

## National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary

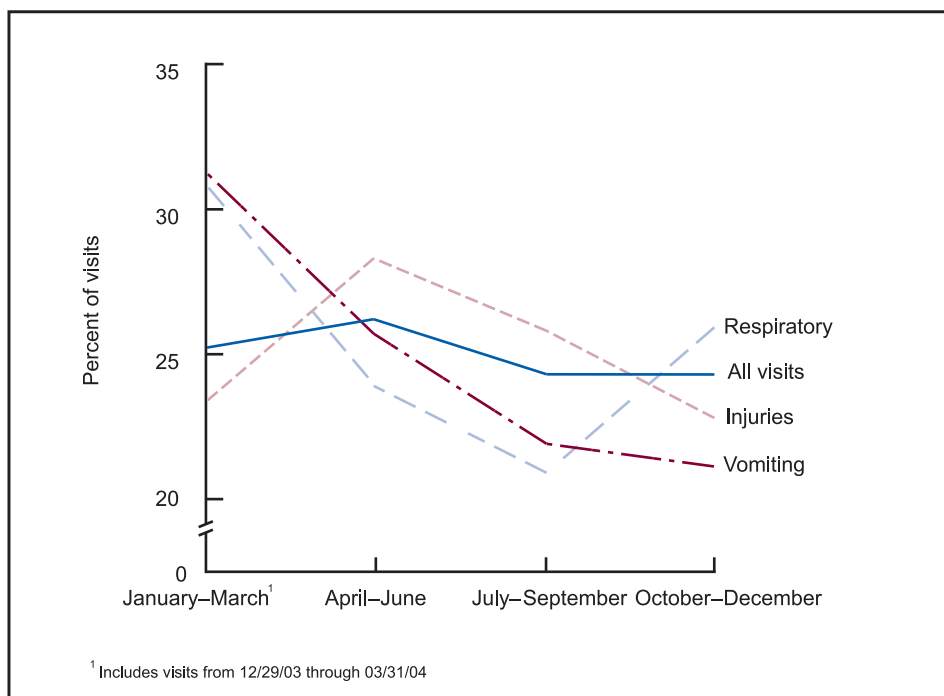
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This report presents the most current nationally representative data on emergency department (ED) care in the United States. Data are from the 2004 National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest survey of hospital ED and outpatient department (OPD) utilization.

For the first time, quarterly results are presented in this report. Although the volume of patient visits to the ED overall did not vary by calendar quarter, the volume of visits due to certain patient complaints did (see figure insert). Specifically, more visits for symptoms related to the respiratory system were made to the ED in the first quarter than in the second or third quarters. Visits due to vomiting were higher in the first quarter than in any of the other quarters. In contrast, visits due to injury, poisoning, or adverse effects of medical treatment, were highest in the second quarter.

Additional information about ED utilization is available from the National Center for Health Statistics (NCHS) Ambulatory Health Care website: <http://www.cdc.gov/nchs/nhamcs.htm>.

Individual-year reports and public-use data files are available for download from the website. Data from the 2004 NHAMCS will also be available on CD-ROM. These and other



Seasonal variation in selected reasons for visits to the emergency department, by calendar quarter: United States, 2004

products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 301-458-INFO or 1-866-441-NCHS (6247), the Ambulatory Care Statistics Branch at 301-458-4600, or by e-mail at [NCHSquery@cdc.gov](mailto:NCHSquery@cdc.gov).



## Abstract

**Objectives**—This report describes ambulatory care visits to hospital emergency departments (EDs) in the United States in 2004. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in ED utilization from 1994 through 2004 are also presented.

**Methods**—The data presented in this report were collected in the 2004 National Hospital Ambulatory Medical Care Survey (NHAMCS), a national probability sample survey of visits to emergency and outpatient departments of non-Federal, short-stay, and general hospitals in the United States. Sample data are weighted to produce annual national estimates.

**Results**—During 2004, an estimated 110.2 million visits were made to hospital EDs, about 38.2 visits per 100 persons. Visit rates have shown an increasing trend since 1994 for persons aged 22–49 years, 50–64 years, and 65 years and over. In 2004, more than 16 million patients arrived by ambulance (15.1 percent). At approximately 3 percent of visits, the patient had been seen in the ED within the last 72 hours. Abdominal pain, chest pain, fever, and back symptoms were the leading patient complaints, accounting for nearly one-fifth of all visits. Abdominal pain was the leading illness-related diagnosis at ED visits. There were an estimated 41.4 million injury-related visits or 14.4 visits per 100 persons. Diagnostic and screening services were provided at 89.9 percent of ED visits. Procedures were performed at 47.7 percent, and medications were prescribed at 78.4 percent of ED visits. Approximately 13 percent of ED visits resulted in hospital admission. On average, patients spent 3.3 hours in the ED, of which 47.4 minutes were spent waiting to see a physician.

**Keywords:** emergency department visits • diagnoses • injury • medications • ICD-9-CM

## Introduction

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was inaugurated in 1992 to gather, analyze, and disseminate information about the health care provided by hospital emergency departments (EDs) and outpatient departments (OPDs). Ambulatory medical care is the predominant method of providing health care services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory care services occurs in physician offices, and approximately 10 percent of all ambulatory medical care visits in the United States occur in the ED (1). NHAMCS is part of the ambulatory component of the National Health Care Survey, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the National Center for Health Statistics (NCHS) website: [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

EDs provide unscheduled care for a wide variety of persons and for reasons that range from life-threatening conditions to problems that could be treated in a primary care setting. Although in any given year most people do not use an ED, some subgroups, such as the elderly and the poor, have higher utilization rates than others (1). In 2004, one-fifth of the U.S. adult population made one or more ED visits within the past 12 months, and 7.5 percent made two or more visits (2). Frequent ED use has been associated with socioeconomic distress, poor mental and physical health, and recent use of other health care resources, including hospitalization (3). Data from the Community Tracking Study Household Survey showed that there was a greater likelihood of ED use by persons who identified the ED as their regular source of care, although they constituted only 5 percent of users (4). ED visit data have shown that Medicaid patients have higher ED visit rates than patients with other types of insurance (1).

EDs are under increasing pressure to provide care for more patients, resulting in crowding and ambulance diversions. ED crowding has multiple effects, including long patient waits, decreased physician productivity, and placing patients at risk for poor outcomes (5). Information on ambulance transports and diversions using NHAMCS data has been published (6). Details on ED staffing and capacity can be found in a forthcoming NHAMCS publication (7).

This report presents data on ED visits in terms of hospital, patient, and visit characteristics, including selected trend data. The format for the 2004 report was streamlined from that used in prior years by condensing the information previously found in the “Results” and “Technical Notes” sections into the “Highlights” and “Methods” sections. More detailed information on data collection, sampling and nonsampling errors, estimation, and definition of terms may be found in the 2003 ED *Advance Data From Vital and Health Statistics* report (8). Other reports highlight visits to OPDs (9) and physician offices (10). Detailed reports on medication use at ED visits and facility estimates for U.S. EDs are forthcoming. NHAMCS data have been used in articles examining important topics of interest in public health and health services research (11–20) and for a variety of activities by governmental, scientific, academic, and commercial institutions.

## Highlights

### ED utilization

- From 1994 through 2004, the number of ED visits increased from 93.4 million to 110.2 million visits annually (up by 18 percent). This represents an average increase of more than 1.5 million visits per year. The number of hospital EDs in the United States decreased by about 12.4 percent during the same period (21).

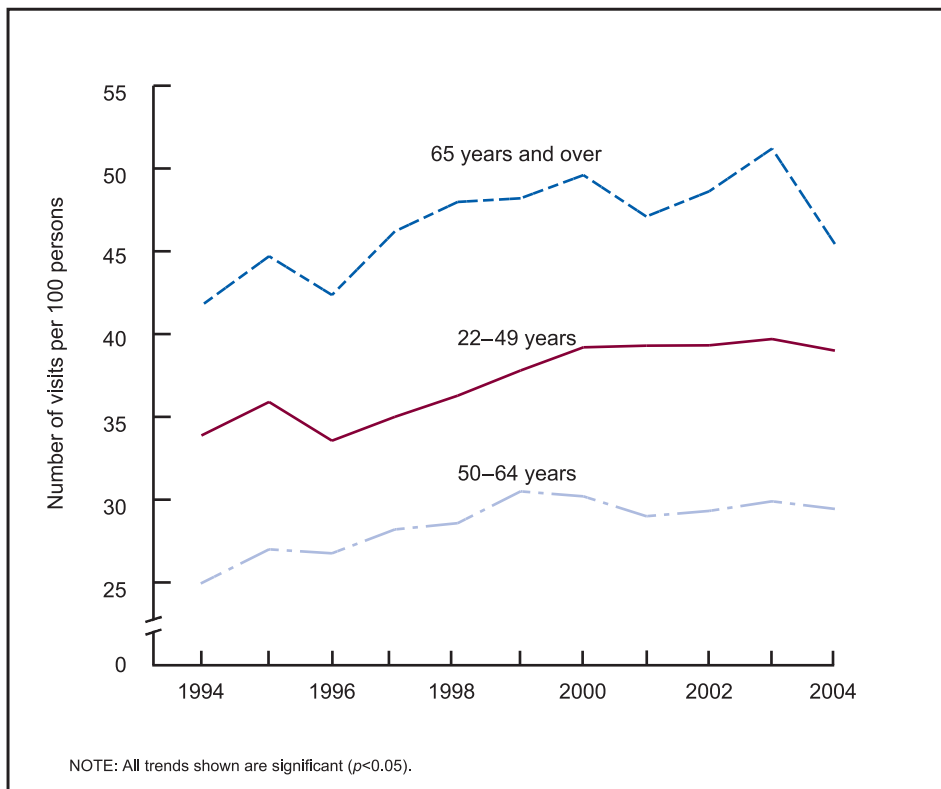


Figure 1. Trends in emergency department visit rates by patient age: United States, 1994-2004

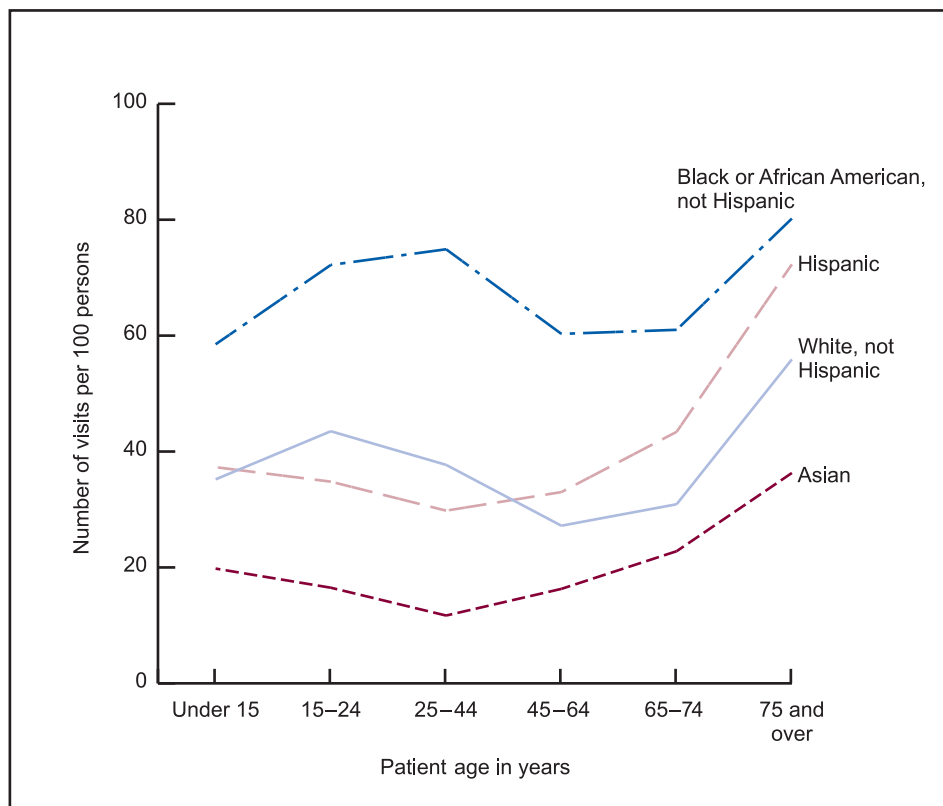
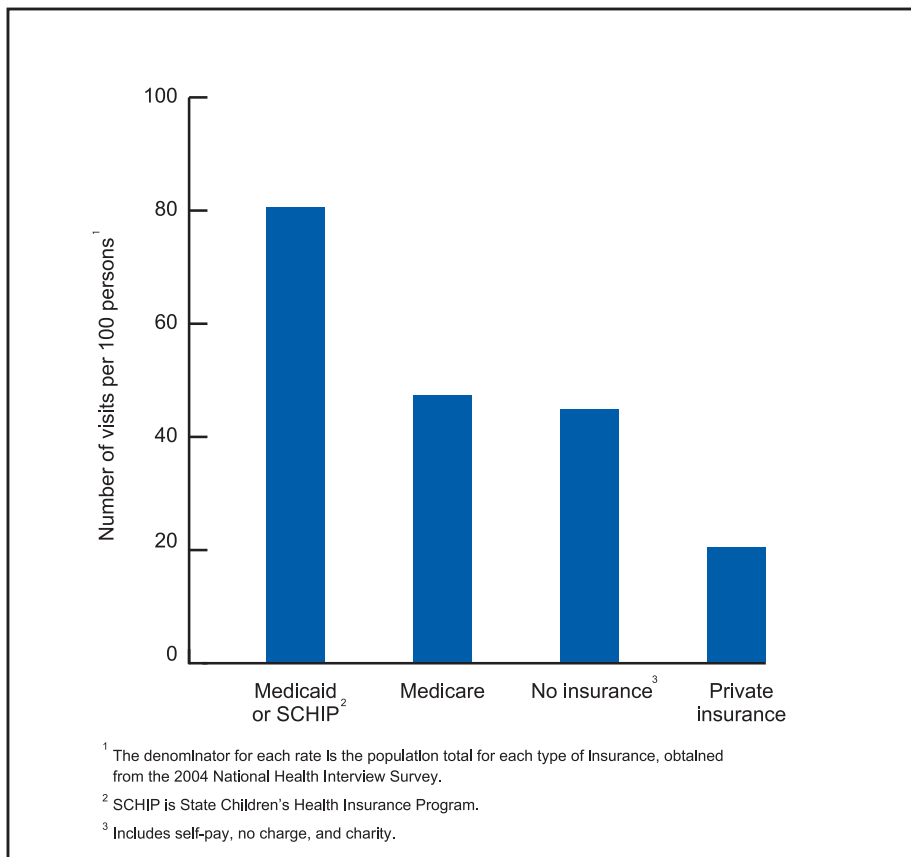


Figure 2. Annual rate of emergency department visits by patient age, race, and ethnicity: United States, 2004

- There were, on average, about 209 visits to U.S. EDs every minute during 2004.
- From 1994 through 2004, the overall ED utilization rate increased by 6 percent, from 36.0 to 38.2 visits per 100 persons.
- About three-quarters (74.5 percent) of ED visits were made to voluntary nonprofit hospitals (Table 1).
- Approximately two-thirds (65.9 percent) of all hospital EDs were located in metropolitan statistical areas (MSAs), but they were responsible for 86.0 percent of the annual ED encounters (Table 1).

**Patient characteristics**

- There were 3.9 million visits made by infants under 12 months of age, and the visit rate was 95.8 visits per 100 infants (Table 2).
- Increasing trends in ED visit rates over the past 11 years were found for persons 22-49 years of age (up by 15 percent), 50-64 years of age (up by 17 percent), and 65 years of age and over (up by 8 percent) (Figure 1).
- About 13 percent of visits were made by patients whose ethnicity was identified as Hispanic or Latino (Table 2).
- The ED utilization rate for non-Hispanic black people was higher than for non-Hispanic white people, regardless of age (Figure 2).
- About 2.7 million ED visits (2.5 percent) were made by persons living in institutional settings such as nursing homes or prisons (Table 2).
- Private insurance was the most frequent expected source of payment, cited at 35.7 percent of ED visits (Table 3). Other sources included Medicaid or State Children’s Health Insurance Program (SCHIP) (22.2 percent), self-payment (self-pay does not include patient copayments and deductibles) (16.0 percent), and Medicare (15.3 percent).
- The visit rate for Medicaid or SCHIP patients (80.3 per 100 persons with Medicaid or SCHIP) was higher than the rate for those with Medicare (47.1 per 100 persons with Medicare), no insurance (44.6 per 100 persons with no insurance), and private insurance



**Figure 3. Annual rate of emergency department visits by primary expected source of payment: United States, 2004**

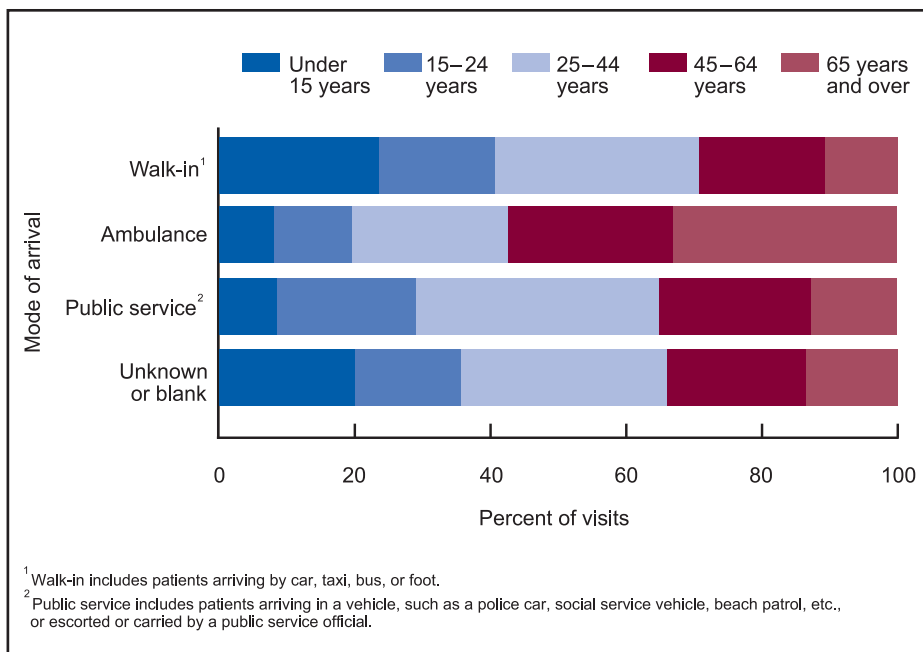
(20.3 per 100 persons with private insurance) (Figure 3).

### Patient acuity level

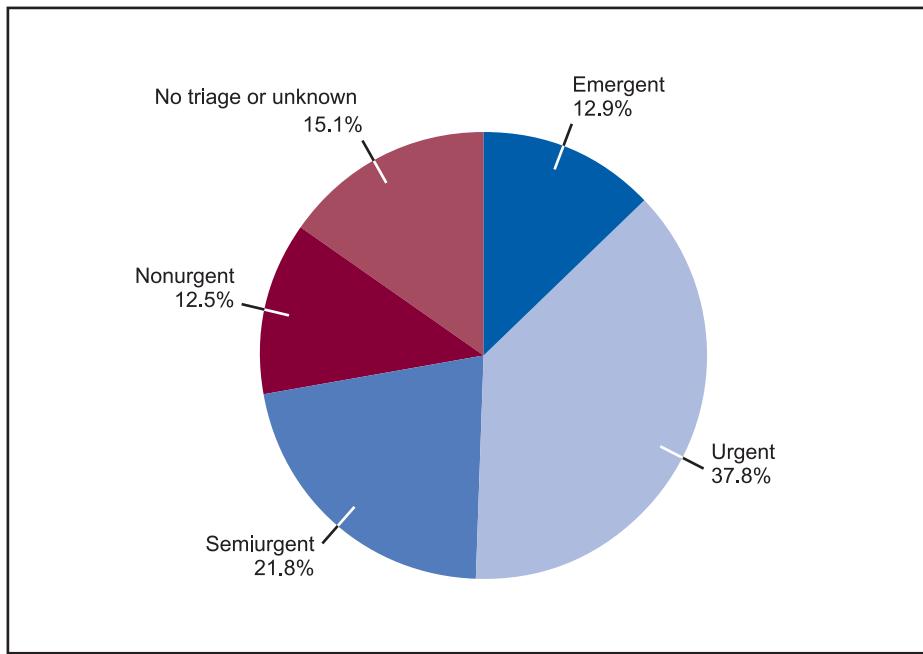
- At 15.1 percent of visits, the patient arrived at the ED by ambulance, representing 16.6 million ambulance transports (Table 4).
- One-third of ambulance arrivals were made by persons 65 years of age and over (Figure 4).
- At 12.9 percent of ED visits, patients' conditions were classified as emergent. An additional 37.8 percent of visits were urgent, 21.8 percent were semiurgent, and 12.5 percent were nonurgent. For the remaining 15.1 percent of visits, the triage status was not known or no triage system was used (Figure 5).
- A higher proportion of visits by patients 65 years of age and over were triaged as emergent compared with all other age groups (Table 5).
- Patients were not oriented to time, place, or person at 2.6 percent of all visits (Table 6).
- About 15.1 percent of patients presented with severe pain, and 23.7 percent presented with moderate pain (Table 6).
- About 6 percent of ED visits were for followup of a previously treated problem, and 2.9 percent of visits were made by patients who had been seen in the ED within the last 72 hours (Table 6).

### Conditions seen

- General symptoms (such as fever, fatigue, and pain) accounted for 15.6 percent of ED visits, followed by musculoskeletal symptoms (13.8 percent), digestive symptoms (13.7 percent), and respiratory symptoms (10.7 percent) (Table 7).
- The most frequently reported principal reasons given by patients for visiting the ED were abdominal pain, chest pain, and fever, accounting for 16.0 percent of all ED visits (Table 8).
- Work-related visits accounted for 2.9 percent of all visits, and 4.5 percent of visits among persons 18–64 years of age (Table 6).



**Figure 4. Percent distribution of emergency department visits by patient age, according to mode of arrival: United States, 2004**



**Figure 5. Percent distribution of emergency department visits, by immediacy with which the patient should be seen: United States, 2004**

- Respiratory disease diagnoses occurred less frequently in 2004 (10.3 percent) (Table 9) than in 2003 (12.3 percent).
- The most frequently reported primary diagnoses rendered by physicians were contusion with intact skin surface, abdominal pain, and open wound, excluding head (Table 10). The leading diagnoses by age group were: infants (under 1 year—acute upper respiratory infection, excluding pharyngitis; children (1–12 years)—otitis media and eustachian tube disorders; adolescents and young adults (13–21 years)—contusions; adults (22–49 years)—abdominal pain; middle-aged persons and seniors (50 years and over)—chest pain (Table 11).
- Injury, poisoning, and adverse effects of medical treatment accounted for 41.3 million visits (37.3 percent), and the rate was 14.4 visits per 100 persons (Table 12).
- Unintentional falls, motor vehicle traffic incidents, and striking against or being struck by objects or persons accounted for nearly 40 percent of injuries based on first-listed cause of injury (Table 13).
- At 1.8 million visits, the patient presented with adverse effects of

medical treatment, including complications of medical and surgical procedures (2.6 percent of injury visits) and adverse effects of medication (1.8 percent of injury visits) (Table 13).

- The most commonly mentioned body sites for injuries were wrist, hand, and fingers (11.3 percent), lower leg and ankle (4.3 percent), and face (4.1 percent) (Table 14).

#### Services provided

- Diagnostic and screening services were ordered or provided at 89.9 percent of visits. These included imaging (43.7 percent of visits), complete blood count (33.2 percent of visits), and urinalysis (19.1 percent of visits) (Table 15).
- Procedures were performed at 47.7 percent of ED visits (Table 16). For visits with procedures, 82.7 percent had only one procedure recorded. The most frequently mentioned procedures were the administration of intravenous fluids, wound care, and orthopedic care.
- A physician was seen at 91.7 percent of ED visits, and a registered nurse attended the patient at 90.1 percent of visits (Table 17).

#### Medications

- Medications were provided, prescribed, or continued at 78.4 percent of ED visits, resulting in 215.7 million drug mentions (Table 18).
- There was an average of 2.0 drug mentions per ED visit. For visits with at least one drug mention, the average was 2.5 drugs per visit (Table 18).
- Three or more drugs were provided, prescribed, or continued at 29.3 percent of visits (Table 18).
- The leading therapeutic drug subclasses were narcotic analgesics and nonsteroidal anti-inflammatory drugs (Table 19).
- Children and adolescents under 15 years of age and seniors 75 years of age and over who were reported to be in pain were less likely to receive pain medication than other age groups, with the exception of persons 65–74 years of age. Narcotic drugs represented about one-half of all pain relievers prescribed, but that varied by patient age (Figure 6).

#### Outcomes

- About 13 percent of ED visits resulted in hospital admission (Table 20). This included direct admission to the intensive care unit, critical care unit, or coronary care unit, which occurred in about 1 out of 13 admissions.
- The proportion of visits resulting in hospital admission or transfer to another facility was higher for white persons who were not Hispanic or Latino (17.0 percent) and Asians (15.7 percent) than for black or African American persons who were not Hispanic or Latino (11.5 percent). The percentage for white persons who were not Hispanic or Latino was greater than for Hispanics (12.5 percent) (Figure 7).
- For 7.4 percent of ED visits, no followup was planned. More than 2 million patients were transferred to other facilities (2.0 percent of visits), and 176,000 patients either were dead on arrival or died in the ED (0.2 percent of visits). (Table 20).

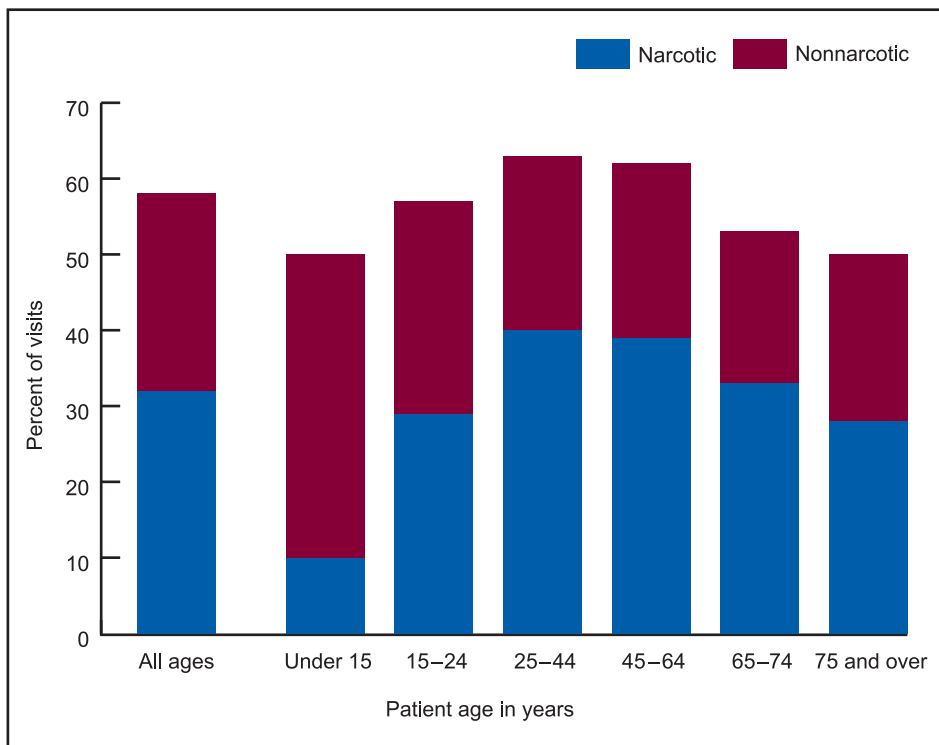


Figure 6. Percentage of pain-related emergency department visits where pain medication was prescribed, by patient age: United States, 2004

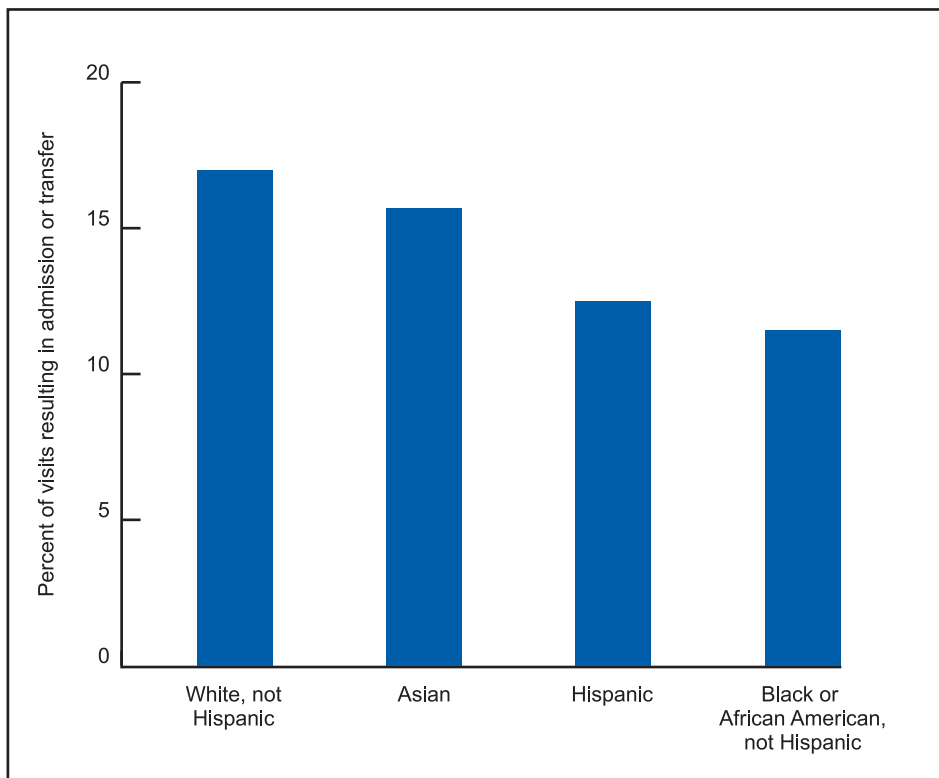


Figure 7. Percentage of emergency department visits resulting in hospital admission or transfer to another facility, by patient race and ethnicity: United States, 2004

## ED throughput indicators

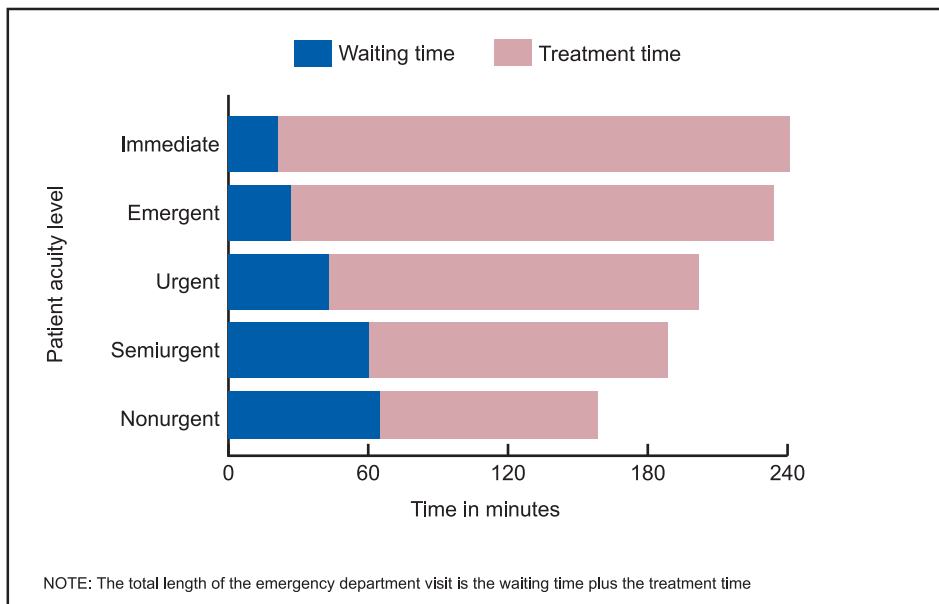
- Nearly 75 percent of patients waited less than 1 hour to see a physician, and the mean waiting time to see a physician was 47.4 minutes (Table 21).
- About 7 out of 10 patients spent less than 4 hours in the ED, and the mean patient care time was 2.5 hours (Table 21).
- The ratio of waiting time to treatment time varied by patient acuity level, with those in need of more urgent care spending less time waiting to see a physician and more time in treatment (Figure 8).
- At 1.9 percent of visits, patients left before being seen by a healthcare provider (Table 20).

## Methods

### Data collection

The data presented in this report are from the 2004 NHAMCS, a national probability sample survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care Statistics. The survey was conducted from December 29, 2003, through December 26, 2004. The NHAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code, 242k). Participation is voluntary.

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, address, or Social Security number, is collected in NHAMCS. 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 was approved by the NCHS Research Ethics Review Board in February 2004. Waivers of the



**Figure 8. Mean waiting time and treatment time in emergency departments, by patient acuity level: United States, 2004**

requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NHAMCS is in-person visits made in the United States to EDs and OPDs of nonfederal, short-stay hospitals (hospitals with an average stay of less than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate less than 24 hours are included in the OPD component of NHAMCS (9). The hospital sampling frame consisted of hospitals listed in the 1991 Verispan Hospital Database (VHD) updated using hospital data from Verispan, L.L.C., specifically their "Healthcare Market Index, Updated May 15, 2003" and their "Hospital Market Profiling Solution, Second Quarter, 2003." These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the sample allowed for the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2004, a multistage probability sample was used to collect information on visits to emergency departments. NHAMCS has a four-stage design that involves: 1) geographic primary

sampling units (PSUs), 2) hospitals that have EDs or OPDs within PSUs, 3) emergency service areas (ESAs) within EDs and clinics within OPDs, and 4) patient visits within ESAs and clinics (22). The PSU sample consists of 112 PSUs that comprise a probability subsample of the PSUs used in the 1985–94 National Health Interview Survey (NHIS). A sample of 464 hospitals was selected for the 2004 NHAMCS, 397 of which were in scope and had eligible EDs. A total of 457 ESAs from 365 EDs participated in the study, providing 36,589 Patient Record forms (PRFs) (see "Technical Notes"). In all, 355 EDs responded fully or adequately (by submitting at least one-half of the PRFs expected based on the total number of visits seen during their reporting period) for an unweighted ED response rate of 91.9 percent. Of the 457 participating ESAs, 452 of them responded fully or adequately, yielding an ESA sampling response rate of 97.0 percent. The overall unweighted two-stage sampling response rate was 89.2 percent.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey

records was independently keyed and coded. Coding error rates ranged between 0.1 and 0.7 percent for various survey items.

Medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the ED was coded according to *A Reason for Visit Classification for Ambulatory Care (RVC)* (23). Up to three reasons could be coded per visit.
- Physician's diagnosis—Hospital staff were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM)* (24).
- Cause of injury—For injury-related visits, up to three external causes of injury were coded according to the *Supplementary Classification of External Causes of Injury and Poisoning* in the ICD-9-CM (24). The *Barell Injury Diagnosis Matrix: Classification of Region of Body and Nature of the Injury* was used to determine the distribution of injury-related visits by body site of primary diagnosis (25).
- Injury, poisoning, or adverse effect of medical treatment—Although there is a separate item on the PRF to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit or an injury diagnosis is recorded without the injury item being checked. Therefore, the visit is counted as an injury visit and the checkbox is coded to "Yes" if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD-9-CM or any external cause of injury was recorded (24).
- Medications—Hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and

nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (26). As used in NHAMCS, the term “drug” is interchangeable with the term “medication.” The term “prescribing” is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed “drug visits” in NHAMCS. Therapeutic classification of drugs is based on the four-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (27). Drugs may have more than one therapeutic application and, in NHAMCS, up to three therapeutic drug classes are included for each drug.

## Estimation

Using the complex multistage design of NHAMCS, an inflation factor or weight is computed for each visit that takes all sampling stages into account. This weight is used to inflate the data to produce unbiased national annual estimates and includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. For the first time, in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals 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. Detailed information on estimation procedures used in NHAMCS can be found elsewhere (28).

The standard error (SE) is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the

complex sample design of NHAMCS. A description of the software and its approach has been published (29). SEs of statistics presented in this report are included in each of the tables.

## Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

## Nonsampling errors

Item nonresponse rates in NHAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the tables include a combined entry of “Unknown or blank” to display missing data. For items where combined item nonresponse is 30–50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0 percent or less for data items with

the following exceptions: primary expected source of payment (5.3 percent), waiting time (14.4 percent), duration of visit (8.5 percent), temperature (5.9 percent), systolic blood pressure (12.7 percent), diastolic blood pressure (12.8 percent), alcohol-related visits (11.0 percent), work-related visits (5.3 percent), seen in this ED within the last 72 hours (6.1 percent), intentionality of injury (13.1 percent of injury visits), cause of injury (17.5 percent of injury visits), and procedures (5.2 percent).

For some items, missing values were imputed by randomly assigning a value from PRF with similar characteristics. For the variable “immediacy with which patient should be seen” (2.9 percent with missing values (i.e., none of the categories were checked)), the grouping was based on ED volume, geographic region, and three-digit ICD–9–CM code for primary diagnosis. The other imputed items were birth year (1.6 percent), sex (0.5 percent), race (11.1 percent), and ethnicity (14.8 percent). Imputation for these items was based on ED volume, geographic region, immediacy with which patient should be seen, and three-digit ICD–9–CM code for primary diagnosis. Ethnicity values were imputed using state in place of geographic region because states that mandate its collection represent four-fifths of the U.S. Hispanic population. Blank or otherwise missing responses are noted in the data.

## Use of tables

First-listed reason for visit, diagnosis, and cause of injury are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly different from each other. For diagnostic and screening services, procedures, providers seen, and disposition, hospital staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (\*) appears in the tables. Estimates based on 30 or more cases

include an asterisk (\*) if the relative standard error (RSE) of the estimate exceeds 30 percent. The RSE of an estimate is obtained by dividing the standard error by the estimate itself.

In the tables, estimates of ED visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Several of the tables in this report present rates of ED visits per population. The population figures used in calculating these rates are special tabulations produced by the Population Division, U.S. Census Bureau, from the July 1, 2004 set of state population estimates by age, sex, race, and Hispanic origin.

Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2004 NHIS. Individuals reporting multiple insurance categories in NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

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**Table 1. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by selected hospital characteristics: United States, 2004**

Selected hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year <sup>1,2</sup>	Standard error of rate
All visits . . . . .	110,216	5,207	100.0	. . .	38.2	1.8
Ownership:						
Voluntary . . . . .	82,117	4,744	74.5	3.0	28.5	1.6
Government . . . . .	18,832	3,071	17.1	2.6	6.5	1.1
Proprietary . . . . .	9,267	2,144	8.4	1.9	3.2	0.7
Geographic region:						
Northeast . . . . .	22,274	2,175	20.2	1.8	41.4	4.0
Midwest . . . . .	26,806	2,390	24.3	2.0	41.4	3.7
South . . . . .	41,150	3,813	37.3	2.6	39.7	3.7
West . . . . .	19,986	1,830	18.1	1.6	30.1	2.8
Metropolitan status: <sup>3</sup>						
MSA . . . . .	94,826	5,354	86.0	2.0	39.0	2.2
Non-MSA . . . . .	15,391	2,217	14.0	2.0	34.1	4.9
Medical school affiliation:						
Yes . . . . .	47,441	3,729	43.0	2.9	16.5	1.3
No . . . . .	60,334	4,529	54.7	3.0	20.9	1.6
Unknown or blank . . . . .	2,441	1,426	2.2	1.3	0.8	0.5
Trauma center:						
Yes . . . . .	43,323	4,200	39.3	3.2	15.0	1.5
No . . . . .	29,356	3,513	26.6	2.9	10.2	1.2
Unknown or blank . . . . .	37,538	3,792	34.1	3.2	13.0	1.3

. . . Category not applicable.

<sup>1</sup>Visit rates for region are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.<sup>2</sup>Population estimates of metropolitan statistical area status are based on data from the 2004 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of December 2003. See <http://www.census.gov/population/www/estimates/metrodef.html> for more about metropolitan statistical area definitions.<sup>3</sup>MSA is metropolitan statistical area.

**Table 2. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by selected patient characteristics: United States, 2004**

Selected patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year <sup>1,2</sup>	Standard error of rate
All visits . . . . .	110,216	5,207	100.0	...	38.2	1.8
Age:						
Under 15 years . . . . .	22,942	1,660	20.8	0.9	37.8	2.7
Under 1 year . . . . .	3,902	391	3.5	0.3	95.8	9.6
1–4 years . . . . .	8,318	637	7.5	0.4	52.0	4.0
5–14 years . . . . .	10,722	720	9.7	0.4	26.3	1.8
15–24 years . . . . .	17,931	967	16.3	0.3	44.1	2.4
25–44 years . . . . .	32,105	1,612	29.1	0.5	39.1	2.0
45–64 years . . . . .	21,506	1,021	19.5	0.4	30.6	1.5
65 years and over . . . . .	15,732	771	14.3	0.5	45.4	2.2
65–74 years . . . . .	6,219	331	5.6	0.2	34.1	1.8
75 years and over . . . . .	9,513	484	8.6	0.4	57.9	2.9
Sex and age:						
Female . . . . .	59,896	2,944	54.3	0.4	40.6	2.0
Under 15 years . . . . .	10,681	774	9.7	0.4	36.0	2.6
15–24 years . . . . .	10,507	623	9.5	0.2	52.2	3.1
25–44 years . . . . .	17,977	948	16.3	0.3	43.3	2.3
45–64 years . . . . .	11,372	575	10.3	0.3	31.5	1.6
65–74 years . . . . .	3,403	209	3.1	0.1	34.4	2.1
75 years and over . . . . .	5,957	324	5.4	0.2	59.3	3.2
Male . . . . .	50,320	2,355	45.7	0.4	35.7	1.7
Under 15 years . . . . .	12,262	917	11.1	0.6	39.4	3.0
15–24 years . . . . .	7,425	398	6.7	0.2	36.2	1.9
25–44 years . . . . .	14,128	721	12.8	0.3	34.8	1.8
45–64 years . . . . .	10,134	490	9.2	0.2	29.7	1.4
65–74 years . . . . .	2,816	166	2.6	0.1	33.9	2.0
75 years and over . . . . .	3,556	209	3.2	0.2	55.6	3.3
Race and age: <sup>3</sup>						
White . . . . .	81,762	4,229	74.2	1.2	35.2	1.8
Under 15 years . . . . .	16,176	1,235	14.7	0.7	34.9	2.7
15–24 years . . . . .	13,074	757	11.9	0.3	41.3	2.4
25–44 years . . . . .	23,258	1,275	21.1	0.5	35.6	2.0
45–64 years . . . . .	16,059	853	14.6	0.4	27.4	1.5
65–74 years . . . . .	4,958	287	4.5	0.2	31.6	1.8
75 years and over . . . . .	8,237	453	7.5	0.3	56.3	3.1
Black or African American . . . . .	24,898	1,711	22.6	1.2	68.9	4.7
Under 15 years . . . . .	5,848	565	5.3	0.4	62.2	6.0
15–24 years . . . . .	4,330	366	3.9	0.3	73.3	6.2
25–44 years . . . . .	7,929	616	7.2	0.4	76.6	6.0
45–64 years . . . . .	4,701	324	4.3	0.3	62.1	4.3
65–74 years . . . . .	1,036	104	0.9	0.1	61.9	6.2
75 years and over . . . . .	1,054	121	1.0	0.1	86.2	9.9
Asian . . . . .	2,157	234	2.0	0.2	17.6	1.9
Native Hawaiian or other Pacific Islander . . . . .	396	118	0.4	0.1	79.7	23.8
American Indian or Alaska Native . . . . .	*688	224	*0.6	0.2	*24.8	8.1
Multiple races . . . . .	*316	100	*0.3	0.1	*7.2	2.3
Ethnicity:						
Hispanic or Latino . . . . .	14,149	1,077	12.8	0.9	34.7	2.6
Not Hispanic or Latino . . . . .	96,067	4,842	87.2	0.9	38.8	2.0
Patient residence:						
Not nursing home or other institution . . . . .	102,766	4,952	93.2	0.5	35.6	1.7
Nursing home or other institution . . . . .	2,699	1,631	2.5	0.1	66.8	4.0
Unknown or blank . . . . .	4,751	604	4.3	0.5	...	...

... Category not applicable.

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Visit rates for age, sex, race, ethnicity, and patient residence that is not a nursing home or other institution are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

<sup>2</sup>The visit rate for patient residence that is a nursing home or other institution is based on the July 1, 2004, set of estimates of the civilian population of the United States as developed by the Population Division, U.S. Census Bureau.

<sup>3</sup>The race groups, white, black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and multiple races, include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

NOTE: Numbers may not add to totals because of rounding.

**Table 3. Number and percent distribution of emergency department visits with corresponding standard errors, by primary expected source of payment: United States, 2004**

Primary expected source of payment	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	...
Private insurance . . . . .	39,344	2,105	35.7	1.1
Medicaid/SCHIP <sup>1</sup> . . . . .	24,489	1,578	22.2	0.8
Self-pay . . . . .	17,669	1,219	16.0	0.7
Medicare . . . . .	16,909	847	15.3	0.5
Worker's compensation . . . . .	1,964	151	1.8	0.1
No charge . . . . .	885	241	0.8	0.2
Other . . . . .	3,081	436	2.8	0.4
Unknown or blank . . . . .	5,876	853	5.3	0.7

... Category not applicable.

<sup>1</sup>SCHIP is State Children's Health Insurance Program.

NOTE: Numbers may not add to totals because of rounding.

**Table 4. Percent distribution of emergency department visits with corresponding standard errors by patient's mode of arrival according to patient age: United States, 2004**

Patient age	Number of visits in thousands	Patient's mode of arrival				
		Total	Walk-in <sup>1</sup>	Ambulance <sup>2</sup>	Public service	Unknown or blank
		Percent distribution				
All visits . . . . .	110,216	100.0	79.8	15.1	1.5	3.7
Under 15 years . . . . .	22,942	100.0	90.0	5.9	0.6	3.5
Under 1 year . . . . .	3,902	100.0	90.3	5.7	*	3.6
1-4 years . . . . .	8,318	100.0	91.3	4.6	*	3.6
5-14 years . . . . .	10,722	100.0	88.8	7.0	0.8	3.5
15-24 years . . . . .	17,931	100.0	84.0	10.6	1.8	3.5
25-44 years . . . . .	32,105	100.0	82.5	11.9	1.8	3.8
45-64 years . . . . .	21,506	100.0	75.6	18.9	1.7	3.9
65 years and over . . . . .	15,732	100.0	60.3	34.9	1.3	3.5
65-74 years . . . . .	6,219	100.0	68.9	26.2	1.4	3.5
75 years and over . . . . .	9,513	100.0	54.6	40.6	1.3	3.5
		Standard error of percent				
All visits . . . . .	...	...	0.7	0.5	0.1	0.4
Under 15 years . . . . .	...	...	0.8	0.6	0.1	0.6
Under 1 year . . . . .	...	...	1.3	0.9	...	0.8
1-4 years . . . . .	...	...	0.9	0.7	...	0.7
5-14 years . . . . .	...	...	1.0	0.8	0.2	0.7
15-24 years . . . . .	...	...	0.9	0.7	0.3	0.5
25-44 years . . . . .	...	...	0.8	0.5	0.2	0.5
45-64 years . . . . .	...	...	0.9	0.7	0.2	0.5
65 years and over . . . . .	...	...	1.1	1.1	0.2	0.4
65-74 years . . . . .	...	...	1.3	1.2	0.3	0.6
75 years and over . . . . .	...	...	1.4	1.4	0.3	0.4

... Category not applicable.

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Includes patients arriving by car, taxi, bus, or foot.

<sup>2</sup>Includes patients arriving in a vehicle, such as a police car, social service vehicle, beach patrol, etc., or escorted or carried by a public service official.

NOTE: Numbers may not add to totals because of rounding.

**Table 5. Number and percent distribution of emergency department visits with corresponding standard errors by immediacy with which patient should be seen, according to selected patient and visit characteristics: United States, 2004**

Patient and visit characteristics	Number of visits in thousands	Total	Percent distribution					Standard error of percent				
			Emergent <sup>1</sup>	Urgent <sup>2</sup>	Semiurgent <sup>3</sup>	Nonurgent <sup>4</sup>	Unknown or no triage <sup>5</sup>	Emergent <sup>1</sup>	Urgent <sup>2</sup>	Semiurgent <sup>3</sup>	Nonurgent <sup>4</sup>	Unknown or no triage <sup>5</sup>
All visits . . . . .	110,216	100.0	12.9	37.8	21.8	12.5	15.1	0.9	1.6	1.3	1.4	1.9
Age												
Under 15 years . . . . .	22,942	100.0	9.1	36.1	24.2	14.5	16.0	0.9	2.3	2.1	1.8	2.7
Under 1 year . . . . .	3,902	100.0	9.3	35.5	23.1	14.4	17.7	1.2	3.1	3.1	2.3	4.1
1–4 years . . . . .	8,318	100.0	9.0	36.9	25.1	14.2	14.9	1.1	2.6	2.5	2.1	2.8
5–14 years . . . . .	10,722	100.0	9.2	35.7	24.0	14.9	16.3	1.1	2.3	2.0	1.9	2.6
15–24 years . . . . .	17,931	100.0	10.4	36.4	23.2	15.5	14.5	1.0	1.9	1.6	1.8	1.9
25–44 years . . . . .	32,105	100.0	11.1	36.8	22.9	14.1	15.1	0.9	1.8	1.4	1.5	1.9
45–64 years . . . . .	21,506	100.0	15.6	38.8	20.9	9.8	14.8	1.0	1.6	1.3	1.1	1.7
65 years and over . . . . .	15,732	100.0	21.1	42.3	15.5	6.4	14.6	1.5	1.6	1.2	1.0	2.0
65–74 years . . . . .	6,219	100.0	19.2	41.6	16.7	7.6	14.9	1.6	1.8	1.4	1.2	2.0
75 years and over . . . . .	9,513	100.0	22.4	42.8	14.7	5.7	14.4	1.7	2.0	1.2	0.9	2.1
Sex												
Female . . . . .	59,896	100.0	12.5	38.5	21.6	12.4	15.0	0.9	1.7	1.4	1.4	1.8
Male . . . . .	50,320	100.0	13.4	36.9	22.0	12.6	15.2	1.0	1.6	1.4	1.4	1.9
Race <sup>6</sup>												
White . . . . .	81,762	100.0	13.6	37.8	21.1	12.2	15.3	1.0	1.7	1.4	1.4	2.0
Black or African American . . . . .	24,898	100.0	10.3	37.9	24.3	13.9	13.6	0.9	2.4	1.9	2.1	2.0
Other . . . . .	3,557	100.0	14.5	35.8	20.4	9.7	19.6	2.7	3.0	3.1	1.7	4.4
Ethnicity												
Hispanic or Latino . . . . .	14,149	100.0	11.3	38.0	18.7	11.8	20.2	1.5	3.2	1.9	1.4	4.1
Not Hispanic or Latino . . . . .	96,067	100.0	13.1	37.7	22.2	12.6	14.3	0.9	1.6	1.4	1.5	1.7
Expected source of payment												
Private insurance . . . . .	39,344	100.0	12.6	37.9	23.2	12.5	13.9	1.0	1.8	1.6	1.4	1.9
Medicaid/SCHIP <sup>7</sup> . . . . .	24,489	100.0	10.2	39.5	21.6	14.0	14.7	1.0	2.2	1.8	1.7	2.6
Medicare . . . . .	17,669	100.0	10.5	35.6	23.4	15.4	15.1	1.0	2.2	1.7	2.1	2.0
Self-pay . . . . .	16,909	100.0	20.4	40.8	16.4	7.3	15.0	1.4	1.7	1.2	1.0	2.1
Worker's compensation . . . . .	1,964	100.0	9.6	32.1	27.3	21.2	9.8	1.8	3.2	3.3	3.2	2.7
No charge . . . . .	885	100.0	*	37.6	24.3	13.8	14.4	...	7.1	4.5	4.1	6.8
Other . . . . .	3,081	100.0	17.3	37.5	23.0	14.4	7.8	2.9	4.1	3.6	2.9	1.8
Unknown or blank . . . . .	5,876	100.0	11.2	29.5	20.8	8.3	30.2	1.6	3.7	3.2	1.5	7.5

. . . Category not applicable.

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>A visit in which the patient should be seen in less than 15 minutes.<sup>2</sup>A visit in which the patient should be seen within 15–60 minutes.<sup>3</sup>A visit in which the patient should be seen within 61–120 minutes.<sup>4</sup>A visit in which the patient should be seen within 121 minutes–24 hours.<sup>5</sup>A visit in which there is no mention of an immediacy rating or triage level in the medical record, the hospital did not perform triage, or the patient was dead on arrival.<sup>6</sup>“Other” race includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons of multiple races. All race categories include visits by persons of Hispanic origin and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race.<sup>7</sup>SCHIP is State Children's Health Insurance Program.

NOTE: Numbers may not add to totals because of rounding.

**Table 6. Number and percent distribution of emergency department visits with corresponding standard errors, by selected visit characteristics: United States, 2004**

Selected visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	...
Oriented X 3 <sup>1</sup>				
Yes . . . . .	83,492	4,577	75.8	1.7
No . . . . .	2,853	273	2.6	0.2
Unknown or blank . . . . .	23,872	2,137	21.7	1.7
Presenting level of pain				
None . . . . .	18,555	1,223	16.8	0.7
Mild . . . . .	18,162	1,022	16.5	0.7
Moderate . . . . .	26,074	1,520	23.7	0.9
Severe . . . . .	16,617	1,147	15.1	0.6
Unknown or blank . . . . .	30,809	2,119	28.0	1.4
Work related <sup>2</sup>				
Yes . . . . .	3,219	200	2.9	0.1
No . . . . .	101,167	4,937	91.8	0.7
Unknown or blank . . . . .	5,831	775	5.3	0.7
Patient seen in this ED <sup>3</sup> within the last 72 hours				
Yes . . . . .	3,192	250	2.9	0.2
No . . . . .	100,289	5,068	91.0	1.0
Unknown or blank . . . . .	6,736	1,073	6.1	1.0
Episode of care				
Initial visit for problem . . . . .	98,166	4,762	89.1	0.8
Followup visit for problem . . . . .	6,740	593	6.1	0.4
Unknown or blank . . . . .	5,310	696	4.8	0.6

... Category not applicable.

<sup>1</sup>"Oriented X 3" is oriented to time, place, and person.

<sup>2</sup>4.5 percent (SE=0.2) of visits made by persons 18–64 years of age were work related.

<sup>3</sup>ED is emergency department.

NOTE: Numbers may not add to totals because of rounding.

**Table 7. Number and percent distribution of emergency department visits with corresponding standard errors, by principal reason for visit module: United States, 2004**

Principal reason for visit module and RVC code <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	. . .
Symptom module. . . . . S001–S999	79,871	3,977	72.5	0.5
General symptoms . . . . . S001–S099	17,177	868	15.6	0.3
Symptoms referable to psychological and mental disorders . . . . . S100–S199	2,414	157	2.2	0.1
Symptoms referable to the nervous system (excluding sense organs) . . . . . S200–S259	6,715	406	6.1	0.2
Symptoms referable to the cardiovascular and lymphatic system . . . . . S260–S299	797	74	0.7	0.1
Symptoms referable to the eyes and ears . . . . . S300–S399	3,624	221	3.3	0.1
Symptoms referable to the respiratory system . . . . . S400–S499	11,787	688	10.7	0.3
Symptoms referable to the digestive system . . . . . S500–S639	15,118	759	13.7	0.3
Symptoms referable to the genitourinary system . . . . . S640–S829	3,963	245	3.6	0.1
Symptoms referable to the skin, hair, and nails . . . . . S830–S899	3,090	229	2.8	0.1
Symptoms referable to the musculoskeletal system . . . . . S900–S999	15,186	874	13.8	0.4
Disease module . . . . . D001–D999	4,195	286	3.8	0.2
Diagnostic, screening, and preventive module . . . . . X100–X599	840	97	0.8	0.1
Treatment module . . . . . T100–T899	2,588	204	2.3	0.1
Injuries and adverse effects module . . . . . J001–J999	21,550	1,031	19.6	0.5
Test results module . . . . . R100–R700	383	44	0.3	0.0
Administrative module . . . . . A100–A140	173	31	0.2	0.0
Other <sup>2</sup> . . . . . U990–U999	615	88	0.6	0.1

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (23).<sup>2</sup>Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

NOTE: Numbers may not add to totals because of rounding.

**Table 8. Number and percent distribution of emergency department visits with corresponding standard errors, by the 20 leading principal reasons for visit: United States, 2004**

Principal reason for visit and RVC code <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	. . .
Stomach and abdominal pain, cramps, and spasms . . . . . S545	7,502	398	6.8	0.2
Chest pain and related symptoms . . . . . S050	6,005	343	5.4	0.2
Fever . . . . . S010	4,167	319	3.8	0.2
Back symptoms . . . . . S905	2,895	200	2.6	0.1
Headache, pain in head . . . . . S210	2,895	201	2.6	0.1
Cough . . . . . S440	2,702	211	2.5	0.1
Shortness of breath . . . . . S415	2,553	178	2.3	0.1
Vomiting . . . . . S530	2,524	209	2.3	0.2
Pain, site not referable to a specific body system . . . . . S055	2,312	159	2.1	0.1
Lacerations and cuts - upper extremity . . . . . J225	2,069	181	1.9	0.1
Accident, not otherwise specified . . . . . J810	2,057	155	1.9	0.1
Symptoms referable to throat . . . . . S455	2,005	132	1.8	0.1
Motor vehicle accident, type of injury unspecified . . . . . J805	1,843	184	1.7	0.1
Earache or ear infection . . . . . S355	1,737	139	1.6	0.1
Vertigo-dizziness . . . . . S225	1,595	117	1.4	0.1
Nausea . . . . . S525	1,552	147	1.4	0.1
Skin rash . . . . . S860	1,535	152	1.4	0.1
Leg symptoms . . . . . S920	1,467	99	1.3	0.1
Injury, other and unspecified type—head, neck, and face . . . . . J505	1,423	107	1.3	0.1
Labored or difficult breathing (dyspnea) . . . . . S420	1,362	116	1.2	0.1
All other reasons . . . . .	58,017	2,771	52.6	0.4

. . . Category not applicable.

<sup>1</sup>Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (23).

NOTE: Numbers may not add to totals because of rounding.

**Table 9. Number and percent distribution of emergency department visits with corresponding standard errors, by major disease category: United States, 2004**

Major disease category and ICD-9-CM code range <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	. . .
Infectious and parasitic diseases . . . . . 001-139	3,196	205	2.9	0.1
Neoplasms . . . . . 140-239	235	35	0.2	0.0
Endocrine, nutritional and metabolic diseases, and immunity disorders . . . . . 240-279	1,673	103	1.5	0.1
Mental disorders . . . . . 290-319	3,748	233	3.4	0.2
Diseases of the nervous system and sense organs . . . . . 320-389	5,452	313	4.9	0.1
Diseases of the circulatory system . . . . . 390-459	4,164	272	3.8	0.2
Diseases of the respiratory system . . . . . 460-519	11,348	733	10.3	0.4
Diseases of the digestive system . . . . . 520-579	6,601	370	6.0	0.2
Diseases of the genitourinary system . . . . . 580-629	5,115	267	4.6	0.2
Diseases of the skin and subcutaneous tissue . . . . . 680-709	3,996	311	3.6	0.2
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	6,256	405	5.7	0.2
Symptoms, signs, and ill-defined conditions . . . . . 780-799	20,735	1,054	18.8	0.4
Injury and poisoning . . . . . 800-999	29,071	1,412	26.4	0.5
Fractures . . . . . 800-829	3,911	243	3.5	0.1
Sprains and strains . . . . . 840-848	5,685	344	5.2	0.2
Intracranial injury . . . . . 850-854	336	57	0.3	0.0
Open wounds . . . . . 870-897	6,400	355	5.8	0.2
Superficial injury . . . . . 910-919	1,667	119	1.5	0.1
Contusions with intact skin surface . . . . . 920-924	4,726	274	4.3	0.2
Foreign body . . . . . 930-939	626	66	0.6	0.1
Burns . . . . . 940-949	432	50	0.4	0.0
Trauma complications and unspecified injuries . . . . . 958-959	2,153	199	2.0	0.2
Poisoning and toxic effects . . . . . 960-989	1,078	102	1.0	0.1
Surgical and medical complications . . . . . 996-999	472	52	0.4	0.0
Other injuries . . . . .	1,587	117	1.4	0.1
Supplementary classification . . . . . V01-V82	3,327	280	3.0	0.2
All other diagnoses <sup>2</sup> . . . . .	2,659	276	2.4	0.2
Unknown <sup>3</sup> . . . . .	2,641	220	2.4	0.2

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (24)*.<sup>2</sup>Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-677); congenital anomalies (740-759); certain conditions originating in perinatal period (760-779); diagnoses that were uncodable or illegible, patient left before being seen, patient was transferred to another facility, health maintenance organization did not authorize treatment, and entries of "none," "no diagnosis," "no disease," or "healthy."<sup>3</sup>Includes blank diagnoses.

NOTE: Numbers may not add to totals because of rounding.

**Table 10. Number and percent distribution of emergency department visits with corresponding standard errors, by the 20 leading primary diagnosis groups: United States, 2004**

Primary diagnosis group and ICD-9-CM code(s) <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	. . .
Contusion with intact skin surface . . . . . 920-924	4,726	274	4.3	0.2
Abdominal pain . . . . . 789.0	4,417	294	4.0	0.2
Open wound, excluding head . . . . . 874-897	4,276	265	3.9	0.2
Chest pain . . . . . 786.5	4,177	272	3.8	0.2
Acute upper respiratory infection, excluding pharyngitis . . . . . 460-461,463-466	3,365	255	3.1	0.2
Spinal disorders . . . . . 720-724	2,899	183	2.6	0.1
Fractures, excluding lower limb . . . . . 800-819	2,621	179	2.4	0.1
Sprains and strains, excluding ankle and back . . . . . 840-844,845.1,848	2,402	175	2.2	0.1
Sprains and strains of neck and back . . . . . 846,847	2,229	160	2.0	0.1
Open wound of head . . . . . 870-873	2,124	148	1.9	0.1
Otitis media and eustachian tube disorders . . . . . 381-382	2,094	175	1.9	0.1
Cellulitis and abscess . . . . . 681-682	2,033	158	1.8	0.1
Asthma . . . . . 493	1,838	138	1.7	0.1
Urinary tract infection, site not specified . . . . . 599.0	1,751	157	1.6	0.1
Rheumatism, excluding back . . . . . 725-729	1,717	112	1.6	0.1
Superficial injuries . . . . . 910-919	1,667	119	1.5	0.1
Pyrexia of unknown origin . . . . . 780.6	1,588	186	1.4	0.1
Heart disease, excluding ischemic . . . . . 391-392.0,393-398,402,404,415-416,420-429	1,573	121	1.4	0.1
Acute pharyngitis . . . . . 462	1,560	148	1.4	0.1
Pneumonia . . . . . 480-486	1,532	137	1.4	0.1
All other diagnoses . . . . .	59,628	2,788	54.1	0.4

. . . Category not applicable.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (24)*. However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.

**Table 11. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by patient age and the five leading primary diagnosis groups: United States, 2004**

Primary diagnosis group and ICD-9-CM code(s) <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year <sup>2</sup>	Standard error of rate
All visits . . . . .	110,216	5,207	100.0	...	38.2	1.8
Under 1 year						
All visits . . . . .	3,902	391	100.0	...	95.8	9.6
Acute upper respiratory infection, excluding pharyngitis . . . . . 460-461,463-466	573	69	14.7	1.4	14.1	1.7
Otitis media and eustachian tube disorders . . . . . 381-382	437	56	11.2	1.2	10.7	1.4
Pyrexia of unknown origin . . . . . 780.6	353	58	9.1	1.2	8.7	1.4
Unspecified viral and chlamydial infection . . . . . 079.9	212	33	5.4	0.7	5.2	0.8
Noninfectious enteritis and colitis . . . . . 555-558	171	41	4.4	0.9	4.2	1.0
All other diagnoses . . . . .	2,155	251	55.2	1.9	52.9	6.2
1-12 years						
All visits . . . . .	16,803	1,180	100.0	...	35.0	2.5
Otitis media and eustachian tube disorders . . . . . 381-382	1,273	138	7.6	0.6	2.6	0.3
Acute upper respiratory infection, excluding pharyngitis . . . . . 460-461,463-466	1,090	103	6.5	0.6	2.3	0.2
Open wound of head . . . . . 870-873	941	89	5.6	0.4	2.0	0.2
Contusion with intact skin surface . . . . . 920-924	872	92	5.2	0.5	1.8	0.2
Open wound, excluding head . . . . . 874-897	844	105	5.0	0.5	1.8	0.2
All other diagnoses . . . . .	11,783	880	70.1	1.0	24.5	1.8
13-21 years						
All visits . . . . .	14,162	765	100.0	...	38.3	2.1
Contusion with intact skin surface . . . . . 920-924	920	70	6.5	0.4	2.5	0.2
Open wound, excluding head . . . . . 874-897	728	61	5.1	0.4	2.0	0.2
Abdominal pain . . . . . 789.0	557	61	3.9	0.4	1.5	0.2
Fractures, excluding lower limb . . . . . 800-819	522	63	3.7	0.4	1.4	0.2
Sprains and strains, excluding ankle and back . . . . . 840-844,845.1,848	517	53	3.6	0.3	1.4	0.1
All other diagnoses . . . . .	10,918	622	77.1	0.7	29.5	1.7
22-49 years						
All visits . . . . .	45,398	2,232	100.0	...	39.0	1.9
Abdominal pain . . . . . 789.0	2,222	164	4.9	0.3	1.9	0.1
Chest pain . . . . . 786.5	1,940	136	4.3	0.2	1.7	0.1
Open wound, excluding head . . . . . 874-897	1,838	133	4.0	0.2	1.6	0.1
Contusion with intact skin surface . . . . . 920-924	1,801	129	4.0	0.2	1.5	0.1
Spinal disorders . . . . . 720-724	1,784	130	3.9	0.2	1.5	0.1
All other diagnoses . . . . .	35,814	1,790	78.9	0.5	30.8	1.5
50-64 years						
All visits . . . . .	14,220	703	100.0	...	29.4	1.5
Chest pain . . . . . 786.5	1,077	104	7.6	0.6	2.2	0.2
Abdominal pain . . . . . 789.0	679	85	4.8	0.5	1.4	0.2
Spinal disorders . . . . . 720-724	551	49	3.9	0.3	1.1	0.1
Open wound, excluding head . . . . . 874-897	506	50	3.6	0.3	1.0	0.1
Contusion with intact skin surface . . . . . 920-924	473	48	3.3	0.3	1.0	0.1
All other diagnoses . . . . .	10,933	550	76.9	0.9	22.6	1.1
65 years and over						
All visits . . . . .	15,732	771	100.0	...	45.4	2.2
Chest pain . . . . . 786.5	904	91	5.7	0.5	2.6	0.3
Heart disease, excluding ischemic . . . . . 391-392.0,393-398,402,404,415-416,420-429	812	67	5.2	0.4	2.3	0.2
Abdominal pain . . . . . 789.0	566	83	3.6	0.5	1.6	0.2
Contusion with intact skin surface . . . . . 920-924	550	60	3.5	0.4	1.6	0.2
Pneumonia . . . . . 480-486	528	65	3.4	0.4	1.5	0.2
All other diagnoses . . . . .	12,372	613	78.6	0.8	35.7	1.8

... Category not applicable.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (24). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

<sup>2</sup>Visit rates by age are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

NOTE: Numbers may not add to totals because of rounding.

**Table 12. Number, percent distribution, and annual rate of injury-related emergency department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2004**

Selected patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year <sup>2,3</sup>	Standard error of rate
All injury-related visits <sup>1</sup>	41,390	2,013	100.0	...	14.4	0.7
Patient characteristics						
Age:						
Under 15 years	9,013	626	21.8	1.0	14.8	1.0
Under 1 year	608	91	1.5	0.2	14.9	2.2
1–4 years	2,850	233	6.9	0.4	17.8	1.5
5–14 years	5,554	364	13.4	0.6	13.6	0.9
15–24 years	7,837	417	18.9	0.4	19.3	1.0
25–44 years	12,329	643	29.8	0.6	15.0	0.8
45–64 years	7,561	408	18.3	0.5	10.8	0.6
65 years and over	4,651	286	11.2	0.5	13.4	0.8
65–74 years	1,744	135	4.3	0.2	9.7	0.7
75 years and over	2,877	181	7.0	0.3	17.5	1.1
Sex and age:						
Female	19,659	1,035	47.5	0.7	13.3	0.7
Under 15 years	3,772	283	9.1	0.5	12.7	1.0
15–24 years	3,605	223	8.7	0.3	17.9	1.1
25–44 years	5,643	341	13.6	0.5	13.6	0.8
45–64 years	3,768	236	9.1	0.4	10.4	0.7
65–74 years	1,035	100	2.5	0.2	10.4	1.0
75 years and over	1,836	140	4.4	0.3	18.3	1.4
Male	21,731	1,061	52.5	0.7	15.4	0.8
Under 15 years	5,241	378	12.7	0.6	16.9	1.2
15–24 years	4,232	236	10.2	0.4	20.6	1.2
25–44 years	6,686	357	16.2	0.5	16.5	0.9
45–64 years	3,793	220	9.2	0.3	11.1	0.6
65–74 years	739	63	1.8	0.1	8.9	0.8
75 years and over	1,040	88	2.5	0.2	16.3	1.4
Race and age: <sup>4</sup>						
White	32,006	1,705	77.3	1.2	13.8	0.7
Under 15 years	6,686	499	16.2	0.8	14.4	1.1
15–24 years	6,076	366	14.7	0.4	19.2	1.2
25–44 years	9,436	525	22.8	0.6	14.4	0.8
45–64 years	5,834	357	14.1	0.5	10.0	0.6
65–74 years	1,451	115	3.5	0.2	9.3	0.7
75 years and over	2,522	166	6.1	0.3	17.3	1.1
Black or African American	8,052	573	19.5	1.1	22.3	1.6
Under 15 years	2,039	181	4.9	0.4	21.7	1.9
15–24 years	1,502	128	3.6	0.3	25.4	2.2
25–44 years	2,521	267	6.1	0.6	24.3	2.6
45–64 years	1,485	116	3.6	0.3	19.6	1.5
65–74 years	218	32	0.5	0.1	13.0	1.9
75 years and over	288	40	0.7	0.1	23.6	3.3
Other	1,333	183	3.2	0.4	6.7	0.9
Ethnicity:						
Hispanic or Latino	4,803	411	11.6	0.9	11.8	1.0
Not Hispanic or Latino	36,587	1,879	88.4	0.9	14.8	0.8
Hospital characteristics						
Ownership:						
Voluntary	31,178	1,887	75.3	3.0	10.8	0.7
Government	6,990	1,200	16.9	2.7	2.4	0.4
Proprietary	3,223	752	7.8	1.8	1.1	0.3
Geographic region:						
Northeast	8,949	1,003	21.6	2.1	16.6	1.9
Midwest	9,633	855	23.3	1.9	14.9	1.3
South	14,915	1,353	36.0	2.5	14.4	1.3
West	7,892	820	19.1	1.8	11.9	1.2

See footnotes at end of table.

**Table 12. Number, percent distribution, and annual rate of injury-related emergency department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2004—Con.**

Selected patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year <sup>2,3</sup>	Standard error of rate
Metropolitan status: <sup>5</sup>						
MSA . . . . .	35,193	2,068	85.0	2.2	14.5	0.9
Not MSA . . . . .	6,197	911	15.0	2.2	13.7	2.0

. . . Category not applicable.

<sup>1</sup>37.3 percent (SE=0.5) of all visits were injury related.

<sup>2</sup>Visit rates for age, sex, race, ethnicity, and region are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. See "Methods" for more details.

<sup>3</sup>Population estimates of metropolitan statistical status are based on data from the 2003 National Health Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of December 2003. See <http://www.census.gov/population/www/estimates/metrodef.html> for more about metropolitan statistical area definitions.

<sup>4</sup>"Other" race includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race.

<sup>5</sup>MSA is metropolitan statistical area.

NOTE: Numbers may not add to totals because of rounding, applicable.

**Table 13. Number and percent distribution of injury-related emergency department visits with corresponding standard errors, by intent and mechanism of external cause: United States, 2004**

Intent and mechanism <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits . . . . .	41,390	2,013	100.0	. . .
Unintentional injuries . . . . .	28,123	1,463	67.9	0.8
Falls . . . . .	8,482	467	20.5	0.7
Motor vehicle traffic . . . . .	4,336	294	10.5	0.5
Struck against or struck accidentally by objects or persons . . . . .	3,472	263	8.4	0.4
Cutting or piercing instruments or objects . . . . .	2,530	163	6.1	0.3
Natural and environmental factors . . . . .	2,018	177	4.9	0.3
Overexertion and strenuous movements . . . . .	1,773	147	4.3	0.3
Poisoning . . . . .	1,043	94	2.5	0.2
Foreign body . . . . .	899	81	2.2	0.2
Fire and flames, hot substance or object, caustic or corrosive material and steam . . . . .	438	42	1.1	0.1
Pedal cycle, nontraffic . . . . .	450	57	1.1	0.1
Caught accidentally in or between objects . . . . .	438	53	1.1	0.1
Machinery . . . . .	340	44	0.8	0.1
Motor vehicle, nontraffic and other . . . . .	351	59	0.8	0.1
Other transportation . . . . .	150	24	0.4	0.1
Suffocation . . . . .	99	22	0.2	0.1
Other mechanism <sup>2</sup> . . . . .	1,168	124	2.8	0.2
Mechanism unspecified . . . . .	136	25	0.3	0.1
Intentional injuries . . . . .	2,327	161	5.6	0.3
Assault . . . . .	1,774	133	4.3	0.3
Unarmed fight or brawl, striking by blunt or thrown object . . . . .	949	82	2.3	0.2
Cutting or piercing instrument . . . . .	100	21	0.2	0.1
Other and unspecified mechanism <sup>3</sup> . . . . .	725	74	1.8	0.2
Self-inflicted . . . . .	535	63	1.3	0.1
Poisoning by solid or liquid substances, gases, and vapors . . . . .	337	46	0.8	0.1
Other and unspecified mechanism <sup>4</sup> . . . . .	199	35	0.5	0.1
Other causes of violence . . . . .	*	. . .	*	. . .
Injuries of undetermined intent . . . . .	218	42	0.5	0.1
Adverse effects of medical treatment . . . . .	1,837	175	4.4	0.3
Medical and surgical complications . . . . .	1,094	113	2.6	0.2
Adverse drug effects . . . . .	743	89	1.8	0.2
Alcohol or drug use <sup>5</sup> . . . . .	1,657	119	4.0	0.3
Blank cause <sup>6</sup> . . . . .	7,228	460	17.5	0.8

. . . Category not applicable.

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Based on the "Supplementary Classification of External Causes of Injury and Poisoning," *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (24)*. A detailed description of the ICD-9-CM E-codes used to create groupings in this table can be found in the 2003 Advance Data report (8).

<sup>2</sup>Includes drowning, firearms, and other mechanism.

<sup>3</sup>Includes assaults by firearms and explosives, and other mechanism.

<sup>4</sup>Includes injury by cutting and piercing instrument, and other and unspecified mechanism.

<sup>5</sup>Alcohol and drug abuse are not contained in the "Supplementary Classification of External Causes of Injury and Poisoning" but are frequently recorded as a cause of injury or poisoning.

<sup>6</sup>Includes illegible entries and blanks.

**Table 14. Number and percent distribution of injury-related emergency department visits with corresponding standard errors, by body site of primary diagnosis: United States, 2004**

Body site <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury visits . . . . .	41,390	2,013	100.0	...
Head and neck . . . . .	5,565	314	13.4	0.4
Traumatic brain injury . . . . .	391	63	0.9	0.1
Other head . . . . .	1,494	112	3.6	0.2
Face . . . . .	1,686	126	4.1	0.2
Eye . . . . .	581	55	1.4	0.1
Head, face, and neck unspecified . . . . .	1,412	114	3.4	0.2
Spinal cord . . . . .	*	...	*	...
Vertebral column . . . . .	1,913	142	4.6	0.2
Cervical . . . . .	1,070	85	2.6	0.2
Thoracic and dorsal . . . . .	180	43	0.4	0.1
Lumbar . . . . .	630	66	1.5	0.1
Other vertebral column . . . . .	*	...	*	...
Torso . . . . .	1,919	149	4.6	0.3
Chest . . . . .	764	82	1.8	0.2
Abdomen . . . . .	161	30	0.4	0.1
Pelvis and urogenital . . . . .	250	34	0.6	0.1
Trunk . . . . .	174	27	0.4	0.1
Back and buttocks . . . . .	570	69	1.4	0.2
Upper extremity . . . . .	7,869	406	19.0	0.5
Shoulder and upper arm . . . . .	1,375	95	3.3	0.2
Forearm and elbow . . . . .	1,358	108	3.3	0.2
Wrist, hand, and fingers . . . . .	4,664	266	11.3	0.4
Other and unspecified upper extremity . . . . .	472	59	1.1	0.1
Lower extremity . . . . .	6,134	314	14.8	0.4
Hip . . . . .	441	48	1.1	0.1
Upper leg and thigh . . . . .	110	22	0.3	0.1
Knee . . . . .	532	59	1.3	0.1
Lower leg and ankle . . . . .	1,777	118	4.3	0.2
Foot and toes . . . . .	1,480	124	3.6	0.2
Other and unspecified lower extremity . . . . .	1,795	125	4.3	0.2
System-wide . . . . .	1,895	142	4.6	0.2
Other and unspecified body site injuries . . . . .	2,467	263	6.0	0.5
Adverse effects and medical complications . . . . .	1,221	98	3.0	0.2
All other diagnoses <sup>2</sup> . . . . .	11,554	654	27.9	0.7
Unknown <sup>3</sup> . . . . .	826	80	2.0	0.2

... Category not applicable.

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (24)*. A detailed description of the *Barell Injury Diagnosis Matrix: Classification by Region of Body and Nature of the Injury* can be found in the 2003 Advance Data report (8). Three additional categories were added that were not in the Barell Injury Diagnosis Matrix to account for all injury-related visits: illness diagnoses, supplementary classification, and other adverse effects and medical complications.

<sup>2</sup>All other diagnoses include musculoskeletal system (710-739), symptoms and ill-defined conditions (780-799), skin and subcutaneous tissue (680-709), mental disorders (290-319), nervous system and sense organs (320-389), other illnesses (001-289, 390-677, 740-779), and supplementary classification (V01-V82).

<sup>3</sup>Includes blank, uncodable, and illegible diagnoses.

**Table 15. Number and percentage of emergency department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2004**

Diagnostic and screening services ordered or provided	Number of visits in thousands <sup>1</sup>	Standard error in thousands	Percent of visits	Standard error of percent
All visits . . . . .	110,216	5,207	...	...
One or more diagnostic or screening services listed . . . . .	99,068	4,809	89.9	0.9
None . . . . .	10,172	1,026	9.2	0.8
Blank . . . . .	976	162	0.9	0.2
Examinations and tests				
Medical screening . . . . .	73,857	4,246	67.0	2.4
Pulse oximetry . . . . .	31,068	2,992	28.2	2.2
Urinalysis . . . . .	21,027	1,147	19.1	0.6
EKG or ECG <sup>2</sup> . . . . .	18,242	937	16.6	0.5
Mental status exam . . . . .	10,031	1,607	9.1	1.4
Cardiac monitor . . . . .	8,366	675	7.6	0.5
Pregnancy test . . . . .	4,512	385	4.1	0.3
EEG <sup>3</sup> . . . . .	612	172	0.6	0.2
Imaging				
Chest x ray . . . . .	20,193	1,049	18.3	0.5
Extremity x ray . . . . .	12,050	657	10.9	0.3
Other x ray . . . . .	10,598	692	9.6	0.4
MRI or CAT scan <sup>4,5</sup> . . . . .	10,295	656	9.3	0.4
Ultrasound . . . . .	2,876	241	2.6	0.2
Other imaging . . . . .	2,542	225	2.3	0.2
Any imaging . . . . .	48,201	2,309	43.7	0.6
Blood tests				
CBC <sup>6</sup> . . . . .	36,548	1,736	33.2	0.7
BUN <sup>7</sup> . . . . .	19,779	1,338	17.9	0.9
Glucose . . . . .	19,379	1,268	17.6	0.9
Creatinine . . . . .	19,287	1,306	17.5	0.9
Electrolytes . . . . .	15,892	1,141	14.4	0.9
Lipids or cholesterol . . . . .	7,101	826	6.4	0.7
HgbA1C <sup>8</sup> . . . . .	3,550	616	3.2	0.6
BAC <sup>9</sup> . . . . .	1,702	195	1.5	0.2
HIV serology <sup>10</sup> . . . . .	268	60	0.2	0.1
Other blood test . . . . .	21,852	1,149	19.8	0.7
Any blood test listed . . . . .	40,547	1,828	36.8	0.7
Cultures				
Urine . . . . .	5,496	406	5.0	0.3
Blood . . . . .	3,644	286	3.3	0.2
Throat/rapid strep test . . . . .	2,178	187	2.0	0.1
Cervical/urethral . . . . .	887	116	0.8	0.1
Stool . . . . .	819	103	0.7	0.1
Any culture listed . . . . .	11,135	685	10.1	0.3
Other . . . . .	3,949	318	3.6	0.2

... Category not applicable.

<sup>1</sup>Total exceeds "All visits" because more than one service may be reported per visit.

<sup>2</sup>EKG or ECG is electrocardiogram.

<sup>3</sup>EEG is electroencephalogram.

<sup>4</sup>MRI is magnetic resonance imaging.

<sup>5</sup>CAT is computerized axial tomography.

<sup>6</sup>CBC is complete blood count.

<sup>7</sup>BUN is blood urea nitrogen.

<sup>8</sup>HgbA1C is glycohemoglobin.

<sup>9</sup>BAC is blood alcohol concentration.

<sup>10</sup>HIV is human immunodeficiency virus.

**Table 16. Number and percentage of emergency department visits with corresponding standard errors, by selected procedures: United States, 2004**

Procedures performed	Number of visits in thousands	Standard error in thousands	Percent of visits	Standard error of percent
All visits . . . . .	110,216	5,207	...	...
1 or more procedures listed . . . . .	52,621	2,723	47.7	1.4
None . . . . .	51,823	3,110	47.0	1.4
Blank . . . . .	5,772	714	5.2	0.6
IV fluids <sup>1</sup> . . . . .	25,772	1,421	23.4	0.8
Wound care . . . . .	11,661	684	10.6	0.4
Orthopedic care . . . . .	6,279	513	5.7	0.4
Eye or ENT care <sup>2</sup> . . . . .	4,273	1,265	3.9	1.1
Bladder catheter . . . . .	2,847	256	2.6	0.2
Obstetrical or gynecological care . . . . .	1,944	201	1.8	0.2
NG tube or gastric lavage <sup>3</sup> . . . . .	380	45	0.3	0.0
Endotracheal intubation . . . . .	187	26	0.2	0.0
Thrombolytic therapy . . . . .	155	32	0.1	0.0
CPR <sup>4</sup> . . . . .	120	23	0.1	0.0
Other . . . . .	9,704	1,130	8.8	0.9

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>IV is intravenous.

<sup>2</sup>ENT is ear, nose, and throat.

<sup>3</sup>NG is nasogastric.

<sup>4</sup>CPR is cardiopulmonary resuscitation.

**Table 17. Number and percentage of emergency department visits with corresponding standard errors, by providers seen: United States, 2004**

Type of provider	Number of visits in thousands <sup>1</sup>	Standard error in thousands	Percent of visits	Standard error of percent
All visits . . . . .	110,216	5,207	...	...
Any physician . . . . .	101,122	4,737	91.7	0.9
Staff physician . . . . .	95,810	4,324	86.9	1.8
Resident or intern . . . . .	10,361	1,360	9.4	1.2
Other physician . . . . .	9,403	1,816	8.5	1.5
R.N. <sup>2</sup> . . . . .	99,281	4,782	90.1	1.5
Other technician . . . . .	33,211	2,796	30.1	2.0
E.M.T. <sup>3</sup> . . . . .	9,821	1,255	8.9	1.1
Physician assistant . . . . .	8,532	1,863	7.7	1.5
L.P.N. <sup>4</sup> . . . . .	8,056	1,235	7.3	1.0
Nurse practitioner . . . . .	1,925	323	1.7	0.3
Other . . . . .	7,512	1,375	6.8	1.2
Blank . . . . .	1,024	153	0.9	0.1

... Category not applicable.

<sup>1</sup>Total exceeds "All visits" because more than one provider may be reported per visit.

<sup>2</sup>R.N. is registered nurse.

<sup>3</sup>E.M.T. is emergency medical technician.

<sup>4</sup>L.P.N. is licensed practical nurse.

**Table 18. Number and percent distribution of emergency department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2004**

Medication therapy <sup>1</sup>	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	110,216	5,207	100.0	. . .
Drug visits <sup>2</sup> . . . . .	86,388	4,468	78.4	0.7
Visits without mention of medication . . . . .	23,829	1,017	21.6	0.7
Number of medications provided or prescribed <sup>3</sup>				
All visits . . . . .	110,216	5,207	100.0	. . .
0 . . . . .	23,829	1,017	21.6	0.7
1 . . . . .	29,550	1,501	26.8	0.6
2 . . . . .	24,558	1,275	22.3	0.4
3 . . . . .	14,471	881	13.1	0.3
4 . . . . .	8,063	554	7.3	0.3
5 . . . . .	3,710	276	3.4	0.2
6 . . . . .	2,075	225	1.9	0.2
7 . . . . .	1,356	163	1.2	0.1
8 . . . . .	2,606	467	2.4	0.4

. . . Category not applicable.

<sup>1</sup>Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

<sup>2</sup>Visits at which one or more drugs were provided or prescribed.

<sup>3</sup>There were 215,664,000 drug mentions at emergency department visits in 2004. The average drug mention rate was 2.0 drug mentions per ED visit (SE=0.1). For visits with at least one drug mention, the average drug visit rate was 2.5 drugs per visit (SE=0.1).

NOTE: Numbers may not add to totals because of rounding.

**Table 19. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic drug classes at emergency department visits with corresponding standard errors: United States, 2004**

Therapeutic class <sup>1</sup>	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions <sup>2</sup>	Standard error of percent
Narcotic analgesics . . . . .	31,351	1,785	14.5	0.9
NSAIDs <sup>3</sup> . . . . .	25,296	1,640	11.7	0.6
Nonnarcotic analgesics . . . . .	15,182	1,116	7.0	0.6
Antihistamines . . . . .	14,240	1,003	6.6	0.5
Antipyretics . . . . .	14,013	874	6.5	0.5
Vertigo or motion sickness or vomiting . . . . .	12,610	742	5.8	0.5
Sedatives or hypnotics . . . . .	10,410	641	4.8	0.4
Antiasthmatics or bronchodilators . . . . .	8,400	565	3.9	0.4
Cephalosporins . . . . .	8,169	585	3.8	0.3
Penicillins . . . . .	7,013	548	3.3	0.3
Acid or peptic disorders . . . . .	6,890	540	3.2	0.4
Adrenal corticosteroids . . . . .	5,806	379	2.7	0.2
Replenishers or regulators of electrolytes or water balance . . . . .	5,438	465	2.5	0.4
Lincosamides or macrolides . . . . .	4,677	367	2.2	0.2
Antianxiety agents . . . . .	4,430	379	2.1	0.2
Skeletal muscle hyperactivity . . . . .	4,395	310	2.0	0.2
Quinolones . . . . .	4,297	417	2.0	0.3
Antiarthritics . . . . .	4,218	257	2.0	0.2
Vaccines or antisera . . . . .	3,332	215	1.5	0.2
Anticonvulsants . . . . .	3,300	258	1.5	0.2

<sup>1</sup>Based on the standard four-digit drug classification used in the *National Drug Code Directory, 1995 edition (27)*.

<sup>2</sup>Based on an estimated 215,664,000 drug mentions at emergency department visits in 2004. Total of all therapeutic classes will exceed total drug mentions because up to three classes may be coded for each drug.

<sup>3</sup>NSAIDs are nonsteroidal anti-inflammatory drugs.

**Table 20. Number and percentage of emergency department visits with corresponding standard errors, by visit disposition: United States, 2004**

Disposition	Number of visits in thousands <sup>1</sup>	Standard error in thousands	Percent of visits	Standard error of percent
All visits . . . . .	110,216	5,207	...	...
Admit, transfer, or died				
Admit to hospital <sup>2</sup> . . . . .	14,615	824	13.3	0.6
Transfer to other facility . . . . .	2,218	189	2.0	0.1
Admit to ICU or CCU <sup>3</sup> . . . . .	1,159	156	1.1	0.1
Admit to ED for observation . . . . .	610	118	0.6	0.1
DOA or died in ED <sup>4,5</sup> . . . . .	176	28	0.2	0.0
Refer or return to physician				
Refer to other physician or clinic for FU <sup>6</sup> . . . . .	50,935	3,301	46.2	1.7
Return to referring physician . . . . .	17,701	1,770	16.1	1.4
Left or refer out from triage				
Left before being seen . . . . .	2,093	221	1.9	0.2
Left AMA <sup>7</sup> . . . . .	1,122	112	1.0	0.1
Refer out from triage without treatment . . . . .	*226	98	*0.2	0.1
Return or refer to other treatment				
Return to nonphysician treatment or support . . . . .	690	86	0.6	0.1
Refer to alcohol or drug treatment program . . . . .	669	98	0.6	0.1
Other				
Return if needed, PRN or appointment <sup>8</sup> . . . . .	41,107	2,753	37.3	1.8
No followup planned . . . . .	8,130	1,090	7.4	0.9
Other . . . . .	945	201	0.9	0.2
Blank . . . . .	651	113	0.6	0.1

... Category not applicable.

\* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero, but less than 0.05.

<sup>1</sup>Total exceeds "All visits" because more than one disposition may be reported per visit.

<sup>2</sup>Includes those admitted to hospital's intensive care unit, critical care unit, or coronary care unit.

<sup>3</sup>ICU or CCU is intensive care unit or critical care unit or coronary care unit and is a subset of those admitted to hospital.

<sup>4</sup>DOA is dead on arrival.

<sup>5</sup>ED is emergency department.

<sup>6</sup>FU is followup.

<sup>7</sup>AMA is against medical advice.

<sup>8</sup>PRN is as needed.

**Table 21. Number and percent distribution of emergency department visits with corresponding standard errors, by time spent waiting to see a physician and time spent in the emergency department: United States, 2004**

Visit characteristic	Number of visits in thousands <sup>1</sup>	Standard error in thousands	Percent distribution	Standard error of percent
All visits . . . . .	102,146	4,762	100.0	. . .
Time spent waiting to see a physician <sup>2</sup>				
Less than 15 minutes . . . . .	22,000	1,394	21.5	1.1
15–59 minutes . . . . .	43,193	2,149	42.3	1.2
1 hour, but less than 2 hours . . . . .	14,570	941	14.3	0.5
2 hours, but less than 3 hours . . . . .	4,520	321	4.4	0.2
3 hours, but less than 4 hours . . . . .	1,789	173	1.8	0.1
4 hours, but less than 6 hours . . . . .	1,242	167	1.2	0.2
6 hours or more . . . . .	122	34	0.1	0.0
Blank . . . . .	14,711	2,040	14.4	1.7
Time spent in the emergency department <sup>3</sup>				
Less than 1 hour . . . . .	13,640	1,136	13.4	0.7
1 hour, but less than 2 hours . . . . .	25,422	1,374	24.9	0.6
2 hours, but less than 4 hours . . . . .	32,292	1,606	31.6	0.7
4 hours, but less than 6 hours . . . . .	12,334	754	12.1	0.5
6 hours, but less than 10 hours . . . . .	6,410	414	6.3	0.3
10 hours, but less than 14 hours . . . . .	1,487	118	1.5	0.1
14 hours, but less than 23 hours . . . . .	1,194	117	1.2	0.1
23 hours, but less than 24 hours . . . . .	95	22	0.1	0.0
24 hours or more . . . . .	616	151	0.6	0.1
Blank . . . . .	8,656	903	8.5	0.9

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Visits where a physician was not seen were excluded.<sup>2</sup>The mean waiting time to see a physician was 47.4 minutes (SE=1.4).<sup>3</sup>The mean duration of visit was 3.3 hours (SE=0.1). The mean patient care time (i.e., the mean duration minus the mean waiting time) was 2.5 hours (SE=0.1).

NOTE: Numbers may not add to totals because of rounding.

Technical Notes

Form Approved OMB No. 0925-0278 Exp. Date 04/30/2008 CDC #4-138

Form <b>NHAMCS-100(ED)</b> 8-11-0002	U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU 4250 WASHINGTON BLVD., SUITE 1000 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics
<b>NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY                  2004 EMERGENCY DEPARTMENT PATIENT RECORD</b>	
Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 3006(e) of the Public Health Service Act (42 USC 3421).	

NHAMCS 100(ED) 8-11-0002

1. PATIENT INFORMATION			
<b>a. Date of visit</b> Month Day Year	<b>b. ZIP code</b>	<b>c. Date of birth</b> Month Day Year	<b>d. Time of day</b> (1) Arrival: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM (2) Time seen by physician: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> Not seen by physician (3) Discharge: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM Mark (X) if discharge is more than 24 hours from arrival.
<b>e. Does patient reside in a nursing home or other institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>f. Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>g. Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>h. Mode of arrival - Mark (X) one</b> <input type="checkbox"/> Ambulance (enroute) <input type="checkbox"/> Public service (nonambulance, e.g. police, social services) <input type="checkbox"/> Walk-in <input type="checkbox"/> Unknown	<b>i. Race - Mark (X) one or more</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<b>j. Primary expected source of payment for this visit - Mark (X) one</b> <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare/SHIP <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
2. TRIAGE			
<b>a. Initial vital signs</b> (1) Temperature (2) Pulse <small>beats per minute</small>	(3) Blood pressure (4) Oriented X 3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>b. Urgency with which patient should be seen</b> <input type="checkbox"/> Unknown/No triage <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15-60 minutes <input type="checkbox"/> >1 hour/2 hours <input type="checkbox"/> >2 hours/24 hours	<b>c. Presenting level of pain</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
3. REASON FOR VISIT		4. CONTINUITY OF CARE	
<b>a. Patient's complaint(s), symptom(s), or other reason(s) for this visit.</b> <small>Use patient's own words.</small> (1) _____ (2) _____ (3) _____		<b>b. Is this visit related to alcohol use?</b> <input type="checkbox"/> Yes, patient's use <input type="checkbox"/> Yes, other person's use <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>c. Is this visit work related?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<b>a. Has patient been seen in this ED within the last 72 hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>b. Episode of care</b> <input type="checkbox"/> Initial visit for problem <input type="checkbox"/> Follow-up visit for problem <input type="checkbox"/> Unknown
5. INJURY/POISONING/ADVERSE EFFECT			
<b>a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - OXP or Item E	<b>b. Is this injury/poisoning intentional?</b> <input type="checkbox"/> Yes, self-inflicted <input type="checkbox"/> Yes, assault <input type="checkbox"/> No, Unintentional <input type="checkbox"/> Unknown	<b>c. Cause of injury, poisoning, or adverse effect - Describe the place and events that preceded the injury, poisoning, or adverse event (e.g., alterc to person, fire, sting, production of by car driven by drunk driver, wife beaten with belt by husband, heroin overdose, infected wound, etc.)</b> _____ _____ _____	
6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT			
As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: _____ (2) Other: _____ (3) Other: _____			
7. DIAGNOSTIC/SCREENING SERVICES		8. PROCEDURES	
Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE <b>Examinations/Tests:</b> <input type="checkbox"/> Medical screening exam <input type="checkbox"/> Mental status exam <input type="checkbox"/> EKG/ECG (electrocardiogram) <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> EEG (electroencephalogram) <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Urinalysis (UA) <b>Imaging:</b> <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Extremity X-ray <input type="checkbox"/> Other X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI/CAT scan <input type="checkbox"/> Other imaging		Mark (X) all provided at this visit. Exclude procedures. <input type="checkbox"/> NONE <input type="checkbox"/> Bladder catheter <input type="checkbox"/> CPR <input type="checkbox"/> Enterochekal intubation <input type="checkbox"/> Eye/ENT care <input type="checkbox"/> IV fluids <input type="checkbox"/> NG tube/gastric lavage <input type="checkbox"/> OB/GYN care <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Stool <input type="checkbox"/> Thrombolytic therapy <input type="checkbox"/> Wound care <input type="checkbox"/> Other	
9. MEDICATIONS & INJECTIONS			
<b>a. What is the total number of drugs prescribed or provided at this visit?</b> <small>Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or consumed during this visit.</small> List up to 8 medication/injection names below. (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____			
10. VISIT DISPOSITION		11. PROVIDERS SEEN	
Mark (X) all that apply. <input type="checkbox"/> No follow-up planned <input type="checkbox"/> Return if needed, PRN/appointment <input type="checkbox"/> Return to referring physician <input type="checkbox"/> Refer to other physician/clinic for FU <input type="checkbox"/> Refer out from triage without treatment <input type="checkbox"/> Refer to alcohol or drug treatment program <input type="checkbox"/> Return to non-physician treatment or support service <input type="checkbox"/> Left before being seen <input type="checkbox"/> Left AMA <input type="checkbox"/> Admit to ED for observation		Mark (X) all that apply. <input type="checkbox"/> Admit to hospital <input type="checkbox"/> Admit to ICU/CCU <input type="checkbox"/> Transfer to other facility <input type="checkbox"/> Discharged in ED <input type="checkbox"/> Other <input type="checkbox"/> Staff physician <input type="checkbox"/> Resident/Intern <input type="checkbox"/> Other physician <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician assistant <input type="checkbox"/> EMT <input type="checkbox"/> Other technician <input type="checkbox"/> Other	

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