITAMIN:SELENIUM a11513 CHOLINE; INOSITOL; METHIONINE a11518 CONJUGATED ESTROGENS-PROGESTERONE a11520 NYSTATIN-TRIAMCINOLONE a11523 NYSTATIN TOPICAL-TRIAMCINOLONE a11524 EDETATE DISODIUM-UREA TOPICAL a11549 EDETATE DISODIUM-RIFAXIMIN a11556 PROMETHAZINE-PSEUDOEPHEDRINE a11558 NAPHAZOLINE OPHTHALMIC-PHENIRAMINE a11560 NAPHAZOLINE NASAL; PHENYLEPHRINE NASAL; PYRILAMINE a11567 BENZOCAINE TOPICAL; CHLOROXYLENOL TOPICAL; RESORCINOL TOPICAL; SALICYLIC ACID TOPICAL a11568 BENZOCAINE TOPICAL-TRICLOSAN TOPICAL a11576 ANTIPYRINE OTIC-BENZOCAINE TOPICAL a11579 ANTIPYRINE OTIC:BENZOCAINE TOPICAL:GLYCERIN OTIC a11585 BENZOCAINE TOPICAL-RESORCINOL TOPICAL a11592 ALUMINUM HYDROXIDE-SIMETHICONE a11599 BORIC ACID TOPICAL:CALCIUM CITRATE:CHOLECALCIFEROL:MAGNESIUM CITRATE a11608 BALSAM PERU TOPICAL;BORIC ACID TOPICAL;CASTOR OIL;PETROLATUM TOPICAL;ZINC **OXIDE TOPICAL** a11612 GLYCERIN TOPICAL; HYDROCORTISONE TOPICAL; MINERAL OIL; PETROLATUM TOPICAL

a11613 ALLANTOIN TOPICAL;CAMPHOR TOPICAL;LANOLIN TOPICAL;MINERAL OIL;PHENOL TOPICAL a11614 MINERAL OIL-PETROLATUM TOPICAL a11615 LANOLIN TOPICAL; MINERAL OIL; PETROLATUM TOPICAL a11621 AMMONIUM LACTATE TOPICAL-MINERAL OIL a11630 HAEMOPHILUS B CONJUGATE VACCINE (OBSOLETE)-HEPATITIS B VACCINE a11631 DIPHTHERIA TOXOID;HAEMOPHILUS B CONJUGATE VACCINE (OBSOLETE);PERTUSSIS, ACELLULAR; TETANUS TOXOID a11632 HEPATITIS A VACCINE (OBSOLETE)-HEPATITIS B VACCINE a11639 SULFACETAMIDE SODIÙM OPHTHÁLMIC-SULFUR TOPICAL a11646 DEXTRAN, LOW MOLECULAR WEIGHT-HYDROXYPROPYL METHYLCELLULOSE OPHTHALMIC a11648 CHLORHEXIDINE TOPICAL-ISOPROPYL ALCOHOL TOPICAL a11649 CHLORHEXIDINE TOPICAL-OCULAR LUBRICANT a11651 ALOE VERA TOPICAL-BENZOYL PEROXIDE TOPICAL a11657 BENZALKONIUM CHLORIDE TOPICAL;CHLOROXYLENOL TOPICAL;HYDROCORTISONE TOPICAL; PRAMOXINE TOPICAL a11660 ETHANOL-SALICYLIC ACID TOPICAL a11667 ISOPROPYL ALCOHOL TOPICAL;SALICYLIC ACID TOPICAL;SODIUM THIOSULFATE TOPICAL a11671 LACTIC ACID TOPICAL-SALICYLIC ACID TOPICAL a11684 BENZALKONIUM CHLORIDE TOPICAL-BROMFENAC a11685 BENZALKONIUM CHLORIDE TOPICAL-CYANOCOBALAMIN NASAL a11686 ALBUMIN HUMAN-PACLITAXEL a11687 IODINE-IOPAMIDOL a11689 DEXTRAN 1-METHYLCELLULOSE a11692 AMYLASE;LIPASE;PROTEASE a11693 AMYLASE-PAPAIN TOPICAL a11702 CHOLECALCIFEROL-MULTIVITAMIN a11703 CALCIUM ACETATE-CHOLECALCIFEROL a11705 CALCIUM ACETATE-MULTIVITAMIN a11706 CETYLPYRIDINIUM TOPICAL-ETHANOL a11707 CETYLPYRIDINIUM TOPICAL; ETHANOL; MENTHOL TOPICAL a11714 MICONAZOLE TOPICAL;PETROLATUM TOPICAL;ZINC OXIDE TOPICAL a11715 MENTHOL TOPICAL-ZINC OXIDE TOPICAL a11717 BETAMETHASONE TOPICAL-CLOTRIMAZOLE TOPICAL a11724 BACITRACIN TOPICAL; NEOMYCIN TOPICAL; POLYMYXIN B OPHTHALMIC a11730 BUDESONIDE NASAL-FORMOTEROL a11731 CAMPHOR TOPICAL; MENTHOL TOPICAL; PETROLATUM TOPICAL a11732 LANOLIN TOPICAL-PETROLATUM TOPICAL a11738 CAMPHOR TOPICAL; MENTHOL TOPICAL; PHENOL TOPICAL a11741 CAMPHOR TOPICAL; MENTHOL TOPICAL; METHYL SALICYLATE TOPICAL a11748 BACITRACIN TOPICAL-POLYMYXIN B OPHTHALMIC a11750 CHLOROXYLENOL TOPICAL: HYDROCORTISONE OTIC: PRAMOXINE OTIC a11756 CAPECITABINE-OXALIPLATIN a11759 CETEARETH; DIMETHICONE; GLYCERIN TOPICAL; HYALURONIC ACID a11761 MANNITOL; PHENYLALANINE; SELEGILINE a11764 DIPHTHERIA TOXOID;PERTACTIN;TETANUS TOXOID a11769 ASCORBIC ACID;BIOTIN;FOLIC ACID;VITAMIN B COMPLEX;ZINC a50000 UNDETERMINED a51330 COCONUT OIL a52885 IRON a50035 ACETONE a51475 CYCLO-PREPARATIONS a50155 ALUMINUM **METHYCAINE** a52968 KELP a52973 L-TRYPTOPHANE PHOSPHATE a51495 CYCLOTHIAZIDE a51675 DEXTROSE a50235 AMMONIA SPIRIT a52990 LACTOSE AROMATIC a51740 DIETARY a53155 LYPRESSIN SUPPLEMENT a50244 AMMONIUM a53175 MAGNESIUM CARBONATE a51817 DIMETHICONE ANTACIDS a50675 BROMELAINS a52023 ELECTROLYTES a53298 MEGLUMINE a50770 CALCIUM a52358 FOOD a53315 MENINGOCOCCAL REPLACEMENT SUPPLEMENT VACCINE a52395 GELATIN a50860 CANTHARIDIN a53723 MINERALS a51185 CHOLESTEROL a52445 GLUTETHIMIDE a53735 MITHRAMYCIN a52535 HAMAMELIS WATER a51209 CHROMIUM a53940 NITROGEN a51325 COCOA BUTTER a52775 INFANT FORMULA

a54015 OINTMENT **HYDROPHILIC** a54030 OLIVE OIL a54148 OXYQUINOLONE a54175 PANTOTHENIC ACID a54325 PERTUSSIS **IMMUNE GLOBULIN** a54555 PNEUMOCOCCAL VACCINE a54575 POLIO VACCINE a54585 POLLEN ANTIGEN a54650 POTASSIUM CARBONATE a54655 POTASSIUM REPLACEMENT SOLUTIONS a54735 POTASSIUM ACIDIFYING a54895 PROPYLENE GLYCOL a54922 PROTEIN SUPPLEMENT a55063 RACEPHEDRINE a55115 RINGERS LACTATED a55120 ROSA GALLICA EXTRACT a55135 RUTIN a55168 SARALASIN a55310 SODIUM CARBONATE a55330 SODIUM FLUORIDE a55400 SODIUM SUCCINATE a55510 SUCCINLYCHOLINE a55520 SUCROSE a55645 TALC a55815 THYMOL a56198 VITAMIN K a56214 WHEAT GERM a56265 ZINC TOPICAL AGENTS. EXTERNAL USE a56340 VITAMIN B a56345 VITAMIN B COMPLEX a56580 POLOXAMER 188 a56685 THYPOID VACCINE a56740 INTERFERON BETA a56765 TICONAZOLE a57001 BLOOD SUGAR DIAGNOSTIC a57014 ERYTHROPOIETIN a57024 MAGNESIUM ION a57034 PHOSPHORUS a57050 HYDROACTIVE DRESSING

a57092 RECOMBINANT HUMAN DEOXY-RIBONUCLEASE a57154 CD4 a57158 TECHNETIUM a57194 HYPERTONIC SALINE a57204 HEPATITIS C VACCINE a57210 QUERCETIN a59603 HEPATITIS VACCINE a59607 PIRACETAM a59611 THYROID STIMULATING HORMONE a59632 DEHYDRO-**EPIANDROS-**TERENE a59717 ANDROGENS a59812 DOMPERIDONE a59813 FOLLITROPIN BETA a59814 FOLLITROPIN ALPHA a59835 RECOMBINANT HUMAN **INTERLEUKIN** ELEVEN a59841 GRAPESEED a70009 HYALURONIC ACID a70010 SEROTONIN a70048 OIL OF EVENING PRIMROSE a70071 DOCOSA-HEXAENOIC ACID a70105 HAWTHORN a70113 PERINDOPRIL **ERBUMINE** a70116 SOY a70123 BISMUTH a70159 SILVER a70194 GRAFT T STARCH COPOLYMER a70203 RACEMIC **EPINEPHRINE** a70223 FERRIMIN a70295 PUMPKIN SEED OIL a70385 SILYBUM a70479 BORAGE OIL a70480 ALPHA LIPOICACID a70484 CARBOXY-METHYL-CELLULOSE SODIUM a70491 HYOSCYNAMINE SULFATE a70521 GRIFFONIA SIMPLICIFOLIA

a70607 OXYQUINOLONE SULFATE a70699 LYCOPENE a70700 GAMMA LINOLENIC ACID a70725 ASPARTAME a70747 PROLINE a70759 ALFALFA a70795 L-GLUTAMINE a70799 MAGNESIUM a70832 OAT BRAN a70836 GAMMA-AMINOBUTRYIC ACID a70842 CALCIUM-SODIUM ALGINATE FIBE a70859 BOVINE COLOSTRUM a70887 ALGINATE a70892 SILICONE (LIQUID) a70971 MCT OIL a70996 PREGNENOLONE a70998 ACETYLSALICYLIC ACID a71002 FLOXACILLIN a71008 TECHNETIUM TC 99M MERTIATIDE **INJECTION** a71021 HISTERLIN a71037 POLY-LACTIC ACID a71048 FLUZINAMIDE a71058 D-RIBOSE c00002 AMEBICIDES c00007 ANTIVIRAL AGENTS c00009 CEPHALOSPORINS c00012 MISCELLANEOUS ANTIBIOTICS c00015 SULFONAMIDES c00017 URINARY ANTI-INFECTIVES c00025 MISCELLANEOUS **ANTINEOPLASTICS** c00026 MITOTIC INHIBITORS c00027 RADIO-PHARMACEU-TICALS c00033 IMMUNE GLOBULINS c00039 MISCELLANEOUS BIOLOGICALS c00040 CARDIOVASCULAR AGENTS c00042 ANGIOTENSIN CONVERTING ENZYME INHIBITORS c00045 ANTIANGINAL AGENTS

c00049 DIURETICS c00051 MISCELLANEOUS CARDIOVASCULAR AGENTS c00055 ANTI-**HYPERTENSIVE** COMBINATIONS c00057 CENTRAL NERVOUS SYSTEM AGENTS c00058 ANALGESICS c00059 MISCELLANEOUS ANALGESICS c00060 NARCOTIC ANALGESICS c00061 NONSTEROIDAL ANTI-INFLAMMA-TORY AGENTS c00065 ANTIEMETIC; ANTIVERTIGO AGENTS c00070 MISCELLANEOUS ANXIOLYTICS, SEDATIVES AND **HYPNOTICS** c00072 GENERAL **ANESTHETICS** c00076 MISCELLANEOUS ANTI-DEPRESSANTS c00077 MISCELLANEOUS **ANTIPSYCHOTIC** AGENTS c00080 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS c00082 ANTICOAGULANTS c00085 MISCELLANEOUS COAGULATION MODIFIERS c00087 GASTRO-INTESTINAL AGENTS c00088 ANTACIDS c00089 ANTI-CHOLINERGICS; **ANTISPASMODICS** c00090 ANTIDIARRHEALS c00091 DIGESTIVE **ENZYMES** c00095 LAXATIVES c00096 MISCELLANEOUS GI AGENTS c00097 HORMONES; HORMONE MODIFIERS c00099 ANTIDIABETIC AGENTS c00100 MISCELLANEOUS HORMONES c00102 CONTRACEPTIVES

c00103 THYROID DRUGS c00105 MISCELLANEOUS AGENTS c00109 LOCAL INJECTABLE **ANESTHETICS** c00110 MISCELLANEOUS UNCATEGORIZED AGENTS c00115 NUTRITIONAL PRODUCTS c00117 MINERALS AND **ELECTROLYTES** c00118 ORAL NUTRITIONAL SUPPLEMENTS c00119 VITAMINS c00120 VITAMIN AND MINERAL COMBINATIONS c00123 ANTIHISTAMINES c00124 ANTITUSSIVES c00127 DECONGESTANTS c00129 MISCELLANEOUS RESPIRATORY AGENTS c00131 ANTIASTHMATIC COMBINATIONS c00132 UPPER RESPIRATORY COMBINATIONS c00133 TOPICAL AGENTS c00135 ANTISEPTIC AND GERMICIDES c00138 TOPICAL STEROIDS c00139 TOPICAL **ANESTHETICS** c00140 MISCELLANEOUS TOPICAL AGENTS c00143 TOPICAL ACNE AGENTS c00156 THIAZIDE DIURETICS c00168 OPHTHALMIC LUBRICANTS AND IRRIGATIONS c00169 MISCELLANEOUS OPHTHALMIC AGENTS c00172 MISCELLANEOUS OTIC AGENTS c00174 MISCELLANEOUS ANTIHYPER-LIPIDEMIC AGENTS c00177 MISCELLANEOUS **ANTIVIRALS** c00178 SKELETAL MUSCLE RELAXANTS c00187 MISCELLANEOUS SEX HORMONES c00193 ANTIMIGRAINE AGENTS c00194 ANTIGOUT AGENTS

c00198 MISCELLANEOUS ANTIEMETICS c00208 SSRI ANTI-DEPRESSANTS c00209 TRICYCLIC ANTI-DEPRESSANTS c00219 NUTRACEUTICAL PRODUCTS c00220 HERBAL PRODUCTS c00242 PSYCHO-THERAPEUTIC AGENTS c00248 TOPICAL EMOLLIENTS c00254 IMMUNOLOGIC AGENTS c00266 MISCELLANEOUS GENITOURINARY TRACT AGENTS c00269 MISCELLANEOUS VAGINAL AGENTS c00290 TOPICAL ANTIBIOTICS c00292 TOPICAL **ANTIFUNGALS** c00296 INHALED CORTI-COSTEROIDS c00301 GLUCOCORTICOIDS c00320 SMOKING CESSATION AGENTS c00355 FUNCTIONAL BOWEL DISORDER AGENTS c00361 MISCELLANEOUS METABOLIC AGENTS c00363 PROBIOTICS c00404 EGFR INHIBITORS c00424 ESTROGEN RECEPTOR **ANTAGONISTS** c00899 PHARMACEUTICAL c07002 ANTIFUNGALS-ANTISEPTIC AND GERMICIDES c07003 URINARY ANTI-INFECTIVES-URINARY ANTISPASMODICS d00001 ACYCLOVIR d00002 AMIODARONE d00003 AMPICILLIN d00004 ATENOLOL d00006 CAPTOPRIL d00007 CEFAZOLIN d00008 CEFOTAXIME

d00073 CEFPROZIL

d00009 CEFTAZIDIME d00010 CEFTIZOXIME d00011 CIPROFLOXACIN d00012 CODEINE d00013 ENALAPRIL d00014 GENTAMICIN d00015 IBUPROFEN d00016 LABETALOL d00017 MEPERIDINE d00018 NADOLOL d00019 NAPROXEN d00020 QUINIDINE d00021 RANITIDINE d00022 WARFARIN d00023 ALLOPURINOL d00024 AZATHIOPRINE d00026 FENOPROFEN d00027 HALOPERIDOL d00028 KETOPROFEN d00029 NAFCILLIN d00030 PENTAMIDINE d00031 PROBENECID d00032 PROPRANOLOL d00033 SULINDAC d00034 ZIDOVUDINE d00035 CHLOROQUINE d00036 CYCLOPHOS-PHAMIDE d00037 DOXYCYCLINE d00038 FLUCYTOSINE d00039 INDOMETHACIN d00040 OXAZEPAM d00041 TETRACYCLINE d00043 CLINDAMYCIN d00044 CLONIDINE d00045 DILTIAZEM d00046 ERYTHROMYCIN d00047 RIFAMPIN d00048 VERAPAMIL d00049 ACETAMINOPHEN d00050 METHADONE d00051 NIFEDIPINE d00052 CEFTRIAXONE d00054 TOLMETIN d00055 CEFOTETAN d00056 CEFUROXIME d00057 PIPERACILLIN d00058 CARBAMAZEPINE d00059 LIDOCAINE d00060 METHOTREXATE d00061 LITHIUM d00064 CHLORPROMAZINE d00066 GANCICLOVIR d00067 AZTREONAM d00068 ETHAMBUTOL d00069 TOBRAMYCIN d00070 FUROSEMIDE d00071 FLUCONAZOLE d00072 CEFIXIME

d00077 AMPHOTERICIN B d00078 DIDANOSINE d00079 CYCLOSPORINE d00080 CEFADROXIL d00081 CEFACLOR d00082 IMIPENEM-CILASTATIN d00083 VALPROIC ACID d00084 PREDNISOLONE d00085 RIBAVIRIN d00086 AMANTADINE d00087 AMIKACIN d00088 AMOXICILLIN d00089 AMOXICILLIN-**CLAVULANATE** d00091 AZITHROMYCIN d00094 CEFOXITIN d00095 CEFPODOXIME d00096 CEPHALEXIN d00097 CLARITHROMYCIN d00098 DAPSONE d00099 ENOXACIN d00100 GRISEOFULVIN d00101 ISONIAZID d00102 ITRACONAZOLE d00103 KETOCONAZOLE d00104 LOMEFLOXACIN d00106 METHENAMINE d00108 METRONIDAZOLE d00109 MEZLOCILLIN d00110 MINOCYCLINE d00112 NITROFURANTOIN d00113 NORFLOXACIN d00114 OFLOXACIN d00116 PENICILLIN d00117 PYRAZINAMIDE d00118 SULFADIAZINE d00119 SULFA-**METHOXAZOLE** d00120 SULFISOXAZOLE d00121 TICARCILLIN d00122 TICARCILLIN-CLAVULANATE d00123 TRIMETHOPRIM d00124 SULFAMETH-**OXAZOLE-TRIME-**THOPRIM d00125 VANCOMYCIN d00128 ACEBUTOLOL d00132 HYDRALAZINE d00133 METHYLDOPA d00134 METOPROLOL d00135 MINOXIDIL d00136 NITROPRUSSIDE d00137 PINDOLOL d00138 PRAZOSIN d00139 TIMOLOL d00140 CIMETIDINE

d00141 FAMOTIDINE d00142 THEOPHYLLINE d00143 PHENYTOIN d00144 NORTRIPTYLINE d00145 DESIPRAMINE d00146 AMITRIPTYLINE d00147 CHLORAL HYDRATE d00148 DIAZEPAM d00149 LORAZEPAM d00150 COLCHICINE d00153 DICLOXACILLIN d00154 MEBENDAZOLE d00158 QUINACRINE d00161 ACETAZOLAMIDE d00164 ADENOSINE d00168 ALPRAZOLAM d00169 AMILORIDE d00170 ASPIRIN d00174 ATROPINE d00175 BENZTROPINE d00177 BLEOMYCIN d00178 BROMOCRIPTINE d00179 BUMETANIDE d00180 BUPIVACAINE d00181 BUPROPION d00182 BUSPIRONE d00183 BUSULFAN d00184 CARBIDOPA d00185 CARBOPLATIN d00186 CEPHALOTHIN d00187 CEPHAPIRIN d00188 CHLORAMBUCIL d00189 CHLORDIAZE-POXIDE d00190 CHLOROTHIAZIDE d00191 CHLORPHEN-**IRAMINE** d00192 CHLORTHALIDONE d00193 CHOLESTYRAMINE d00195 CISPLATIN d00197 CLONAZEPAM d00198 CLORAZEPATE d00199 CLOZAPINE d00200 CROMOLYN d00201 CYTARABINE d00202 DACARBAZINE d00204 DANAZOL d00206 DEXAMETHASONE d00207 DEXTRO-**METHORPHAN** d00208 DIFLUNISAL d00209 DIGITOXIN d00210 DIGOXIN d00211 DIHYDRO-**ERGOTAMINE** d00212 DIPHENHYDRAMINE d00213 DIPYRIDAMOLE d00214 DISOPYRAMIDE d00215 DOBUTAMINE

d00216 DOPAMINE d00217 DOXEPIN d00218 DOXORUBICIN d00219 DROPERIDOL d00220 EDROPHONIUM d00222 ERGOTAMINE d00223 EPOETIN ALFA d00224 ESMOLOL d00227 ETHOSUXIMIDE d00230 ETOPOSIDE d00231 FELODIPINE d00233 FENTANYL d00234 FLECAINIDE d00235 FLUOROURACIL d00236 FLUOXETINE d00237 FLUPHENAZINE d00238 FLURAZEPAM d00239 FLURBIPROFEN d00240 FLUTAMIDE d00241 FOLIC ACID d00242 FOSINOPRIL d00245 GEMFIBROZIL d00246 GLIPIZIDE d00248 GLYBURIDE d00252 HEPARIN d00253 HYDRO-CHLOROTHIAZIDE d00254 HYDROCORTISONE d00255 HYDROMORPHONE d00257 IFOSFAMIDE d00259 IMIPRAMINE d00260 INDAPAMIDE d00262 INSULIN d00265 IPRATROPIUM d00268 ISOSORBIDE DINITRATE d00269 ISOSORBIDE MONONITRATE d00270 ISRADIPINE d00272 KETAMINE d00273 KETOROLAC d00275 LEUCOVORIN d00276 LEVAMISOLE d00277 LEVODOPA d00278 LEVOTHYROXINE d00279 LINCOMYCIN d00280 LOVASTATIN d00282 MANNITOL d00283 MECLOFENAMATE d00284 MEDROXY-PROGESTERONE d00285 MEFENAMIC ACID d00286 MEFLOQUINE d00287 MELPHALAN d00288 MEPROBAMATE d00289 MERCAPTOPURINE d00290 METHIMAZOLE d00292 METHSUXIMIDE d00293 METHYL-PREDNISOLONE

d00295 METHYLTES-TOSTERONE d00298 METOCLOPRAMIDE d00299 METOLAZONE d00300 MEXILETINE d00301 MIDAZOLAM d00303 MISOPROSTOL d00305 MITOMYCIN d00306 MITOXANTRONE d00308 MORPHINE d00310 NABUMETONE d00311 NALOXONE d00312 NEOMYCIN d00313 NEOSTIGMINE d00314 NIACIN d00315 NICARDIPINE d00316 NICOTINE d00321 NITROGLYCERIN d00322 NIZATIDINE d00323 NOREPINEPHRINE d00325 OMEPRAZOLE d00328 OXYBUTYNIN d00329 OXYCODONE d00333 PENICILLAMINE d00334 PENTAZOCINE d00335 PENTOBARBITAL d00336 PENTOXIFYLLINE d00337 PHENAZOPYRIDINE d00340 PHENOBARBITAL d00343 PIROXICAM d00344 POLYMYXIN B SULFATE d00345 POTASSIUM CHLORIDE d00346 POVIDONE IODINE TOPICAL d00348 PRAVASTATIN d00350 PREDNISONE d00352 PRIMIDONE d00355 PROCHLOR-PERAZINE d00358 PROPAFENONE d00359 PROPANTHELINE d00360 PROPOXYPHENE d00361 PROPYL-THIOURACIL d00362 PROTAMINE d00363 PYRIDOSTIGMINE d00364 PYRIMETHAMINE d00365 QUINAPRIL d00366 QUININE d00367 RESERPINE d00370 OCTREOTIDE d00371 SOTALOL d00373 SPIRONOLACTONE d00374 STREPTOKINASE d00377 SUCRALFATE d00378 SUFENTANIL d00379 SULFASALAZINE d00381 TAMOXIFEN d00384 TEMAZEPAM

d00386 TERAZOSIN d00387 TERFENADINE d00389 THIORIDAZINE d00391 THIOTHIXENE d00393 TOLAZAMIDE d00395 TRAZODONE d00396 TRIAMTERENE d00397 TRIAZOLAM d00399 VECURONIUM d00400 VINBLASTINE d00401 VINCRISTINE d00402 VITAMIN A d00405 VITAMIN E d00409 RIBOFLAVIN d00412 PYRIDOXINE d00413 CYANOCOBALAMIN d00417 BIOFLAVONOIDS d00425 CALCIUM CARBONATE d00426 ASCORBIC ACID d00427 POTASSIUM PHOSPHATE-SODIUM PHOSPHATE d00428 FLUORIDE d00434 MANGANESE SULFATE d00438 SODIUM CHLORIDE d00439 CITRIC ACID-POTASSIUM CITRATE d00440 SODIUM BICARBONATE d00468 MAGNESIUM SULFATE d00472 TROMETHAMINE d00475 SODIUM PHOSPHATE d00485 IODINE TOPICAL d00488 LYSINE d00491 LEVOCARNITINE d00496 INOSITOL d00497 OMEGA-3 POLYUNSATUR-ATED FATTY ACIDS d00512 FILGRASTIM d00514 TICLOPIDINE d00521 ALTEPLASE d00524 ANTITHROMBIN III d00525 ANTIHEMOPHILIC FACTOR (OBSOLETE) d00528 AMINOCAPROIC ACID d00529 TRANEXAMIC ACID d00534 ESTRONE d00537 ESTRADIOL d00541 CONJUGATED ESTROGENS d00543 ESTROPIPATE d00550 PROGESTERONE

d00554 HYDROXY-PROGESTERONE d00555 NORETHINDRONE d00557 LEVONORGESTREL d00558 TESTOSTERONE d00563 FINASTERIDE d00566 OXANDROLONE d00568 NANDROLONE d00569 CLOMIPHENE d00570 UROFOLLITROPIN d00571 MENOTROPINS d00572 CHORIONIC GONADOTROPIN (HCG) d00575 HISTRELIN d00577 SOMATROPIN d00578 ARGININE d00583 DESMOPRESSIN d00584 OXYTOCIN d00587 METHYL-ERGONOVINE d00589 DINOPROSTONE TOPICAL d00592 METYRAPONE d00593 GLUCAGON d00595 GLUCOSE d00598 CALCITONIN d00599 ETIDRONATE d00601 PAMIDRONATE d00607 COSYNTROPIN d00608 FLUDRO-CORTISONE d00609 CORTISONE d00620 TRIAMCINOLONE d00626 DEXAMETHASONE TOPICAL d00628 BETAMETHASONE d00640 METHAZOLAMIDE d00645 HYDROFLUME-THIAZIDE d00646 TRICHLOR-METHIAZIDE d00649 ETHACRYNIC ACID d00651 UREA TOPICAL d00652 GLYCERIN d00653 ISOSORBIDE d00655 THYROID DESICCATED d00658 LIOTHYRONINE

d00683 LIDOCAINE

d00689 AMLODIPINE

d00695 PAPAVERINE

d00699 EPINEPHRINE

d00704 PHENYLEPHRINE

d00700 EPHEDRINE

d00708 CARTEOLOL

d00709 BISOPROLOL

d00688 BEPRIDIL

TOPICAL

d00717 GUANFACINE d00726 DOXAZOSIN d00728 RAMIPRIL d00730 BENAZEPRIL d00732 LISINOPRIL d00733 PHENTOLAMINE d00742 EDETATE DISODIUM d00743 SODIUM POLYSTYRENE SULFONATE d00744 COLESTIPOL d00746 SIMVASTATIN d00749 ALBUTEROL d00750 METAPROTERENOL d00752 TERBUTALINE d00755 PIRBUTEROL d00758 AMINOPHYLLINE d00759 DYPHYLLINE d00760 BECLOMETHASONE d00762 ACETYLCYSTEINE d00767 PHENYL-PROPANOLAMINE d00769 PSEUDO-**EPHEDRINE** d00771 NAPHAZOLINE OPHTHALMIC d00772 OXYMETAZOLINE NASAL d00773 TETRA-**HYDROZOLINE OPHTHALMIC** d00775 ALPHA **1-PROTEINASE** INHIBITOR d00780 CLEMASTINE d00785 BROMPHEN-**IRAMINE** d00787 PROMETHAZINE d00790 CYPROHEPTADINE d00794 ASTEMIZOLE d00796 BENZONATATE d00797 GUAIFENESIN d00799 IODINATED GLYCEROL d00800 POTASSIUM IODIDE d00801 CAFFEINE d00803 AMPHETAMINE d00804 DEXTRO-AMPHETAMINE d00805 METHAM-PHETAMINE d00806 PHENTERMINE d00809 PHENDIMETRAZINE d00810 DIETHYLPROPION d00811 MAZINDOL d00813 BENZOCAINE TOPICAL

d00817 HYDROXY-CHLOROQUINE d00824 OPIUM d00833 OXYMORPHONE d00838 BUTORPHANOL d00839 NALBUPHINE d00840 BUPRENORPHINE d00842 SALSALATE d00843 SODIUM SALICYLATE d00848 DICLOFENAC d00851 ETODOLAC d00853 OXAPROZIN d00855 PERPHENAZINE d00858 CYCLIZINE d00859 MECLIZINE d00861 DIMENHYDRINATE d00862 TRIMETHO-BENZAMIDE d00866 DRONABINOL d00867 ONDANSETRON d00874 AMOXAPINE d00875 PROTRIPTYLINE d00876 CLOMIPRAMINE d00880 SERTRALINE d00883 PHENELZINE d00884 TRANYL-**CYPROMINE** d00890 TRIFLUOPERAZINE d00897 LOXAPINE d00898 PIMOZIDE d00900 METHYLPHENIDATE d00902 ERGOLOID MESYLATES d00907 HYDROXYZINE d00910 ZOLPIDEM d00915 ESTAZOLAM d00923 BUTABARBITAL d00929 METHOHEXITAL d00931 ETOMIDATE d00933 PROPOFOL d00934 NITROUS OXIDE d00941 MEPHENYTOIN d00957 DOXACURIUM d00960 CARISOPRODOL d00962 CHLORZOXAZONE d00963 CYCLO-BENZAPRINE d00964 METAXALONE d00965 METHOCARBAMOL d00966 ORPHENADRINE d00967 BACLOFEN d00970 TRIHEXYPHENIDYL d00976 SELEGILINE d00978 ALUMINUM HYDROXIDE d00982 MAGNESIUM HYDROXIDE d00984 MAGALDRATE

d00985 HYOSCYAMINE d00986 SCOPOLAMINE d00988 BELLADONNA d00989 METH-SCOPOLAMINE d00991 CLIDINIUM d00992 GLYCOPYRROLATE d00999 DICYCLOMINE d01002 PANCRELIPASE d01003 PANCREATIN d01005 URSODIOL d01008 MAGNESIUM CITRATE d01010 CASCARA SAGRADA d01012 PHENOLPHTHALEIN d01013 SENNA d01014 CASTOR OIL d01015 BISACODYL d01016 BULK PRODUCING LAXATIVES d01017 POLYCARBOPHIL d01018 PSYLLIUM d01019 MINERAL OIL d01021 DOCUSATE d01023 POLYETHYLENE GLYCOL 3350 WITH ELECTROLYTES d01024 LACTULOSE d01025 LOPERAMIDE d01026 BISMUTH SUBSALICYLATE d01027 SIMETHICONE d01028 CHARCOAL d01031 MESALAMINE d01032 OLSALAZINE d01068 DEMECLOCYCLINE d01070 OXYTETRACYCLINE d01097 RIFABUTIN d01101 CYCLOSERINE d01105 IODOQUINOL d01113 COLISTIMETHATE d01115 BACITRACIN d01120 ATOVAQUONE d01121 CLOFAZIMINE d01124 PIPERAZINE d01133 IMMUNE GLOBULIN **INTRAVENOUS** d01135 IMMUNE GLOBULIN INTRAMUSCULAR d01136 HEPATITIS B **IMMUNE GLOBULIN** d01137 TETANUS IMMUNE GLOBULIN d01138 VARICELLA ZOSTER **IMMUNE GLOBULIN** d01139 RHO (D) IMMUNE GLOBULIN d01142 DIPHTHERIA ANTITOXIN

d01147 RABIES VACCINE (OBSOLETE) d01148 RABIES IMMUNE GLOBULIN, HUMAN d01156 TYPHOID VACCINE, **INACTIVATED** d01158 HAEMOPHILUS B CONJUGATE VACCINE (OBSOLETE) d01159 MEASLES VIRUS VACCINE d01160 RUBELLA VIRUS VACCINE d01161 MUMPS VIRUS VACCINE d01163 POLIOVIRUS VACCINE, INACTIVATED d01164 INFLUENZA VIRUS VACCINE. INACTIVATED d01165 YELLOW FEVER VACCINE d01166 HEPATITIS B VACCINE (OBSOLETE) d01168 TETANUS TOXOID d01171 TUBERCULIN PURIFIED PROTEIN DERIVATIVE d01185 APRACLONIDINE **OPHTHALMIC** d01187 LEVOBUNOLOL **OPHTHALMIC** d01191 PILOCARPINE **OPHTHALMIC** d01195 ECHOTHIOPHATE IODIDE **OPHTHALMIC** d01199 HOMATROPINE **OPHTHALMIC** d01200 TROPICAMIDE OPHTHALMIC d01201 CYCLOPENTOLATE OPHTHALMIC d01204 SUPROFEN **OPHTHALMIC** d01208 SULFACETAMIDE SODIUM **OPHTHALMIC** d01215 TRIFLURIDINE **OPHTHALMIC** d01217 TETRACAINE d01218 PROPARACAINE **OPHTHALMIC** d01219 FLUORESCEIN **OPHTHALMIC** d01222 SODIUM HYALURONATE **OPHTHALMIC**

d01225 BORIC ACID TOPICAL d01226 HYDROXYPROPYL METHYLCELLU-LOSE **OPHTHALMIC** d01227 BOTULINUM TOXIN TYPE A (OBSOLETE) d01231 CHLORHEXIDINE TOPICAL d01232 CARBAMIDE PEROXIDE TOPICAL d01233 NYSTATIN d01235 TIOCONAZOLE TOPICAL d01236 CLOTRIMAZOLE d01238 TERCONAZOLE TOPICAL d01241 CLINDAMYCIN TOPICAL d01242 NONOXYNOL 9 TOPICAL d01244 TRETINOIN TOPICAL d01245 ISOTRETINOIN d01246 BENZOYL PEROXIDE TOPICAL d01257 NITROFURAZONE TOPICAL d01258 MAFENIDE TOPICAL d01259 SILVER SULFADIAZINE TOPICAL d01263 PYRITHIONE ZINC TOPICAL d01265 SULFACETAMIDE SODIUM TOPICAL d01266 CHLOROXINE TOPICAL d01267 MUPIROCIN TOPICAL d01271 ECONAZOLE TOPICAL d01272 CICLOPIROX TOPICAL d01274 TOLNAFTATE TOPICAL d01275 SULCONAZOLE TOPICAL d01277 NAFTIFINE TOPICAL d01278 LINDANE TOPICAL d01279 PERMETHRIN TOPICAL d01280 CROTAMITON TOPICAL d01282 ALCLOMETASONE TOPICAL

d01283 AMCINONIDE TOPICAL d01288 CLOBETASOL TOPICAL d01289 CLOCORTOLONE TOPICAL d01290 DESONIDE TOPICAL d01291 DESOXIMETASONE TOPICAL d01292 DIFLORASONE TOPICAL d01293 FLUOCINOLONE TOPICAL d01294 FLUOCINONIDE TOPICAL d01295 FLURANDREN-**OLIDE TOPICAL** d01296 FLUTICASONE d01297 HALCINONIDE TOPICAL d01298 HALOBETASOL TOPICAL d01301 DIBUCAINE TOPICAL d01303 PRAMOXINE TOPICAL d01305 DYCLONINE TOPICAL d01306 COCAINE TOPICAL d01307 SALICYLIC ACID TOPICAL d01309 PODOFILOX TOPICAL d01313 TRICHLOROACETIC ACID TOPICAL d01315 COLLAGENASE TOPICAL d01316 MASOPROCOL TOPICAL d01319 HYDROQUINONE TOPICAL d01320 FORMALDEHYDE TOPICAL d01321 CAPSAICIN TOPICAL d01322 ALUMINUM CHLORIDE HEXAHYDRATE TOPICAL d01325 ARNICA TOPICAL d01330 THIMEROSAL TOPICAL d01332 HEXACHLORO-PHENE TOPICAL

PHENE TOPICAL d01335 SODIUM HYPOCHLORITE TOPICAL d01338 PHYSIOLOGICAL IRRIGATING SOLUTION d01339 MECHLORETH-AMINE d01341 LOMUSTINE d01346 FLUDARABINE d01348 MEGESTROL d01351 ESTRAMUSTINE d01353 LEUPROLIDE d01354 GOSERELIN d01373 HYDROXYUREA d01376 PACLITAXEL d01378 MITOTANE d01379 ASPARAGINASE **ESCHERICHIA** COLI d01382 ETHANOLAMINE OLEATE d01384 MORRHUATE SODIUM d01385 BETA-CAROTENE d01387 ALPROSTADIL d01389 DISULFIRAM d01393 HYALURONIDASE d01394 PROCAINE d01396 PRILOCAINE d01398 MEPIVACAINE d01402 DEFEROXAMINE d01403 EDETATE CALCIUM DISODIUM d01406 NALTREXONE d01407 FLUMAZENIL d01417 SUCCIMER d01423 POTASSIUM CITRATE d01425 FLAVOXATE d01427 BETHANECHOL d01431 DIMETHYL SULFOXIDE d01433 ACETO-HYDROXAMIC ACID d01445 BARIUM SULFATE d01451 GADOPENTETATE DIMEGLUMINE d01456 IOHEXOL d01461 IOPAMIDOL d01469 IOVERSOL d01473 DIATRIZOATE d01475 IOTHALAMATE d02374 DESFLURANE d02375 PLASMA PROTEIN FRACTION d02376 ALBUMIN HUMAN d02377 DEXTRAN-1 d02378 HETASTARCH d03007 MEASLES; MUMPS; **RUBELLA VIRUS** VACCINE

d03008 INTERFERON GAMMA-1B d03034 NORGESTREL d03041 ENOXAPARIN d03050 LORATADINE d03052 HYDRO-CHLOROTHIAZIDE-TRIAMTERENE d03054 AMYLASE d03061 BUTALBITAL d03066 CITRIC ACID d03071 DIPHENOXYLATE d03075 HYDROCODONE d03077 ISOMETHEPTENE MUCATE d03080 LIPASE d03096 SODIUM BENZOATE d03098 SODIUM CITRATE d03110 DIPHTH; PERTUSSIS, ACEL;TETANUS (OBSOLETE) d03125 DIHYDRO-TACHYSTEROL d03126 CALCITRIOL d03128 ERGOCALCIFEROL d03129 CHOLECALCIFEROL d03130 THIAMINE d03133 HYDROXO-COBALAMIN d03135 PHYTONADIONE d03137 CALCIUM-VITAMIN D d03140 MULTIVITAMIN d03141 MULTIVITAMIN WITH IRON d03145 MULTIVITAMIN WITH MINERALS d03148 MULTIVITAMIN, PRENATAL d03149 ASCORBIC ACID-FERROUS SULFATE d03154 DOXYLAMINE d03157 PAROXETINE d03158 RIMANTADINE d03159 CHOLINE d03160 SUMATRIPTAN d03162 ETHANOL d03165 PIPERACILLIN-TAZOBACTAM d03166 CISAPRIDE d03170 FELBAMATE d03171 GRANISETRON d03176 TACRINE d03180 RISPERIDONE d03181 VENLAFAXINE d03182 GABAPENTIN d03183 FLUVASTATIN

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d03394 CODEINE-**IODINATED** GLYCEROL d03396 GUAIFENESIN-HYDROCODONE d03398 CODEINE; GUAIFENESIN; PSEUDO-**EPHEDRINE** d03400 DEXTROMETHOR-PHAN-**GUAIFENESIN** d03403 GUAIFENESIN; HYDROCODONE; PHENYLEPHRINE d03408 DEXTROMETHOR-PHAN; GUAIFENESIN; PHENYLEPHRINE d03409 DEXTROMETHOR-PHAN; GUAIFENESIN; PSEUDO-**EPHEDRINE** d03411 DEXTROMETHOR-PHAN: **GUAIFENESIN;PPA** d03416 CHLORPHENI-RAMINE: HYDROCODONE: PSE d03423 ACETAMINOPHEN-CODEINE d03425 ACETAMINOPHEN: BUTALBITAL; CAFFEINE; CODEINE d03426 ASPIRIN: BUTALBITAL; CAFFEINE; CODEINE d03428 ACETAMINOPHEN-HYDROCODONE d03431 ACETAMINOPHEN-OXYCODONE d03432 ASPIRIN-OXYCODONE d03433 MEPERIDINE-PROMETHAZINE d03434 ACETAMINOPHEN-PROPOXYPHENE d03436 BELLADONNA-OPIUM d03437 ACETAMINOPHEN; ASPIRIN: CAFFEINE: SALICYLAMIDE d03439 ACETAMINOPHEN; ASPIRIN;CAFFEINE

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d03623 ACETIC ACID

AMPHETAMINE-TROPICAMIDE **OPHTHALMIC** d03524 BACITRACIN; NEOMYCIN; POLYMYXIN B TOPICAL d03525 GRAMICIDIN; NEOMYCIN; POLYMYXIN B **OPHTHALMIC** d03536 DEXAMETHASONE-TOBRAMYCIN **OPHTHALMIC** d03541 PREDNISOLONE-SULFACETAMIDE SODIUM **OPHTHALMIC** d03542 FLUORESCEIN-PROPARACAINE **OPHTHALMIC** d03546 HYDRO-CORTISONE-PRAMOXINE TOPICAL d03555 HYDRO-CORTISONE-NEOMYCIN TOPICAL d03561 BETAMETHASONE-CLOTRIMAZOLE TOPICAL d03562 NYSTATIN-TRIAMCINOLONE TOPICAL d03566 CAPTOPRIL-HYDROCHLORO-**TH IAZIDE** d03569 CARBINOXAMINE d03570 CARBINOXAMINE-PSEUDO-**EPHEDRINE** d03577 CARBINOXAMINE; DEXTROMETHOR-PHAN;PSE d03593 CALCIUM CARBONATE-MAGNESIUM CARBONATE d03600 POTASSIUM BICARBONATE

d03618 HYOSCYAMINE;

SALICYL

d03621 BENOXINATE

d03622 BENOXINATE-

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FLUORESCEIN

OPHTHALMIC

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d03688 ALUMINUM SULFATE TOPICAL d03689 CALCIUM ACETATE d03690 ALUMINUM SULFATE-CALCIUM ACETATE TOPICAL d03692 BENZYLPENI-CILLOYL-POLYLYSINE d03693 ICHTHAMMOL TOPICAL d03697 BALSAM PERU TOPICAL d03702 SULFUR TOPICAL d03703 COAL TAR TOPICAL d03707 ALOE VERA TOPICAL d03708 LANOLIN-MINERAL **OIL TOPICAL** d03713 CAMPHOR-PHENOL TOPICAL d03718 TRACE ELEMENTS d03735 TRIETHANOLAMINE POLYPEPTIDE OLEATE OTIC d03740 ENALAPRIL-HYDROCHLORO-THIAZIDE d03744 BISOPROLOL-HYDROCHLORO-THIAZIDE d03751 DEXBROM-PHENIRAMINE-PSEUDO-**EPHEDRINE** d03752 TACROLIMUS d03754 ACRIVASTINE-PSEUDO-**EPHEDRINE** d03756 BACITRACIN TOPICAL d03759 SALMETEROL d03761 LANOLIN TOPICAL d03766 ROCURONIUM d03768 OCULAR LUBRICANT d03770 EMOLLIENTS, TOPICAL d03773 STAVUDINE d03774 DOXEPIN TOPICAL d03775 FAMCICLOVIR d03778 CHLOROTHIAZIDE-**METHYLDOPA** d03780 DESOGESTREL d03781 ETHINYL ESTRADIOL-NORGESTIMATE d03782 DESOGESTREL-**ETHINYL ESTRADIOL**

d03523 HYDROXY-

d03783 BUPIVACAINE-**EPINEPHRINE** d03784 EPINEPHRINE-LIDOCAINE d03788 CALCIPOTRIENE TOPICAL d03790 POTASSIUM PHOSPHATE d03796 MAGNESIUM CHLORIDE d03797 MAGNESIUM OXIDE d03798 MAGNESIUM GLUCONATE d03804 FLUVOXAMINE d03805 DORZOLAMIDE **OPHTHALMIC** d03806 ALBENDAZOLE d03807 METFORMIN d03808 NEFAZODONE d03809 LAMOTRIGINE d03810 VINORELBINE d03812 DALTEPARIN d03814 RIMEXOLONE **OPHTHALMIC** d03818 LORATADINE-PSEUDOEPH-EDRINE d03819 CONJUGATED ESTROGENS-MEDROXY-PROGESTERONE d03820 HEPATITIS A VACCINE (OBSOLETE) d03821 LOSARTAN d03822 FERROUS GLUCONATE d03823 IRON POLYSACCHARIDE d03824 FERROUS SULFATE d03825 NISOLDIPINE d03826 TRAMADOL d03827 CETIRIZINE d03828 LANSOPRAZOLE d03829 AMLODIPINE-BENAZEPRIL d03830 HYDROCHLORO-THIAZIDE-LOSARTAN d03831 NILUTAMIDE d03832 VARICELLA VIRUS VACCINE d03833 DIVALPROEX SODIUM d03835 MOEXIPRIL d03836 ACITRETIN d03838 VALACYCLOVIR d03839 MYCOPHENOLATE

MOFETIL

d03842 EPOPROSTENOL d03843 GADOTERIDOL d03845 SEVOFLURANE d03846 ACARBOSE d03847 CARVEDILOL d03848 AZELAIC ACID TOPICAL d03849 ALENDRONATE d03850 BICALUTAMIDE d03857 BENZOYL PEROXIDE-**ERYTHROMYCIN** TOPICAL d03858 LAMIVUDINE d03862 MAGNESIUM AMINO ACIDS CHELATE d03864 GLIMEPIRIDE d03866 CALCIUM CITRATE d03869 RILUZOLE d03873 ANASTROZOLE d03874 CEFTIBUTEN d03875 CISATRACURIUM d03882 CEFEPIME d03884 TROLAMINE SALICYLATE TOPICAL d03888 BENZOCAINE; BUTAMBEN; TETRACAINE TOPICAL d03894 KAOLIN-PECTIN d03895 SINCALIDE d03896 AMYLASE; CELLULASE; LIPASE; PROTEASE d03897 LACTASE d03898 SODIUM CHLORIDE, HYPERTONIC. **OPHTHALMIC** d03904 BALSAM PERU;CASTOR **OIL: TRYPSIN** TOPICAL d03908 APAP; CHLORPHEN-IRAMINE; **DEXTROMETHOR-**PHAN;PPA d03911 CHLORPHEN-IRAMINE; METHSCO-POLAMINE; PSE d03922 ACETAMINOPHEN-CAFFEINE d03927 BACITRACIN OPHTHALMIC d03951 CITRIC ACID;K CITRATE;NA CITRATE

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d04017 LATANOPROST **OPHTHALMIC** d04025 MIRTAZAPINE d04026 IRINOTECAN d04027 MEROPENEM d04029 NEVIRAPINE d04032 SULFACETAMIDE SODIUM-SULFUR TOPICAL d04034 REMIFENTANIL d04035 AMPHETAMINE-DEXTRO-AMPHETAMINE d04036 CAFFEINE-SODIUM BENZOATE d04037 TIMOLOL **OPHTHALMIC** d04038 BETAXOLOL **OPHTHALMIC** d04040 FEXOFENADINE d04041 FOSPHENYTOIN d04043 FOLLICLE STIMULATING HORMONE d04047 MIDODRINE d04048 BRIMONIDINE **OPHTHALMIC** d04049 AMMONIUM LACTATE TOPICAL d04050 OLANZAPINE d04051 ROPIVACAINE d04052 PENTOSAN POLYSULFATE SODIUM d04053 ZAFIRLUKAST d04054 PENCICLOVIR TOPICAL d04056 ZINC GLUCONATE d04057 ZINC SULFATE d04058 MELATONIN d04063 BUTENAFINE TOPICAL d04065 TRANDOLAPRIL-VERAPAMIL d04066 ALBUTEROL-**IPRATROPIUM** d04068 AZELASTINE NASAL d04083 GADODIAMIDE d04086 SODIUM NITRITE d04090 LACTIC ACID TOPICAL d04093 HYDRO-CORTISONE-IODOQUINOL TOPICAL d04099 DONEPEZIL d04101 IVERMECTIN d04102 TIZANIDINE d04103 ZILEUTON d04105 ATORVASTATIN d04106 FOSFOMYCIN

d04107 AMLEXANOX TOPICAL d04108 SPARFLOXACIN d04109 LEVOFLOXACIN d04111 GLATIRAMER d04112 CABERGOLINE d04113 VALSARTAN d04115 TOPIRAMATE d04117 OLOPATADINE **OPHTHALMIC** d04120 CAFFEINE-ERGOTAMINE d04121 TAMSULOSIN d04122 TROGLITAZONE d04125 IMIQUIMOD TOPICAL d04126 ANAGRELIDE d04134 POLYMYXIN B **OPHTHALMIC** d04138 TAZAROTENE TOPICAL d04140 CERIVASTATIN d04141 HYDROCHLORO-THIAZIDE-MOEXIPRIL d04142 CHROMIUM PICOLINATE d04145 PRAMIPEXOLE d04156 LETROZOLE d04159 SORBITOL d04160 SODIUM **BIPHOSPHATE-**SODIUM PHOSPHATE d04168 ACETAMINOPHEN; DIPHEN-HYDRAMINE; PSEUDOEPHE-DRINE d04172 CALAMINE-PRAMOXINE TOPICAL d04190 PAPAIN TOPICAL d04192 COLISTIN;HC; NEOMYCIN; THONZONIUM OTIC d04196 BACITRACIN HC; NEOMYCIN: POLYMYXIN B TOPICAL d04197 HYDRO-CORTISONE; NEOMYCIN; POLYM YXIN B TOPICAL d04208 SILVER NITRATE TOPICAL d04209 METHOXSALEN TOPICAL d04214 DOLASETRON d04215 ROPINIROLE

d04219 LAMIVUDINE-ZIDOVUDINE d04220 QUETIAPINE d04221 TIAGABINE d04222 IRBESARTAN d04223 MOMETASONE NASAL d04225 HYDROCODONE-**IBUPROFEN** d04228 ACETIC ACID OTIC d04233 TRIAMCINOLONE NASAL d04237 DEXAMETHASONE-LIDOCAINE d04240 HYLAN G-F 20 d04242 SODIUM CHLORIDE NASAL d04245 HYDROCHLORO-THIAZIDE-**IRBESARTAN** d04248 METHYL-CELLULOSE d04249 CELLULOSE d04253 ZOLMITRIPTAN d04255 RITUXIMAB d04256 CEFDINIR d04258 CLOPIDOGREL d04260 SIBUTRAMINE d04261 RALOXIFENE d04262 DACLIZUMAB d04266 EPROSARTAN d04267 REPAGLINIDE d04269 ACETAMINOPHEN; CAFFEINE: DIHYDROCODEINE d04270 FEXOFENADINE-PSEUDOEPHE-DRINE d04271 DICLOFENAC-**MISOPROSTOL** d04272 AMOXICILLIN: CLARITHROMYCIN: LANSOPRAZOLE d04275 BECLOMETHASONE NASAL d04276 BUDESONIDE d04279 FLUNISOLIDE NASAL d04281 EMEDASTINE **OPHTHALMIC** d04283 FLUTICASONE NASAL d04284 FLUTICASONE TOPICAL d04285 NARATRIPTAN d04286 FENOFIBRATE d04289 MONTELUKAST d04292 LOTEPREDNOL **OPHTHALMIC**

d04293 HYDROCHLORO-THIAZIDE-VALSARTAN d04294 TOLTERODINE d04298 PHENYLEPHRINE TOPICAL d04299 SILDENAFIL d04300 RISEDRONATE d04301 BRINZOLAMIDE **OPHTHALMIC** d04305 SACROSIDASE d04311 CAPECITABINE d04312 PARICALCITOL d04316 EPTIFIBATIDE d04317 DIPHTHERIA TOXOID d04318 PERTUSSIS, ACELLULAR d04322 CANDESARTAN d04323 PALIVIZUMAB d04327 RIFAPENTINE d04328 RIZATRIPTAN d04329 SODIUM **HYALURONATE** d04331 THALIDOMIDE d04332 CITALOPRAM d04342 INFLIXIMAB d04344 ROTAVIRUS VACCINE d04349 LEFLUNOMIDE d04355 EFAVIRENZ d04356 VALRUBICIN d04357 TRASTUZUMAB d04363 SEVELAMER d04364 TELMISARTAN d04365 ETANERCEPT d04369 INSULIN REGULAR d04370 INSULIN ISOPHANE d04374 INSULIN **ISOPHANE-INSULIN REGULAR** d04375 ESTRADIOL-NORETHINDRONE d04376 ABACAVIR d04377 THYROTROPIN ALFA d04378 MODAFINIL d04380 CELECOXIB d04382 CILOSTAZOL d04385 ALITRETINOIN TOPICAL d04387 SODIUM FERRIC GLUCONATE COMPLEX d04395 CLOTRIMAZOLE TOPICAL d04397 FLUORIDE TOPICAL d04399 NYSTATIN TOPICAL d04403 SULBACTAM

d04404 TAZOBACTAM d04405 CLAVULANATE d04406 TYPHOID VACCINE, LIVE d04411 GARLIC d04412 GINSENG d04413 GINKGO d04416 VALERIAN d04417 CREATINE d04418 GLUCOSAMINE d04419 CHONDROITIN d04420 CHONDROITIN-GLUCOSAMINE d04423 GOLDENSEAL d04426 RED YEAST RICE d04427 LEVALBUTEROL d04429 ORLISTAT d04432 CARBONYL IRON d04433 ROFECOXIB d04434 ROSIGLITAZONE d04435 DOXER-CALCIFEROL d04436 MALATHION TOPICAL d04441 KETOTIFEN **OPHTHALMIC** d04442 PIOGLITAZONE d04443 ZANAMIVIR d04445 CARBETA-PENTANE: CHLORPHEN-**IRAMINE**; PHENYLEPHRINE d04446 PHENYLEPHRINE-**PYRILAMINE** d04447 GANIRELIX d04448 RABEPRAZOLE d04451 TEMOZOLOMIDE d04452 ZALEPLON d04453 SIROLIMUS d04454 EPIRUBICIN d04459 DOFETILIDE d04460 ENTACAPONE d04461 EXEMESTANE d04462 OSELTAMIVIR d04469 BEE POLLEN d04470 CRANBERRY d04472 BLACK COHOSH d04476 BILBERRY d04481 ROYAL JELLY d04487 PEPPERMINT d04497 ASPIRIN-DIPYRIDAMOLE d04499 LEVETIRACETAM d04500 MOXIFLOXACIN d04501 AMINOLEVULINIC ACID TOPICAL d04503 NEDOCROMIL **OPHTHALMIC**

d04504 GATIFLOXACIN d04505 DEXMEDETOMIDINE d04507 BEXAROTENE d04508 NITRIC OXIDE d04509 HYDROCHLORO-THIAZIDE-QUINAPRIL d04510 INSULIN LISPRO-INSULIN LISPRO PROTAMINE d04512 CEVIMELINE d04513 OXCARBAZEPINE d04514 PANTOPRAZOLE d04516 ALOSETRON d04521 NETTLES d04523 UBIQUINONE d04527 ZONISAMIDE d04532 MELOXICAM d04533 VERTEPORFIN d04534 LINEZOLID d04535 ARTICAINE-**EPINEPHRINE** d04537 RIVASTIGMINE d04538 INSULIN GLARGINE d04539 FOSINOPRIL-HYDROCHLORO-THIAZIDE d04540 GEMTUZUMAB d04541 AZELASTINE **OPHTHALMIC** d04547 ATOVAQUONE-PROGUANIL d04557 CLOBAZAM d04572 FORMOTEROL d04597 TETRABENAZINE d04611 FLUTICASONE-SALMETEROL d04661 LIDOCAINE OPHTHALMIC d04669 VIGABATRIN d04674 DIPHTH; HAEMOPHILUS; PERTUSSIS: TETANUS;POLIO d04675 DIPHTHERIA; PERTUSSIS, ACEL;TETANUS; POLIO d04685 HEPATITIS A-HEPATITIS B VACCINE d04694 TENECTEPLASE d04695 COLESEVELAM d04696 TRIPTORELIN d04697 INSULIN ASPART d04700 BALSALAZIDE d04702 DOCOSANOL TOPICAL

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d04703 GLYBURIDE-**METFORMIN** d04704 EFLORNITHINE TOPICAL d04707 LEVOFLOXACIN **OPHTHALMIC** d04708 ZOLEDRONIC ACID d04711 CANDESARTAN-HYDROCHLORO-THIAZIDE d04717 LOPINAVIR-RITONAVIR d04718 MIFEPRISTONE d04719 COAGULATION FACTOR VIIA d04721 ESTRADIOL-MEDROXY-PROGESTERONE d04722 DICLOFENAC TOPICAL d04723 CALCIUM CARBONATE; FAMOTIDINE:MG HYDROXIDE d04725 IRON SUCROSE d04726 5-HYDROXY-TRYPTOPHAN d04727 ABACAVIR; LAMIVUDINE: ZIDOVUDINE d04732 TRYPTOPHAN d04737 HYDROCHLORO-THIAZIDE-**TELMISARTAN** d04739 RIMABOTU-LINUMTOXINB d04740 TACROLIMUS TOPICAL d04742 BENZOYL PEROXIDE-CLINDAMYCIN TOPICAL d04743 NATEGLINIDE d04744 BIVALIRUDIN d04746 PEGINTERFERON ALFA-2B d04747 ZIPRASIDONE d04749 ESOMEPRAZOLE d04750 GALANTAMINE d04753 TRAVOPROST **OPHTHALMIC** d04754 BIMATOPROST **OPHTHALMIC** d04755 VALGANCICLOVIR d04756 ALEMTUZUMAB d04757 ALMOTRIPTAN d04758 IMATINIB d04759 DROSPIRENONE d04760 DROSPIRENONE-ETHINYL **ESTRADIOL**

d04764 CETIRIZINE-PSEUDOEPH-**EDRINE** d04766 ACETAMINOPHEN-TRAMADOL d04767 CEFDITOREN d04771 DARBEPOETIN ALFA d04772 ETONOGESTREL d04773 ETHINYL ESTRADIOL-**ETONOGESTREL** d04774 TENOFOVIR d04776 FROVATRIPTAN d04777 DEXMETHYL-PHENIDATE d04778 VALDECOXIB d04779 ETHINYL ESTRADIOL-NORELGESTRO-MIN d04782 BOSENTAN d04783 ERTAPENEM d04784 PIMECROLIMUS TOPICAL d04785 DESLORATADINE d04786 FONDAPARINUX d04787 LOVASTATIN-NIACIN d04788 DUTASTERIDE d04790 PEGFILGRASTIM d04797 ALFUZOSIN d04798 TEGASEROD d04799 FULVESTRANT d04801 OLMESARTAN d04803 VORICONAZOLE d04804 CHARCOAL-SORBITOL d04806 SODIUM OXYBATE d04811 OXALIPLATIN d04812 ESCITALOPRAM d04814 ADEFOVIR d04815 EPLERENONE d04819 BUPRENORPHINE-NALOXONE d04820 METFORMIN-ROSIGLITAZONE d04823 GLIPIZIDE-**METFORMIN** d04824 EZETIMIBE d04825 ARIPIPRAZOLE d04826 NITAZOXANIDE d04827 ATOMOXETINE d04828 TERIPARATIDE d04829 TIOTROPIUM d04831 SMALLPOX VACCINE d04832 DIPHTHERIA; HEPB; PERTUSSIS, ACEL; POLIO; TETANUS

d04835 ADALIMUMAB d04836 CYCLOSPORINE **OPHTHALMIC** d04839 INSULIN **ASPART-INSULIN** ASPART PROTAMINE d04844 CAMPHOR-MENTHOL TOPICAL d04848 INULIN d04849 ELETRIPTAN d04851 ROSUVASTATIN d04855 APREPITANT d04857 GATIFLOXACIN **OPHTHALMIC** d04859 GEMIFLOXACIN d04860 MOXIFLOXACIN **OPHTHALMIC** d04862 BROMPHENI-RAMINE;DM; GUAIFENESIN; PSE d04863 CHLORPHEN-IRAMINE; IBUPROFEN; PSEUDOEPH-**EDRINE** d04871 BORTEZOMIB d04877 CARBIDOPA; ENTACAPONE; **LEVODOPA** d04878 HYDROCHLORO-THIAZIDE-**OLMESARTAN** d04880 BROMPHEN-IRAMINE: HYDROCODONE; PSEUDOEPH-**EDRINE** d04881 OMALIZUMAB d04882 ATAZANAVIR d04884 EMTRICITABINE d04888 PALONOSETRON d04890 CIPROFLOXACIN-DEXAMETHASONE OTIC d04893 VARDENAFIL d04894 DAPTOMYCIN d04896 TADALAFIL d04898 EPINASTINE **OPHTHALMIC** d04899 MEMANTINE d04900 SALICYLIC ACID-UREA TOPICAL d04901 FOSAMPRENAVIR d04905 **BROMPHENIRAMINE**; **DEXTROMETHOR-**PH; PHENYLEPHRINE

d04911 PENTAFLUORO-PROPANE-TETRAFLUORO-ETHANE TOPICAL d04914 ESTRADIOL-LEVO-NORGESTREL d04915 SERTACONAZOLE TOPICAL d04917 FLUOXETINE-OLANZAPINE d04920 PNEUMOCOCCAL 7-VALENT CONJUGATE VACCINE d04929 TROSPIUM d04933 TELITHROMYCIN d04935 TINIDAZOLE d04986 ACAMPROSATE d05044 BETAMETHASONE-CALCIPOTRIENE TOPICAL d05047 PEMETREXED d05048 AMLODIPINE-ATORVASTATIN d05049 CALCITRIOL TOPICAL d05101 CETUXIMAB d05214 BEVACIZUMAB d05217 MYCOPHENOLIC ACID d05218 CINACALCET d05234 HYALURONAN d05265 NEBIVOLOL d05269 CADEXOMER **IODINE TOPICAL** d05278 INSULIN GLULISINE d05283 BRIMONIDINE-TIMOLOL **OPHTHALMIC** d05293 AZACITIDINE d05294 RIFAXIMIN d05303 CHLORPHEN-**IRAMINE-**CODEINE d05332 PITCHER PLANT d05337 PNEUMOCOCCAL 23-POLYVALENT VACCINE d05338 DIPHTHERIA-**TETANUS TOXOIDS** (DT) PED d05343 HAEMOPHILUS B CONJUGATE (PRP-T) VACCINE d05346 GADOBUTROL d05348 EZETIMIBE-SIMVASTATIN

d05350 POLYETHYLENE GLYCOL 3350 d05351 ACETAMINOPHEN; PHENYLTOL-OXAMINE; SALICYLAMIDE d05352 EMTRICITABINE-**TENOFOVIR** d05354 ABACAVIR-LAMIVUDINE d05355 DULOXETINE d05357 IBANDRONATE d05361 CARBETAPENTANE-**GUAIFENESIN** d05366 ACETAMINOPHEN; DEXTROMETHOR-PHAN; DOXYLAMINE d05395 LANTHANUM CARBONATE d05399 AMOXICILLIN; CLARITHROMYCIN; **OMEPRAZOLE** d05412 ERLOTINIB d05413 SOLIFENACIN d05414 NATALIZUMAB d05421 ESZOPICLONE d05422 DARIFENACIN d05423 CLOFARABINE d05424 ZICONOTIDE d05425 LOTEPREDNOL-TOBRAMYCIN **OPHTHALMIC** d05428 GADOBENATE DIMEGLUMINE d05432 MENINGOCOCCAL CONJUGATE VACCINE d05433 DIGESTIVE ENZYMES; HYOSCY AMINE: PHENYLTO-LOXAMIN d05436 INSULIN DETEMIR d05465 CICLESONIDE d05471 ALPHA-D-GALACTOSIDASE d05473 DESLORATADINE-PSEUDOEPH-**EDRINE** d05487 MICAFUNGIN d05488 PRAMLINTIDE d05508 PREGABALIN d05518 BROMFENAC **OPHTHALMIC** d05525 ENTECAVIR d05526 ALENDRONATE-CHOLECAL-CIFEROL

d05529 EXENATIDE d05537 TIGECYCLINE d05539 DEXCHLOR-PHENIRAMINE; METHSCO-POLAMINE; PSE d05540 HYDRALAZINE-**ISOSORBIDE** DINITRATE d05541 LIDOCAINE-TETRACAINE TOPICAL d05543 DAPSONE TOPICAL d05578 RAMELTEON d05612 RASAGILINE d05626 EVEROLIMUS d05633 NEPAFENAC **OPHTHALMIC** d05634 GALSULFASE d05635 METFORMIN-PIOGLITAZONE d05645 MEASLES; MUMPS;RUBELLA; VARICELLA VIRUS VACCINE d05646 SACCHAROMYCES **BOULARDII LYO** d05647 FERRIC SUBSULFATE TOPICAL d05649 CEFTRIAXONE-LIDOCAINE d05651 SODIUM **HYALURONATE** TOPICAL d05657 M-CRESYL ACETATE OTIC d05659 DEFERASIROX d05674 GLIMEPIRIDE-ROSIGLITAZONE d05690 FERROUS **FUMARATE-IRON** POLYSACCHARIDE d05691 SORAFENIB d05694 ABATACEPT d05696 LENALIDOMIDE d05702 METHYL-SULFONYL-METHANE d05703 CHONDROITIN; GLUCOSAMINE; METHYL-SULFONYL-METHANE d05704 IMMUNE GLOBULIN SUBCUTANEOUS d05717 SUNITINIB d05719 RANOLAZINE d05736 LUBIPROSTONE

d05748 BREWER'S YEAST d05770 OMEPRAZOLE-SODIUM BICARBONATE d05773 L-METHYLFOLATE d05776 IODINE d05781 TETANUS; DIPHTH; PERTUSS (TDAP) ADULT; ADOL d05782 DIPHTHERIA; TETANUS; PERTUSSIS (DTAP) PFD d05807 VARENICLINE d05813 ZOSTER VACCINE LIVE d05815 FLUORESCEIN d05817 HUMAN PAPILLOMAVIRUS VACCINE d05819 DIPHEN-HYDRAMINE-**IBUPROFEN** d05825 DARUNAVIR d05831 DASATINIB d05835 RANIBIZUMAB **OPHTHALMIC** d05842 LEVOLEUCOVORIN d05847 EFAVIRENZ: EMTRICITABINE; **TENOFOVIR** d05848 ROTIGOTINE d05851 LEVOCETIRIZINE d05853 POSACONAZOLE d05856 GLIMEPIRIDE-PIOGLITAZONE d05864 COMPLEMENT C1 ESTERASE INHIBITOR d05866 GUAR GUM d05879 PANITUMUMAB d05891 VORINOSTAT d05893 ARFORMOTEROL d05896 SITAGLIPTIN d05899 CICLESONIDE NASAL d05973 CLINDAMYCIN-TRETINOIN TOPICAL d05982 SINECATECHINS TOPICAL d06008 BENZYL ALCOHOL TOPICAL d06032 FLUOCINOLONE OTIC d06214 COLLAGEN d06297 PALIPERIDONE d06370 TURMERIC d06507 CINNAMON d06619 TRIAMCINOLONE **OPHTHALMIC**

d06635 MILNACIPRAN d06662 AMLODIPINE-VALSARTAN d06663 LISDEXAM-FETAMINE d06665 ALISKIREN d06672 LAPATINIB d06720 METFORMIN-SITAGLIPTIN d06831 RETAPAMULIN TOPICAL d06836 TEMSIROLIMUS d06841 AMBRISENTAN d06842 ARMODAFINIL d06848 LUTEIN d06851 AZITHROMYCIN OPHTHALMIC d06852 MARAVIROC d06857 ACETIC: ANTIPYRINE; BENZOCAINE; POLYCOS OTIC d06860 OXYGEN d06861 CARBON DIOXIDE d06867 BIOTIN d06900 COLLAGEN TOPICAL d06905 AMLODIPINE-OLMESARTAN d07048 RALTEGRAVIR d07049 DORIPENEM d07051 IXABEPILONE d07057 NILOTINIB d07063 BROMPHEN-**IRAMINE-DIPHENHYDRA-**MINE d07065 BENZYL ALCOHOL-ZINC ACETATE TOPICAL d07068 SAPROPTERIN d07069 RUFINAMIDE d07076 ETRAVIRINE d07080 FOSAPREPITANT d07110 NIACIN-SIMVASTATIN d07113 DESVENLAFAXINE d07121 BENDAMUSTINE d07127 BROMPHEN-IRAMINE; DIHYDRO-CODEINE;PSE d07130 NAPROXEN-SUMATRIPTAN d07131 REGADENOSON d07132 OLOPATADINE NASAL d07134 CERTOLIZUMAB d07135 METHYL-NALTREXONE d07137 DABIGATRAN

d07141 ALVIMOPAN d07162 FESOTERODINE d07298 DIFLUPREDNATE **OPHTHALMIC** d07308 ANTIPYRINE; BENZOCAINE;ZINC ACETATE OTIC d07315 GLUTAMINE d07320 ROMIPLOSTIM d07347 BIFIDOBACTERIUM **INFANTIS** d07349 LACOSAMIDE d07351 CARBETA-PENTANE; PSEUDOEPH-EDRINE; PYRILAMINE d07354 SILODOSIN d07356 RIVAROXABAN d07357 ELTROMBOPAG d07371 FENOFIBRIC ACID d07372 PLERIXAFOR d07373 D-XYLITOL d07382 ADAPALENE-BENZOYL PEROXIDE TOPICAL d07395 DEXLAN-SOPRAZOLE d07396 USTEKINUMAB d07397 FEBUXOSTAT d07400 BIFIDO-BACTERIUM-LACTOBACILLUS d07409 PRASUGREL d07411 DEGARELIX d07435 GOLIMUMAB d07440 AMLODIPINE; HYDROCHLORO-THIAZIDE: VALSARTAN d07441 ILOPERIDONE d07447 TOLVAPTAN d07448 BESIFLOXACIN OPHTHALMIC d07453 TAPENTADOL d07458 DRONEDARONE d07459 FERUMOXYTOL d07464 INFLUENZA VIRUS VACCINE, H1N1, INACTIVATED d07466 LIRAGLUTIDE d07467 SAXAGLIPTIN d07473 ASENAPINE d07478 TAFLUPROST **OPHTHALMIC** d07482 BEPOTASTINE **OPHTHALMIC** d07486 ALISKIREN-VALSARTAN d07496 TOCILIZUMAB

d07707 DEXTRO-**METHORPHAN-**QUINIDINE d07709 METFORMIN-

PHENYLEPHRINE; PYRILAMINE d07546 DALFAMPRIDINE d07548 COLLAGENASE CLOSTRIDIUM HISTOLYTICUM d07565 IPILIMUMAB d07586 PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE d07631 ESOMEPRAZOLE-NAPROXEN d07634 DUTASTERIDE-TAMSULOSIN d07637 PITAVASTATIN d07638 SIPULEUCEL-T d07640 DENOSUMAB d07645 ONABOTULIN-UMTOXINA d07646 ABOBOTULI-NUMTOXINA d07660 FORMOTEROL-MOMETASONE d07668 AMLODIPINE; HYDROCHLORO-THIAZIDE: OLMESARTAN d07670 ALCAFTADINE **OPHTHALMIC** d07678 ALISKIREN-AMLODIPINE d07684 ROFLUMILAST d07685 CARBOXY-METHYLCELLU-LOSE d07691 MAGNESIUM; POTASSIUM; SODIUM SULFATES d07692 FINGOLIMOD d07697 DROSPIRENONE; ETHINYL ESTRADIOL: LEVOMEFOLATE d07705 LURASIDONE d07706 CEFTAROLINE

d07499 PAZOPANIB

d07519 HEME IRON

IRON

d07521 ECALLANTIDE

d07525 DIHYDROCODEINE;

d07509 OFATUMUMAB

d07510 CHLOPHEDIANOL;

IRAMINE;PE

DEXBROMPHEN-

POLYPEPTIDE-

POLYSACCHARIDE

d07505 COPPER

SAXAGLIPTIN d07716 ERIBULIN d07721 TICAGRELOR d07725 ALISKIREN: AMLODIPINE; HYDROCHLORO-THIAZIDE d07727 PENICILLIN G BENZATHINE d07740 VILAZODONE d07754 AZILSARTAN d07764 FAMOTIDINE-**IBUPROFEN** d07766 ABIRATERONE d07767 LINAGLIPTIN d07774 BOCEPREVIR d07777 TELAPREVIR d07796 EMTRICITABINE; RILPIVIRINE; **TENOFOVIR** d07799 BRENTUXIMAB VEDOTIN d07800 CRIZOTINIB d07812 RUXOLITINIB d07815 AFLIBERCEPT **OPHTHALMIC** d07817 CAPSAICIN; LIDOCAINE: MENTHOL;METHYL SALIC TOP d07818 AZILSARTAN-CHLORTHALIDONE d07819 LACTOBACILLUS CASEI-OMEGA-3 FATTY ACIDS d07820 CHLOPHEDIANOL-CHLORCYCLIZINE d07822 INGENOL TOPICAL d07825 LINAGLIPTIN-**METFORMIN** d07854 ASCORBIC ACID-CARBONYL IRON d07868 AZELASTINE-FLUTICASONE NASAL d07874 PERTUZUMAB d07876 MIRABEGRON d07881 PHENTERMINE-TOPIRAMATE d07882 CARFILZOMIB d07899 COBICISTAT: ELVITEGRAVIR; EMTRICITABINE; **TENOFOV**

d07905 TERIFLUNOMIDE d07912 CHLORPHEN-IRAMINE;CODEINE; PHENYLEPHRINE d07913 REGORAFENIB d07917 CALCIUM;FOLIC ACID; GINGER; **PYRIDOXINE** n00002 RED YEAST **RICE-UBIQUINONE** n00011 LIDOCAINE; BELLADONNA; ALUMINUM HYDROXIDE-MAGNESIUM HYDROXIDE n08004 BIRTH CONTROL PILLS n08010 MESALT n08012 PACKED RED **BLOOD CELLS** n08013 CALCIUM HYDROXYL-APATITE n08014 MASTISOL n08017 COLLAGEN; OXIDISED REGENERATED CELLULOSE n08027 BOSWELLIC ACID n08028 CHLORINE BLEACH n08029 CODEINE; ACETAMINOPHEN; CAFFEINE: BUTALBITAL n08034 BROMPHEN-IRAMINE; DEXAMETHASONE: **DIPHEN-**HYDRAMINE n08038 CHASTEBERRY n08041 5-AMINO-SALICYLATES n08045 MALIC ACID n08046 ACETAMIDE n08049 OMEGA-3 POLYUN-SATURATED FATTY ACIDS-VITAMIN AND MINERAL COMBINATIONS n08050 BIFIDUS REGULARIS n08053 ECZEMA CREAM

GRASS;OAT GRASS;BIFIDO-BACTERIUM **BIFIDUM**; LACTOBACILLUS ACIDOPHILUS; LACTOBACILLUS BULGARICUS; LACTOBACILLUS CASEI: LACTOBACILLUS RHAMNOSUS: IRON;CALCIUM; PROTEIN n08058 POMEGRANATE JUICE n08059 PROMETHAZINE; HYDRO-MORPHONE HYDROCHLORIDE n08063 TROPONIN n08067 VITAMIN B;VITAMIN E;ASCORBIC ACID:ERGO-CALCIFEROL n08069 IDOFORM n08073 HELICOBACTER PYLORI VACCINE n08078 EMPIRIC ANTIBIOTICS n08079 PROSTATE **MEDICATION** n08081 DABIGATRAN n08083 AMINO ACIDS n08084 MUSHROOM EXTRACT-ASCORBIC ACID n08094 MISCELLANEOUS TOPICAL AGENTS n08099 VITAMIN AND MINERAL COMBINATIONS n08105 RESVERATROL n08114 WOUND GEL n08119 VITAMIN E;SELENIUM; LYCOPENE: CHOLECALCI-FEROL: ISO-**FLAVONES** n08127 ADRENALINE; LIDOCAINE; TETRACAINE n08138 LIDOCAINE-CEFTRIAXONE n08152 CALCIUM;ZINC; MAGNESIUM; VITAMIN D;BORON; MANGANESE; COPPER

n08191 PRUNE JUICE n08201 POLYETHYLENE GLYCOL 400 n08202 BACTERIAL VACCINE n08207 THALLIUM n08208 H2O n08212 MANGOSTEEN n08222 VITAMIN A-ASCORBIC ACID n08223 FLUORO-QUINOLONES n08227 PREDNISONE-NOREPINEPHRINE n08236 BISPHOS-PHONATES n08237 N-ACETYL-CYSTEINE n08239 GRANULOCYTE COLONY-STIMULATING FACTOR n08242 GYMNEMA SYLVESTRE n08243 VITAMIN E-**BIORESPONSE-DIM COMPLEX** n08247 METHYLENE **BLUE-GENTIAN** VIOLET TOPICAL n08258 TETROFOSMIN n08259 HONEY-BANDAGE n08263 HUMAN FIBROBLAST-DERIVED n09001 RADIOCONTRAST AGENTS n09002 CALCIUM CITRATE-MAGNESIUM n09006 HYDROXYDIONE n09011 PAPAVERINE-PHENTOLAMINE n09012 BUPIVACAINE-METHYLPREDNI-SOLONE n09026 METHYLPREDNI-SOLONE-**KETOROLAC** n09027 MAGNESIUM HYDROXIDE-BELLADONNA; ERGOTAMINE; PHENOBARBITAL n09032 BLACK CHERRY n09033 OLIVE LEAF EXTRACT n09034 INSULIN **ASPART-INSULIN** LISPRO

n09039 GANODERMA LUCIDUM n09044 PSORALENS n09046 ACAI n09052 FLUTICASONE-ALBUTEROL n09054 FUROSEMIDE-POTASSIUM CHLORIDE n09059 GADOLINIUM n09069 LIDOCAINE **OPHTHALMIC: DIPHEN-**HYDRAMINE; NYSTATIN n09080 FLUOROURACIL-LEUCOVORIN n09081 DIMETHYL SULFOXIDE;HEPARIN; CORTISONE: POTASSIUM BICARBONATE n09085 DIPHENHYDRA-MINE;LIDOCAINE TOPICAL: ALUMINUM HYDROXIDE-MAGNESIUM HYDROXIDE: TETRACYCLINE n09100 CAPRYLIDENE n09106 CLOBUTINOL n09109 POTASSIUM CHLORIDE-MAGNESIUM SULFATE n09114 CHERRY EXTRACT n09122 POLYSACCHARIDE n09127 ACETAMINOPHEN-**ISOMETHEPTENE** MUCATE n09128 CORDYCEPS **MYCELIUM** n09135 LIDOCAINE; EPINEPHRINE; TETRACAINE n09143 PHYTALOE n09147 WHEY PROTEIN ISOLATE n09148 OMEGA-3 POLYUN-SATURATED FATTY ACIDS; OMEGA-6 POLYUN-SATURATED FATTY ACIDS:OMEGA-9 POLYUN-SATURATED FATTY ACIDS

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n08054 BARLEY

n09150 SODIUM CHLORIDE-SODIUM BICARBONATE n09153 TECHNITIUM TC 99M GLUCEPTATE n09155 ALUMINUM HYDROXIDE-MAGNESIUM HYDROXIDE-LIDOCAINE n09159 PHENYLEPHRINE **OPHTHALMIC-**TROPICAMIDE **OPHTHALMIC** n09185 MISCELLANEOUS **ANTIBIOTICS** n09186 ABIRATERONE n09189 RIVAROXABAN n09199 RHODIOLA ROOT n09204 MUPIROCIN TOPICAL; BETAMETHASONE TOPICAL; MICONAZOLE TOPICAL; **IBUPROFEN** n10014 PACLITAXEL-CARBOPLATIN n10015 GLUTATHIONE n10022 BETAMETHASONE-BUPIVACAINE n11002 DIPHENHYDRA-MINE-ALUMINUM HYDROXIDE-MAGNESIUM HYDROXIDE n11008 CANNABIS (MEDICAL MARIJUANA) n11011 CAPSAICIN TOPICAL: MENTHOL TOPICAL;METHYL SALICYLATE TOPICAL

n12001 ASCORBIC ACID-BIOFLAVONO IDS n12002 DINITROCHLORO-BENZENE n12003 COMFYDE n12006 PRO-CHLORPERAZINE-**DIPHEN-**HYDRAMINE n12007 LIDOCAINE-OXYMETAZOLINE NASAL n12009 KETAMINE; BACLOFEN; CYCLOBENZA-PRINE; GABAPENTIN; LIDOCAINE n12010 NEEM OIL n12011 IVACAFTOR n12012 ETOPOSIDE; PREDNISONE; CYCLOPHOS-PHAMIDE; VINCRISTINE: DOXORUBICIN; RITUXIMAB n12013 DOCETAXEL-PACLITAXEL n12014 PIRFENIDONE n12015 ACETAMINOPHEN-**IBUPROFEN** n12016 BLACK CURRANT SEED OIL n12017 FLUOROURACIL; OXALIPLATIN; **IRINOTECAN: LEUCOVORIN** n12018 MARSHMALLOW ROOT n12019 DIPHENHYDRA-MINE;RANITIDINE; DEXAMETHASONE: PALONOSETRON n12020 PSEUDO-EPHEDRINE; CHLORPHENIRAM-INE;DEXTRO-**METHORPHAN**

n12021 PACLITAXEL;CIS-PLATIN; BEVACIZUMAB n12022 BETA-SITOSTEROL n12023 AMBROXOL

B. DRUG ENTRY CODES AND NAMES IN NUMERIC ORDER

 B. DRUG ENTRY CODES AND NAMES IN NUMERIC ORDER

 00001 RYZQLT
 00107 ROSIGLITAZONE
 00244 GLUTAMINE

 00002 TAMFLU
 00107 MCSIGLITAZONE
 00245 ACETA

 00003 TAMFLU
 00108 MEGENDATCH
 00245 ACETA

 00007 TMFSAZ DS
 00113 ANDROGEL
 00251 VICODIN ES

 00013 MCCOPHENOLATE
 00112 CRANBERY
 00286 ACETAMINOPHEN AC

 00011 SIRCOLMUS
 00122 CATORADE
 00286 ACETAMINOPHEN NC.2

 00012 DETRONEX
 00123 VICOTINE
 00286 ACETAMINOPHEN NC.2

 00012 DETRONEX
 00123 AVELOX
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 00012 DETRONEX
 00123 AVELOX
 00286 ACETAMINOPHEN NC.2

 00029 DETINEX
 00132 AVELOX
 0014 VITAMIN E & D

 00031 MALOX PLUS
 00154 CHILDRENS
 00286 ACETAMINOPHEN NC.2

 00032 AVECTAN
 00154 CHILDRENS
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 00154 CHILDRENS
 00287 ACETAMINOPHEN NC.2

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99157 LOPIDINE 99161 ROPINIROLE HCL 99167 COQ-10 99168 CREATINE 99170 DR. SMITH'S OINTMENT 99171 NETTLE 99172 NOVOLIN 70/30 99174 PHOSPHORUS 99182 RICOLA 99184 TRIVORA 99185 UNIRECTIC 99139MAGIC MOUTHWASH99187ACTICIN99142PRENATAL VITAMINS W/99189CALCIUM W/ VITAMIN D 99190 CORTIC 99192 NORGESIC FORTE 99193 SAM-E 99194 ABACAVIR SULFATE 99197 DOLASETRON MESYLATE 99198 EMADINE 99200 METHOHEXITAL 99201 ORTHO-CYCLEN

99202 PRENATAL VITAMINS W/ CALCIUM 99203 RITUXIMAB 99205 TETRABENAZINE 99206 ACETYLSALICYLIC ACID 99207 BRIMONIDINE 99210 CARTIA 99211 CITRACAL + D 99212 CORTISONE ACETATE 99213 DIASTAT 99214 DIOVAN HCT 99215 ENTEX LA 99216 FEXOFENADINE 99218 FORMULA SUPPLEMENT 99219 GINKGO BILOBA 99221 GOSERELIN 99222 IV SEDATION 99223 LEVORA 99224 OMEGA-3 99225 RALOXIFENE 99227 UNIRETIC 99999 ILLEGIBLE

C. MULTUM LEXICON END-USER LICENSE AGREEMENT

NOTE: The Multum Lexicon End-User License Agreement for 2012 NHAMCS is the same as that used for the 2012 National Ambulatory Medical Care Survey and is available <u>here</u>.

D. MULTUM CLASSIFICATION OF THERAPEUTIC CLASSES (DRUG CATEGORIES)

NOTE: The Multum Classification of Therapeutic Classes for 2012 NHAMCS is the same as that used for the 2012 National Ambulatory Medical Care Survey and is available <u>here</u>.