National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary


Abstract

Objective—This report presents the most current (2006) nationally representative data on visits to hospital emergency departments (ED) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics.

Methods—Data are from the 2006 National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest continuously running nationally representative survey of hospital ED utilization. The NHAMCS collects data on visits to emergency and outpatient departments of nonfederal, short-stay, and general hospitals in the United States. Sample data are weighted to produce annual national estimates.

Results—In 2006 there were 119.2 million visits to hospital EDs, or 40.5 visits per 100 persons, continuing a long-term rise in both indices. The rate of visits per 100 persons was 36.1 for white persons, 79.9 for black persons, and 35.3 for Hispanic persons. ED occupancy (the count of patients who had arrived, but not yet discharged, transferred, or admitted) varied from 19,000 patients at 6 a.m. to 58,000 at 7 p.m. on an average day nationally. Though overall ED visits increased, the number of visits considered emergent or urgent (15.9 million) did not change significantly from 2005, nor did the number of patients arriving by ambulance (18.4 million). At 3.6 percent of visits, the patient had been seen in the same ED within the previous 72 hours. Median time to see a clinician was 31 minutes. Of all ED visits, 35.6 percent were for an injury. Patients had computerized tomography or magnetic resonance imaging at 12.1 percent of visits, blood drawn at 38.8 percent, an intravenous line started at 24.0 percent, an x-ray performed at 34.9 percent, and an electrocardiogram done at 17.1 percent. Patients were admitted to the hospital at 12.8 percent of ED visits in 2006. The ED was the portal of admission for 50.2 percent of all nonobstetric admissions in the United States in 2006, an increase from 36.0 percent in 1996. Patients were admitted to an intensive care unit at 1.9 percent of visits.

Keywords: emergency department visits • diagnosis • injury • medications

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 (ED) and outpatient departments (OPD). NHAMCS is part of the ambulatory component of the National Health Care Surveys, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Surveys can be found at the National Center for Health Statistics (NCHS) website: www.cdc.gov/nchs.

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. Approximately 11 percent of all ambulatory medical care visits in the United States occur in the ED (1), although emergency physicians represent just 3.3 percent of active physicians (2). EDs provide unscheduled care for a wide variety of persons for reasons that range from sudden cardiac arrest or severe injury to minor acute problems that occur after business hours, or for
which the patient is unable to access a primary care provider in a timely fashion. In 2005, approximately one-fifth of the U.S. population had made one or more ED visits within the past 12 months (3) and some subgroups, such as infants, persons 75 years of age and older, Medicaid beneficiaries, and African Americans, had higher utilization rates than others (1).

In the last decade, the increasing frequency of ED visits has coincided with decreasing numbers of EDs and decreasing numbers of inpatient beds. Thus, EDs nationwide are under increasing pressure to provide care for more patients, resulting in crowding, hallway boarding of admitted patients, and ambulance diversion (4). ED crowding has had multiple other effects, including decreased physician productivity and increased waiting times for minor illness (5). However, delays are now also occurring for the treatment of serious problems, such as myocardial infarction (6). New evidence shows that crowding reduces the promptness and quality of pain management, a cardinal function of EDs (7). Information on ambulance transports and diversion (8) and ED staffing and capacity (9) has been published using NHAMCS data.

This report presents data on selected trends and data on ED visits in terms of hospital, patient, and visit characteristics. More detailed information on definition of terms may be found in the 2003 ED Advance Data from Vital and Health Statistics report (10). The 2006 survey duplicates the items on the 2005 survey, adding only one item, namely the actual level of oxygen saturation on pulse oximetry, rather than the fact of its performance (11).

Other reports highlight visits to OPDs (12) and physician offices (13). A detailed report on medication therapy in U.S. ambulatory medical care settings, including EDs, has been published recently (14). NHAMCS data have been used in articles examining important topics in public health; health services research; emergency response planning; training and drilling (6, 15–23); and for a variety of activities by governmental, scientific, academic, and commercial institutions.

Additional information about ED utilization is available from the NCHS Ambulatory Health Care website: www.cdc.gov/nchs/nhamcs.htm. Individual-year reports and public-use data files are available for download from the website. Data from the 2006 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 1–800–311–3435 or the Ambulatory and Hospital Care Statistics Branch at 301–458–4600 or by e-mail at CDCINFO@cdc.gov.

**Highlights**

**ED Utilization**

- From 1996 through 2006, the annual number of ED visits increased from 90.3 million (24) to 119.2 million visits (up by 32 percent). This represents an average increase of about 2.9 million visits (3.2 percent) per year. There were, on average, about 227 visits to U.S. EDs every minute during 2006.
- As the number of visits to the ED has increased, the number of hospital EDs has decreased from 4,019 to 3,833 (25), thus increasing the annual number of visits per ED.
- From 1996 through 2006, the overall population-based ED utilization rate increased by 18 percent, from 34.2 (24) to 40.5 visits per 100 persons (Table 1).
- Population-based utilization rates varied by geographic region, with the West having the lowest ED visit rate (Figure 1).
- About 35.0 percent of ED visits were made to hospitals designated as trauma centers (Table 1).

**Patient characteristics**

- The age group with the highest annual per capita ED visit rate was infants under 12 months of age, who made 84.5 visits per 100 infants. This represents about 3.5 million visits (Table 2). Three-quarters of these visits were to general EDs, 9.2 percent to pediatric EDs within general hospitals, and 14.3 percent to pediatric hospital EDs (Figure 2).
- Persons aged 75 years and older had the second highest per capita ED visit rate at 60.2 visits per 100 persons. This represents about 10.2 million visits (Table 2).
- The ED visit rate for black persons was about double the rate for white persons in all age groups, whereas Asian or Pacific Islander persons had about half the visit rate of white persons (Table 2).
- The ED visit rate varied little between persons of Hispanic and non-Hispanic ethnicity.
- Persons living in nursing homes made 139.5 ED visits per 100 residents.
This represents about 2.1 million visits (1.7 percent) (Table 2).

- Homeless people made 83.6 ED visits per 100 homeless persons (26). This represents about 635,000 visits (0.5 percent) (Table 2).

Payment Source

- Private insurance was the most frequent expected source of payment, accounting for 39.7 percent of all ED visits (Table 3).
- Other sources included Medicaid or State Children’s Health Insurance Program (SCHIP) (25.5 percent) and Medicare (17.3 percent) (Table 3).
- Uninsured patients (including self-pay, no charge, and charity, where no other payment source was reported) represented 17.4 percent of visits (Table 3).
- The visit rate for Medicaid patients (82 per 100 persons with Medicaid) was higher than the rate for those with Medicare (48 per 100 persons with Medicare), no insurance (48 per 100 persons with no insurance), and private insurance (21 per 100 persons with private insurance (Figure 3) (27).

Mode of arrival

- There were 18.4 million ambulance transports to the ED in 2006, representing 15.4 percent of ED visits (Table 4). This corresponds to a rate of 6.2 transports per 100 persons, which has increased about 17 percent from 5.4 per 100 in 1997, the first year that this variable was collected in NHAMCS.
- Over one-third (36.1 percent) of patients 65 years of age and older arrived in the ED by ambulance (Table 4).

Patient acuity level

- Patients were triaged as needing to be seen immediately at 5.1 percent of ED visits, and within 1 to 14 minutes (emergent) at 10.8 percent of visits. Patients were triaged as needing to be seen within 15 to 60 minutes (urgent) at 36.6 percent, 1 to 2 hours (semi-urgent) at 22.0 percent, and 2 to 24 hours (nonurgent) at 12.1 percent of visits. For the remaining 13.4 percent of visits, the triage status was not known or no triage system was used (Table 5). There was little change in these proportions compared with 2005.
- A higher proportion of visits (24.6 percent) by patients 65 years of age and older was triaged as immediate or emergent compared with other age groups (Table 5).
- Patients presented with severe pain at 20.4 percent of visits, and with moderate pain at 25.0 percent of visits (Table 6).
- About 3.6 percent of ED visits were made by patients who had been seen in the same ED within the last 72 hours. About 2.1 percent of ED visits were made by patients who had been discharged from the hospital within the last 7 days (Table 6).
- For adults 18 years of age and older, blood pressures (BP) were in the normal range at 14.6 percent of visits. BP was lower than normal at 6.0 percent, mildly high at 33.5 percent, moderately high at 25.8 percent, and severely high at 16.2 percent of ED visits (Table 7). At about 9.5 percent of all visits the BP was greater than 180 mm Hg.
systolic or 120 mm Hg diastolic (data not shown), a level considered to be an emergency when accompanied by evidence of progressive or impending target organ dysfunction (28).

**Chief complaints**

- The frequency of the 20 leading principal reasons for visit is shown in Table 8, and grouped by age and sex in Table 9.
- The most common reasons for visit among children (aged 15 years and under) were fever, cough, vomiting, earache, and unspecified injury to head, neck, or face.
- The most common specific principal reasons given by adult patients (aged 15 years and older) for visiting the ED were, in descending frequency: chest pain, abdominal pain, back pain, headache, and shortness of breath.

**Primary diagnosis at visit**

- The most frequent major disease categories assigned by ED physicians were injuries and poisonings (24.3 percent); symptoms, signs, and ill-defined conditions (20.1 percent); and diseases of the respiratory system (10.0 percent) (Table 10).
- The most common diagnoses at ED disposition varied considerably between adults and children, with otitis media, fever of unknown source, and pharyngitis only present in the children’s top 10 diagnostic rankings, and chest pain and spinal disorders only ranking high among adults. The top 10 diagnostic groups for children (under age 15 years) and adults (aged 15 years and older), stratified by sex, are shown in Table 11.

**Injury, poisoning, and adverse effects of medical treatment**

- Visits for injury, poisoning, or adverse effects of medical treatment accounted for 42.4 million visits (35.5 percent), or 14.4 visits per 100 persons. Injury visit rates were higher for males (15.5 per 100 persons) than females (13.4 per 100 persons), and higher for black persons (22.7 per 100 persons) than white persons (13.8 per 100). The most affected age groups included young adults 15 to 24 years of age (19.2 per 100 persons), adults 75 years of age and older (18.8 per 100 persons), and children 1 to 4 years of age (16.1 per 100 persons) (Table 12).
- The most frequent injury mechanisms were unintentional falls (20.3 percent) and motor vehicle traffic accidents (9.5 percent), based on first-listed cause of injury (Table 13).
- Intentional injuries accounted for about 2.5 million (5.9 percent) of injury-related ED visits (Table 13).
- Adverse effects of medical treatment accounted for 1.9 million visits, including complications of medical and surgical procedures (2.5 percent of injury visits) and adverse effects of medication (1.8 percent of injury visits) (Table 13).
- About 1.2 million visits were for poisoning, either unintentional (1.9 percent of injury visits) or self-inflicted (0.9 percent of injury visits) (Table 13).
- The most commonly mentioned body sites for injuries were wrist, hand, and fingers (10.6 percent) followed by lower leg and ankle (4.3 percent). Cervical spine injuries were seen at 2.1 percent of injury-related ED visits (Table 14).

**Services provided**

- Diagnostic services, exclusive of medical screening and mental status exams, were provided at 77.4 percent of visits (Table 15).
- Blood tests were ordered at 38.8 percent of visits. Complete blood counts were the most frequent (34.9 percent), followed by blood urea nitrogen or creatinine (21.2 percent), glucose (19.8 percent), electrolytes (18.5 percent), cardiac enzymes (11.6 percent), liver function tests (6.3 percent), and arterial blood gases (2.3 percent) (Table 15).
- Imaging was ordered at 44.2 percent of visits. Conventional x rays were done at 34.9 percent, computed tomography (CT) scans at 11.6 percent, ultrasound at 3.1 percent, and magnetic resonance imaging (MRI) scans at 0.5 percent of ED visits (Table 15).
- Other tests frequently recorded include pulse oximetry (41.2 percent), urinalysis (21.8 percent), and ECG (17.1 percent) (Table 15).
- Pulse oximetry values were collected for the first time in the 2006 survey. The median oxygen saturation was 98 percent, with fewer than 5 percent of visits having a level less than 93 percent (Table 15).
- Procedures were performed at 47.6 percent of ED visits. The most frequently mentioned procedures were the administration of intravenous fluids (24.0 percent), wound care (10.0 percent), orthopedic care (5.9 percent), nebulizer therapy (3.1 percent), and bladder catheterization (2.8 percent) (Table 16).

**Clinicians providing services**

- Patients saw physicians at 90.2 percent of ED visits, physician assistants at 8.7 percent, and nurse practitioners at 4.1 percent of visits (Table 17).
- Patients saw an ED attending physician alone at 80.3 percent of visits, an ED resident or intern alone at 1.6 percent of visits, and an on-call attending physician or fellow alone at 0.8 percent of visits. At 7.4 percent of visits, patients were seen by both a resident and an ED attending physician.
- Registered nurses (RNs) or licensed practical nurses (LPNs) were involved in patient care during 88.9 percent of ED visits, and emergency medical technicians during 9.3 percent of ED visits (Table 17).

**Medications**

- Medications were either given in the ED or prescribed at discharge at 76.6 percent of visits. This represents about 212 million drug mentions, or 1.8 drug mentions per visit (Table 18).
The 2006 survey year is the first year that drug data were processed according to the Multum Lexicon database (for additional information see the website: www.multum.com/Lexicon.htm). Based on Multum terminology, the leading therapeutic drug classes mentioned during ED visits were analgesics, including narcotic and nonnarcotic pain medications and nonsteroidal anti-inflammatory drugs (36.8 percent); antimicrobials, including cephalosporins, penicillins, quinolones, macrolides, sulfonamides, and miscellaneous (15.9 percent); and antiemetic or antivertigo agents (8.9 percent) (Table 19). It should be noted that MULTUM therapeutic categories are not comparable with the therapeutic classification used prior to 2006 (see Methods).

Specifically, acetaminophen (alone or in combination with hydrocodone or oxycodone) (6.1 percent of drug mentions), promethazine (3.4 percent), ketorolac (3.3 percent), and ibuprofen (3.2 percent), were the most frequent drugs given in the ED. Acetaminophen (alone or in combination with hydrocodone or oxycodone) (8.7 percent of drug mentions) and ibuprofen (4.9 percent) were the most frequently prescribed drugs at discharge. Cephalosporins, including ceftriaxone and cephalaxin (1.9 percent), were the most common antimicrobials given in the ED, and amoxicillin (1.4 percent) was the most common antimicrobial prescribed at discharge (Table 20).

### Disposition

- Patients were referred to an outside physician or clinic for follow-up at 64.2 percent of ED visits, and advised to return to the ED as needed at 36.2 percent of visits (Table 21). At only 5.6% of visits was no follow-up planned.
- Of 119.2 million ED visits, 12.8 percent (15.3 million visits and 5.2 visits per 100 population) resulted in admission to the hospital, and 1.9 percent resulted in transfer to other hospitals (Table 21).

### ED patient flow indicators

- In 2006, there were 29.7 million nonobstetric hospital admissions in the United States, of which 50.2 percent came through the ED (29). This is a significant increase from 1996, when 36.0 percent of the 26.7 million total nonobstetric admissions came through the ED (Figure 4) (30).
- Among visits resulting in admission to the same hospital, 40.0 percent were by patients 65 years of age and older, 40.3 percent began with arrival by ambulance, 34.3 percent were triaged as immediate or emergent, and 14.8 percent were admitted to a critical care unit. The average length of stay for patients admitted from the ED was 5.3 days (Table 22), and the median was 3 to 4 days.
- For patients who were admitted to the hospital, adults who came to the ED with chest pain were discharged earlier than others (Table 23). Hospital length of stay was greater for patients with Medicare and Medicaid source of payment than uninsured and private insurance patients (Table 23).
- Among those admitted from the ED, the leading principal hospital discharge diagnoses were nonischemic heart disease (6.7 percent of admissions), chest pain (5.4 percent), ischemic heart disease (4.4 percent), and pneumonia (4.3 percent) (Table 24).
- The percentage of ED visits resulting in hospital admission varied by season of the year and geographic region. Although the South had the highest population-based visit rate, it had the lowest proportion of visits resulting in admission. (Figure 5).

### Figure 4. Number of hospital admissions by route of admission and year: United States, 1996 and 2006

![Figure 4. Number of hospital admissions by route of admission and year: United States, 1996 and 2006](image)

NOTE: Numbers in parentheses are the percentage of hospital admissions via the emergency department (ED).

SOURCE: ED visits from National Hospital Ambulatory Medical Care Survey (NHAMCS), 2006. Other admissions represent the difference between total admissions and those coming from the ED.
provider and an additional 1.3 percent, patients left against medical advice (Table 21).

- At 62.9 percent of adult ED visits, the patient arrived after business hours, which are defined as 8 a.m. to 5 p.m., Monday–Friday (i.e., excluding evenings, nights, and weekends). Children under age 15 years arrived after business hours at 72.5 percent of ED visits (calculated from Table 6).

- On an average day in 2006, the frequency of new patient arrivals varied markedly by time of day, from a low of 4,000 between 4 a.m. and 5 a.m. to a high of 20,000 between 6 p.m. and 7 p.m. Total ED occupancy reached a peak at 7 p.m., when 19 percent of the day’s arrivals were present in the ED (Figure 8).

- ED visit volume was higher in the winter (32.5 million) and summer (31.4 million) compared with spring (28.1 million) and fall (27.2 million) (Figure 9).

### Methods

#### Data source

The data in this report are from the 2006 NHAMCS, a national probability sample survey of nonfederal, general, and short-stay hospitals 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 January 2, 2006, through December 31, 2006. 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 2006, a sample of 486 general and short-stay hospitals was selected from a sampling frame constructed from products of 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 the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

Data collected in the NHAMCS are consistent with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). No personally identifying information, such as patient’s name, address, or Social Security number, is collected in the NHAMCS. All information collected is held in the strictest confidence according to law and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). Approval for the NHAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2006. Waivers of the 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 the 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 fewer than 24 hours a day are included in the OPD component of the NHAMCS (31).

In 2006, the four-stage probability sample of all hospitals was combined with a supplemental three-stage probability sample of children’s general hospitals. The four-stage design involves sampling geographic primary sampling units (PSUs), hospitals and emergency departments within PSUs, emergency service areas (ESAs) within emergency departments, and then patient visits within ESAs. The sample consisted of 112 PSUs that comprised a probability subsample of the PSUs used in the 1985–1994 National Health Interview Survey. In 2006, with funding from the Health Resources and Services Administration, a supplemental list sample of 26 children’s hospitals, regardless of PSU, was added. The design of the sample within hospitals was identical to that of the four-stage design. Hospital staff were asked to...
complete a Patient Record form (PRF) for a sample of visits during a 4-week reporting period (see Figure 10). All together, a sample of 486 hospitals was selected for the 2006 NHAMCS, 414 of which were in scope and had eligible EDs. Of the in-scope EDs, 362 participated, yielding an unweighted ED response rate of 87.4 percent. A sample of 492 ESAs was selected from the EDs, and 469 of the 492 ESAs provided 35,849 PRFs. Of the 469 ESAs providing PRFs, 464 of them responded fully or adequately. The resulting unweighted ESA sample response was 94.3 percent, and the overall unweighted sample response rate was 82.5 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 ED survey records was independently keyed and coded. Coding error rates ranged between 0.3 and 0.9 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) (32). Up to three reasons could be coded per visit.

- **Blood pressure (BP)**—Recorded values were coded into six bands (low, normal, mildly high, moderately high, severely high, and missing).

  Normal BP was defined as having both a systolic BP between 100 and 119 mm Hg and a diastolic BP between 60 and 79 mm Hg. Low BP was defined as either measurement being below normal (33). Mildly high BP was defined as either systolic BP between 120 and 139 mm Hg or diastolic BP between 80 and 89 mm Hg, corresponding to the Seventh Joint National Committee (JNC–7) prehypertension category. Moderately high BP was defined as either systolic BP between 140 and 159 mm Hg or diastolic BP between 90 and 99 mm Hg, corresponding to the JNC–7 stage 1 hypertension category. Severely high BP was defined as either systolic BP 160 mm Hg or greater or diastolic BP 100 mm Hg or greater, corresponding to the JNC–7 stage 2 hypertension category (29). Patients were classified hierarchically according to the more severely elevated measurement starting with severely high, followed by moderately high, mildly high, low, and normal, respectively. Although the diagnosis of hypertension is not made with isolated elevated BP readings, these results are reported in terms of high BP rather than hypertension, and classified as detailed above, rather than using the JNC–7 stage nomenclature for diagnosed hypertension.

- **Diagnosis**—Respondents were asked to record the primary diagnosis associated with the patient’s most important reason for the current visit and any other significant current diagnoses. Up to three ED diagnoses and the principal hospital discharge diagnosis were coded according to

![Figure 6. Number of visits by wait time and patient care time: Patient care time bars exclude hospital admission, United States 2006](image)
Figure 7. Duration of emergency department stay in minutes, by immediacy with which the patient should be seen and disposition: United States, 2006


- Causes 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 (ICD–9–CM) (34). 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 (35).

- Injury, poisoning, or adverse effect of medical treatment—Although there was 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 was specified or an injury diagnosis recorded without the injury item being checked. Therefore, the visit was counted as an injury visit and the checkbox was 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.

- Medications—Abstracters were instructed to record up to eight medications given at this visit or prescribed at ED discharge. 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 (36). As used in the 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 the NHAMCS. Starting in 2006, the therapeutic classification of drugs is based on the Multum Lexicon’s second-level therapeutic categories (www.multum.com/Lexicon.htm). Drugs may have more than one therapeutic application. Although Multum allows up to five therapeutic categories per drug, in this report a maximum of four therapeutic categories for each drug was examined because the number of drugs with five therapeutic categories was small. Generic ingredients of drug mentions were coded according to the drug_id nomenclature included in Multum. In addition, for each drug listed, respondents were asked to indicate whether the drug was administered in the emergency department, at discharge, or both. Multum’s therapeutic categories are not necessarily comparable with those used previously in the NHAMCS.

The NCHS ambulatory care website contains computer code to link the new Multum drug characteristics, including drug class, to previous years of the NHAMCS microdata where the National Drug Code Directory was used.

Estimation

Using the complex multistage design of the NHAMCS, NCHS computed a weight for each visit that took all sampling stages into account. This weight was used to inflate the data to produce unbiased national annual estimates, and included four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Starting 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 NHAMCS estimation procedures can be found elsewhere (37).

Standard errors

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample is surveyed, rather than an entire universe. 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 (38). The standard errors of statistics presented in this report are included in each of the tables.

**Tests of significance and rounding**

In this report, the determination of statistical inference was 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 the NHAMCS are generally low (5 percent or fewer). 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 for which combined nonresponse is 30 to 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 (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: systolic blood pressure (13.8 percent); diastolic blood pressure (14.5 percent); orientation to time, place, and person (17.9 percent); presenting level of pain (22.4 percent); work-related (7.2 percent); seen in ED within last 72 hours (11.0 percent); discharged within the last 7 days (25.4 percent); cause of injury (18.3 percent of injury visits); type of unit to
which admitted (12.9 percent of hospital admission visits); hospital discharge status (14.4 percent of admission visits); length of inpatient stay (12.3 percent of admissions); time waiting to see a physician (13.5 percent); and time spent in the ED (5.2 percent).

For some items, missing values were imputed by randomly assigning a value from PRFs with similar characteristics. Imputations were performed for the following variables: birth year (0.8 percent), sex (1.5 percent), race (9.8 percent), ethnicity (17.4 percent), and immediacy (2.9 percent). Imputation for birth year and sex was based on ED volume, geographic region, immediacy with which patient should be seen, and three-digit ICD–9–CM code for primary diagnosis. Imputation for immediacy was based on ED volume, region, and primary diagnosis. In contrast to this imputation method used to impute race and ethnicity in previous years, a hierarchical procedure was used in 2006. Cases missing race or ethnicity were initially assigned a donor’s value after matching donor and recipient by three-digit ICD–9–CM codes for primary diagnosis and ZIP Codes of the patient making the sampled visit. If no donor was found, additional rounds of matching with ever-increasing geographic area were used. After several matching rounds, traditional imputation procedures were applied. If both race and ethnicity were missing, both were imputed from the same donor. An evaluation study found that this approach more correctly identified patients’ race and ethnicity.

Use of tables

The tables present only the first-listed reasons for visit, diagnoses, and causes of injury. It should be noted that estimates differing in ranked order may not be significantly different from each other. For items related to expected source of payment, diagnostic and screening services, procedures, providers seen, and disposition, abstracters 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. Thus, 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, 2006, set of state population estimates by age, sex, race, and Hispanic origin. Denominators used in computing estimates of visit rates for nursing home residents are based on the 2004 National Nursing Home Survey (39). Visit rates for the homeless are based on a report by the National Alliance to End Homelessness (26). 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 2006 NHIS. Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, except for Medicaid and SCHIP, which were combined into a single category.

References

4. Committee on the Future of Emergency Care in the United States


Table 1. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by selected hospital characteristics: United States, 2006

<table>
<thead>
<tr>
<th>Selected hospital characteristics</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year¹,²</th>
<th>Standard error of rate</th>
</tr>
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<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
<td>40.5</td>
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<td>21.6</td>
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<tr>
<td>South</td>
<td>50,642</td>
<td>4,507</td>
<td>42.5</td>
<td>2.5</td>
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<td>4.2</td>
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<tr>
<td>West</td>
<td>20,145</td>
<td>1,548</td>
<td>16.9</td>
<td>1.3</td>
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<td>MSA³</td>
<td>100,727</td>
<td>5,296</td>
<td>84.5</td>
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<td>41.2</td>
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<td>19.1</td>
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<td>21.4</td>
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<td>26.3</td>
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</tbody>
</table>

¹Category not applicable.
²Visit rates for region are based on the July 1, 2006, set of the 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.
³Population estimates of metropolitan statistical area status are based on data from the 2006 National Heath Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2006. See www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical area definitions.
⁴MSA is metropolitan statistical area.
⁵In 2006, hospitals not affiliated with medical schools include hospitals with unknown or blank medical school affiliation status because this information could not be identified separately. In prior years, the percentage of unknowns or blanks was small.

NOTE: Numbers may not add to totals because of rounding.
Table 2. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by patient characteristics: United States, 2006

<table>
<thead>
<tr>
<th>Selected patient characteristics</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits¹</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>0.0</td>
<td>40.5</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td>Under 15 years</td>
<td>21,876</td>
<td>1,155</td>
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<td>0.6</td>
<td>36.0</td>
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<tr>
<td>Under 1 year</td>
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<td>221</td>
<td>2.9</td>
<td>0.2</td>
<td>84.5</td>
<td>5.4</td>
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<tr>
<td>1–4 years</td>
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<td>475</td>
<td>7.0</td>
<td>0.3</td>
<td>51.2</td>
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<tr>
<td>5–14 years</td>
<td>10,052</td>
<td>576</td>
<td>8.4</td>
<td>0.3</td>
<td>24.9</td>
<td>1.4</td>
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<tr>
<td>15–24 years</td>
<td>19,525</td>
<td>1,017</td>
<td>16.4</td>
<td>0.3</td>
<td>47.1</td>
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<tr>
<td>25–44 years</td>
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<td>42.7</td>
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<tr>
<td>45–64 years</td>
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<tr>
<td>65 years and over</td>
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<td>14.5</td>
<td>0.3</td>
<td>48.5</td>
<td>2.2</td>
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<tr>
<td>65–74 years</td>
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<td>6.0</td>
<td>0.2</td>
<td>38.0</td>
<td>2.0</td>
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<tr>
<td>75 years and over</td>
<td>10,195</td>
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<td>0.3</td>
<td>60.2</td>
<td>2.9</td>
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<tr>
<td><strong>Sex and age</strong></td>
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</tr>
<tr>
<td>Female</td>
<td>64,962</td>
<td>2,996</td>
<td>54.5</td>
<td>0.4</td>
<td>43.3</td>
<td>2.0</td>
</tr>
<tr>
<td>Under 15 years</td>
<td>10,328</td>
<td>581</td>
<td>8.7</td>
<td>0.3</td>
<td>34.8</td>
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<tr>
<td>15–24 years</td>
<td>11,398</td>
<td>634</td>
<td>9.6</td>
<td>0.2</td>
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<td>3.1</td>
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<tr>
<td>45–64 years</td>
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<td>633</td>
<td>11.1</td>
<td>0.2</td>
<td>34.5</td>
<td>1.7</td>
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<tr>
<td>65–74 years</td>
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<td>241</td>
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<td>0.1</td>
<td>38.4</td>
<td>2.4</td>
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<td>75 years and over</td>
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<td>326</td>
<td>5.3</td>
<td>0.2</td>
<td>61.8</td>
<td>3.2</td>
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<td>2,364</td>
<td>45.5</td>
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<td>1.6</td>
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<tr>
<td>Under 15 years</td>
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<td>623</td>
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<td>0.3</td>
<td>37.2</td>
<td>2.0</td>
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<tr>
<td>15–24 years</td>
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<td>428</td>
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<td>38.8</td>
<td>2.0</td>
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<td>775</td>
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<td>0.3</td>
<td>37.5</td>
<td>1.9</td>
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<tr>
<td>45–64 years</td>
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<td>567</td>
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<td>34.0</td>
<td>1.6</td>
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<tr>
<td>65–74 years</td>
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<td>0.1</td>
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<td>2.3</td>
</tr>
<tr>
<td>75 years and over</td>
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<td>228</td>
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<td>0.2</td>
<td>57.6</td>
<td>3.4</td>
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<td><strong>Race and age</strong></td>
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<td>White</td>
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<td>1.7</td>
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<tr>
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<td>0.5</td>
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<td>25–44 years</td>
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<tr>
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<tr>
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<td>0.2</td>
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<td>2.1</td>
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<td>2,179</td>
<td>24.8</td>
<td>1.4</td>
<td>79.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Under 15 years</td>
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<td>529</td>
<td>5.0</td>
<td>0.4</td>
<td>64.3</td>
<td>5.7</td>
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<tr>
<td>15–24 years</td>
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<td>4.3</td>
<td>0.3</td>
<td>83.1</td>
<td>7.0</td>
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<tr>
<td>25–44 years</td>
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<td>701</td>
<td>7.9</td>
<td>0.4</td>
<td>90.0</td>
<td>6.7</td>
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<tr>
<td>45–64 years</td>
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<td>576</td>
<td>5.6</td>
<td>0.4</td>
<td>81.7</td>
<td>7.1</td>
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<tr>
<td>65–74 years</td>
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<td>72.6</td>
<td>7.2</td>
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<td>75 years and over</td>
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<td>111</td>
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<td>0.1</td>
<td>94.3</td>
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<td>Asian</td>
<td>2,386</td>
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<td>18.2</td>
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</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>*449</td>
<td>244</td>
<td>*0.4</td>
<td>0.2</td>
<td>*86.3</td>
<td>46.9</td>
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<td>American Indian or Alaska Native</td>
<td>*1,132</td>
<td>398</td>
<td>*0.9</td>
<td>0.3</td>
<td>*39.7</td>
<td>14.0</td>
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<tr>
<td>Multiple races</td>
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<td>113</td>
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<td>0.1</td>
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<td>2.4</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<td>Hispanic or Latino</td>
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<td>1,391</td>
<td>13.0</td>
<td>1.1</td>
<td>35.3</td>
<td>3.2</td>
</tr>
<tr>
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<td>4,951</td>
<td>87.0</td>
<td>1.1</td>
<td>41.4</td>
<td>2.0</td>
</tr>
</tbody>
</table>

See footnotes at end of table.
Table 2. Number, percent distribution, and annual rate of emergency department visits with corresponding standard errors, by patient characteristics: United States, 2006—Con.

<table>
<thead>
<tr>
<th>Selected patient characteristics</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private residence</td>
<td>109,327</td>
<td>5,056</td>
<td>91.7</td>
<td>0.7</td>
<td>37.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Nursing home</td>
<td>2,082</td>
<td>146</td>
<td>1.7</td>
<td>0.1</td>
<td>139.5</td>
<td>9.8</td>
</tr>
<tr>
<td>Other institution</td>
<td>1,339</td>
<td>198</td>
<td>1.1</td>
<td>0.2</td>
<td>52.6</td>
<td>7.8</td>
</tr>
<tr>
<td>Other residence</td>
<td>791</td>
<td>130</td>
<td>0.7</td>
<td>0.1</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Homeless</td>
<td>635</td>
<td>98</td>
<td>0.5</td>
<td>0.1</td>
<td>83.6</td>
<td>12.9</td>
</tr>
<tr>
<td>Unknown or blank</td>
<td>5,016</td>
<td>718</td>
<td>4.2</td>
<td>0.6</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

... Category not applicable.

1Visit rates for age, sex, race and ethnicity, private residence, and other residence are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for nursing home residents are based on the 2004 CDC/NCHS National Nursing Home Survey. Visit rate for the homeless are based on The Second Annual Homeless Assessment Report to Congress by the U.S. Department of Housing and Urban Development. See “Methods” for more details.

2The 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. The percentage 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 expected source of payment: United States, 2006

<table>
<thead>
<tr>
<th>Expected source of payment</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Private insurance</td>
<td>47,284</td>
<td>2,391</td>
<td>39.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Medicaid or SCHIP&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30,351</td>
<td>1,674</td>
<td>25.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Medicare</td>
<td>20,672</td>
<td>1,041</td>
<td>17.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Medicare and Medicaid</td>
<td>3,893</td>
<td>361</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>No insurance&lt;sup&gt;3&lt;/sup&gt;</td>
<td>20,777</td>
<td>1,501</td>
<td>17.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Self-pay</td>
<td>19,041</td>
<td>1,310</td>
<td>16.0</td>
<td>0.7</td>
</tr>
<tr>
<td>No change or charity</td>
<td>2,232</td>
<td>578</td>
<td>1.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Worker’s compensation</td>
<td>2,097</td>
<td>168</td>
<td>1.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Other</td>
<td>4,211</td>
<td>734</td>
<td>3.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Unknown or blank</td>
<td>5,651</td>
<td>723</td>
<td>4.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>

... Category not applicable.

1Total exceeds “All visits” because more than one source of payment may be reported per visit.

2SCHIP is State Children’s Health Insurance Program.

3“No insurance” is defined as having only self-pay, no charge, or charity as payment sources.
### Table 4. Percent distribution of emergency department visits with corresponding standard errors, by patient mode of arrival according to patient’s age: United States, 2006

<table>
<thead>
<tr>
<th>Patient age</th>
<th>Number of visits in thousands</th>
<th>Patient’s mode of arrival</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Walk-in¹</td>
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¹ Figure does not meet standards of reliability or precision.

² Category not applicable.

¹Includes patients arriving in 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.
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</table>

\(^a\) Figure does not meet standard of reliability or precision.
\(^b\) Category not applicable.
\(^c\) A visit in which the patient should be seen immediately.
\(^d\) A visit in which the patient should be seen within 1–14 minutes.
\(^e\) A visit in which the patient should be seen within 15–60 minutes.
\(^f\) A visit in which the patient should be seen within 61–120 minutes.
\(^*\) A visit in which the patient should be seen within 121–240 minutes.
\(^\dagger\) 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.
\(^\ddagger\) 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. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race.
\(^\ddagger\) SCHIP is State Children’s Health Insurance Program.
\(^\star\) No insurance is defined as having only self-pay, no charge, or charity as payment sources.

NOTE: Numbers may not add to totals because of rounding.
### Table 6. Number and percentage of emergency department visits with corresponding standard errors, by selected visit characteristics: United States, 2006

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<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
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<tr>
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<td>61,200</td>
<td>2,780</td>
<td>51.3</td>
<td>0.4</td>
</tr>
<tr>
<td>No</td>
<td>35,237</td>
<td>1,636</td>
<td>29.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Unknown or blank</td>
<td>878</td>
<td>215</td>
<td>0.7</td>
<td>0.2</td>
</tr>
</tbody>
</table>

\(^1\) Figure does not meet standards of reliability or precision.

\(^2\) ED is emergency department.

\(^3\) Business hours defined as Monday through Friday, 8 a.m. to 5 p.m.

**NOTE:** Numbers may not add to totals because of rounding.
<table>
<thead>
<tr>
<th>Patient and visit characteristics</th>
<th>Number of visits in thousands</th>
<th>Percent distribution</th>
<th>Percent distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Low</td>
<td>Normal</td>
</tr>
<tr>
<td>All visits 18 years and over</td>
<td>92,895</td>
<td>100.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24 years</td>
<td>15,105</td>
<td>100.0</td>
<td>6.5</td>
</tr>
<tr>
<td>25–44 years</td>
<td>35,034</td>
<td>100.0</td>
<td>4.5</td>
</tr>
<tr>
<td>45–64 years</td>
<td>25,466</td>
<td>100.0</td>
<td>5.6</td>
</tr>
<tr>
<td>65–74 years</td>
<td>7,095</td>
<td>100.0</td>
<td>7.7</td>
</tr>
<tr>
<td>75 years and over</td>
<td>10,195</td>
<td>100.0</td>
<td>10.4</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>52,179</td>
<td>100.0</td>
<td>6.9</td>
</tr>
<tr>
<td>Male</td>
<td>40,717</td>
<td>100.0</td>
<td>4.8</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67,183</td>
<td>100.0</td>
<td>6.2</td>
</tr>
<tr>
<td>Black</td>
<td>22,558</td>
<td>100.0</td>
<td>5.2</td>
</tr>
<tr>
<td>Asian</td>
<td>1,800</td>
<td>100.0</td>
<td>8.5</td>
</tr>
<tr>
<td>Other</td>
<td>1,354</td>
<td>100.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
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<td></td>
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<tr>
<td>Hispanic or Latino</td>
<td>10,696</td>
<td>100.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>82,199</td>
<td>100.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

*Figure does not meet standards of reliability or precision.

**Category not applicable.**
<table>
<thead>
<tr>
<th>Principal reason for visit and RVC code¹</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Stomach and abdominal pain, cramps and spasms</td>
<td>8,057</td>
<td>442</td>
<td>6.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Chest pain and related symptoms</td>
<td>6,392</td>
<td>401</td>
<td>5.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Fever</td>
<td>4,485</td>
<td>277</td>
<td>3.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Headache, pain in head</td>
<td>3,354</td>
<td>233</td>
<td>2.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Back symptoms</td>
<td>3,304</td>
<td>272</td>
<td>2.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>3,007</td>
<td>200</td>
<td>2.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Cough</td>
<td>2,956</td>
<td>188</td>
<td>2.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Vomiting</td>
<td>2,635</td>
<td>192</td>
<td>2.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Pain, site not referable to a specific body system</td>
<td>2,512</td>
<td>168</td>
<td>2.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Symptoms referable to throat</td>
<td>2,278</td>
<td>197</td>
<td>1.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Lacerations and cuts—upper extremity</td>
<td>1,870</td>
<td>130</td>
<td>1.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Nausea</td>
<td>1,804</td>
<td>141</td>
<td>1.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Accident, not otherwise specified</td>
<td>1,737</td>
<td>171</td>
<td>1.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Motor vehicle accident, type of injury unspecified</td>
<td>1,714</td>
<td>149</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Earache or ear infection</td>
<td>1,677</td>
<td>136</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Vertigo—dizziness</td>
<td>1,657</td>
<td>122</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Leg symptoms</td>
<td>1,645</td>
<td>111</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Skin rash</td>
<td>1,613</td>
<td>118</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Injury, other and unspecified type—head, neck, and face</td>
<td>1,586</td>
<td>164</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Low back symptoms</td>
<td>1,511</td>
<td>125</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>All other reasons</td>
<td>63,399</td>
<td>2,746</td>
<td>53.2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

¹Category not applicable.

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (32).

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 the 10 leading principal reason for visit, according to patient age and sex: United States, 2006

<table>
<thead>
<tr>
<th>Principal reason for visit and RVC code¹</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>All visits, under age 15 years</td>
<td>21,876</td>
<td>1,155</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>10,328</td>
<td>581</td>
<td>47.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Cough</td>
<td>S010 1,644</td>
<td>141</td>
<td>7.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Vomiting</td>
<td>S440 605</td>
<td>65</td>
<td>2.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Earache or ear infection</td>
<td>S355 601</td>
<td>76</td>
<td>2.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Symptoms referable to throat</td>
<td>S455 423</td>
<td>47</td>
<td>1.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Stomach and abdominal pain, cramps and spasms</td>
<td>S645 360</td>
<td>47</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Skin rash</td>
<td>S860 359</td>
<td>46</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Injury, other and unspecified type—head, neck, and face</td>
<td>J505 273</td>
<td>57</td>
<td>1.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Facial area</td>
<td>J210 205</td>
<td>41</td>
<td>0.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Headache, pain in head</td>
<td>S210 181</td>
<td>40</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>All other reasons</td>
<td>5,312</td>
<td>299</td>
<td>24.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>11,548</td>
<td>623</td>
<td>52.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Fever</td>
<td>S010 1,659</td>
<td>122</td>
<td>7.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Cough</td>
<td>S440 828</td>
<td>79</td>
<td>3.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>S350 611</td>
<td>76</td>
<td>2.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Injury, other and unspecified type—head, neck, and face</td>
<td>J505 368</td>
<td>56</td>
<td>1.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Facial area</td>
<td>J210 352</td>
<td>55</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Earache or ear infection</td>
<td>S355 347</td>
<td>42</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Skin rash</td>
<td>S860 321</td>
<td>43</td>
<td>1.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Stomach and abdominal pain, cramps and spasms</td>
<td>S645 277</td>
<td>35</td>
<td>1.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Symptoms referable to throat</td>
<td>S455 239</td>
<td>42</td>
<td>1.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Labor and difficult breathing (dyspnea)</td>
<td>S420 203</td>
<td>31</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>All other reasons</td>
<td>6,343</td>
<td>357</td>
<td>29.0</td>
<td>0.7</td>
</tr>
<tr>
<td>All visits, age 15 years and over</td>
<td>97,315</td>
<td>4,392</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach and abdominal pain, cramps and spasms</td>
<td>S645 5,062</td>
<td>310</td>
<td>5.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Chest pain and related symptoms</td>
<td>S050 3,212</td>
<td>230</td>
<td>3.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Headache, pain in head</td>
<td>S210 1,923</td>
<td>144</td>
<td>2.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Back symptoms</td>
<td>S905 1,692</td>
<td>165</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>S415 1,583</td>
<td>131</td>
<td>1.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Pain, site not referable to a specific body system</td>
<td>S065 1,303</td>
<td>104</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Symptoms referable to throat</td>
<td>S455 1,148</td>
<td>107</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Nausea</td>
<td>S525 1,065</td>
<td>103</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Cough</td>
<td>S440 966</td>
<td>92</td>
<td>1.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Vertigo—dizziness</td>
<td>S225 952</td>
<td>84</td>
<td>1.0</td>
<td>0.1</td>
</tr>
<tr>
<td>All other reasons</td>
<td>35,728</td>
<td>1,669</td>
<td>36.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>42,682</td>
<td>1,917</td>
<td>43.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Chest pain and related symptoms</td>
<td>S050 3,023</td>
<td>215</td>
<td>3.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Stomach and abdominal pain, cramps and spasms</td>
<td>S645 2,358</td>
<td>168</td>
<td>2.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Back symptoms</td>
<td>S905 1,517</td>
<td>137</td>
<td>1.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>S415 1,256</td>
<td>118</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Lacerations and cuts—upper extremity</td>
<td>J225 1,169</td>
<td>94</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Pain, site not referable to a specific body system</td>
<td>S055 1,077</td>
<td>88</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Headache, pain in head</td>
<td>S210 1,063</td>
<td>109</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Leg symptoms</td>
<td>S920 778</td>
<td>80</td>
<td>0.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Vertigo—dizziness</td>
<td>S225 677</td>
<td>70</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Motor vehicle accident, type of injury unspecified</td>
<td>J805 645</td>
<td>78</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>All other reasons</td>
<td>29,119</td>
<td>1,271</td>
<td>29.9</td>
<td>0.4</td>
</tr>
</tbody>
</table>

¹Category not applicable.
²Based on A Reason for Visit Classification for Ambulatory Care (RVC) (32).
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 primary diagnosis classified by major disease category: United States, 2006

<table>
<thead>
<tr>
<th>Major disease category and ICD–9-CM code range¹</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits ...........................................</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Infectious and parasitic diseases .................</td>
<td>3,331</td>
<td>184</td>
<td>2.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Neoplasms ...........................................</td>
<td>140–239</td>
<td>204</td>
<td>34</td>
<td>0.2</td>
</tr>
<tr>
<td>Endocrine, nutritional, metabolic diseases, and immunity disorders</td>
<td>240–279</td>
<td>1,936</td>
<td>144</td>
<td>1.6</td>
</tr>
<tr>
<td>Mental disorders ....................................</td>
<td>290–319</td>
<td>4,279</td>
<td>293</td>
<td>3.6</td>
</tr>
<tr>
<td>Diseases of the nervous system and sense organs</td>
<td>320–389</td>
<td>5,718</td>
<td>321</td>
<td>4.8</td>
</tr>
<tr>
<td>Diseases of the circulatory system ...............</td>
<td>390–459</td>
<td>4,378</td>
<td>262</td>
<td>3.7</td>
</tr>
<tr>
<td>Diseases of the respiratory system ...............</td>
<td>460–519</td>
<td>11,943</td>
<td>617</td>
<td>10.0</td>
</tr>
<tr>
<td>Diseases of the digestive system .................</td>
<td>520–579</td>
<td>7,239</td>
<td>324</td>
<td>6.1</td>
</tr>
<tr>
<td>Diseases of the genitourinary system ............</td>
<td>580–629</td>
<td>5,775</td>
<td>292</td>
<td>4.8</td>
</tr>
<tr>
<td>Diseases of the skin and subcutaneous tissue ....</td>
<td>680–709</td>
<td>4,450</td>
<td>275</td>
<td>3.7</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>710–739</td>
<td>7,402</td>
<td>443</td>
<td>6.2</td>
</tr>
<tr>
<td>Symptoms, signs, and ill-defined conditions ....</td>
<td>780–799</td>
<td>23,966</td>
<td>1,348</td>
<td>20.1</td>
</tr>
<tr>
<td>Injury and poisoning ................................</td>
<td>800–999</td>
<td>28,996</td>
<td>1,318</td>
<td>24.3</td>
</tr>
<tr>
<td>Fractures ...........................................</td>
<td>800–829</td>
<td>3,851</td>
<td>222</td>
<td>3.2</td>
</tr>
<tr>
<td>Sprains and strains ................................</td>
<td>840–848</td>
<td>5,813</td>
<td>361</td>
<td>4.9</td>
</tr>
<tr>
<td>Intracranial injury ................................</td>
<td>850–854</td>
<td>294</td>
<td>43</td>
<td>0.2</td>
</tr>
<tr>
<td>Open wounds ........................................</td>
<td>870–897</td>
<td>6,153</td>
<td>317</td>
<td>5.2</td>
</tr>
<tr>
<td>Superficial injury ..................................</td>
<td>910–919</td>
<td>1,454</td>
<td>102</td>
<td>1.2</td>
</tr>
<tr>
<td>Contusion with intact skin surface ................</td>
<td>920–924</td>
<td>5,302</td>
<td>346</td>
<td>4.4</td>
</tr>
<tr>
<td>Foreign bodies ......................................</td>
<td>930–939</td>
<td>651</td>
<td>69</td>
<td>0.5</td>
</tr>
<tr>
<td>Burns ...............................................</td>
<td>940–949</td>
<td>517</td>
<td>59</td>
<td>0.4</td>
</tr>
<tr>
<td>Trauma complications and unspecified injuries ....</td>
<td>958–959</td>
<td>1,911</td>
<td>161</td>
<td>1.6</td>
</tr>
<tr>
<td>Poisoning and toxic effects .......................</td>
<td>960–989</td>
<td>920</td>
<td>83</td>
<td>0.8</td>
</tr>
<tr>
<td>Surgical and medical complications ...............</td>
<td>996–999</td>
<td>428</td>
<td>62</td>
<td>0.4</td>
</tr>
<tr>
<td>Other injuries .....................................</td>
<td>1,701</td>
<td>125</td>
<td>14</td>
<td>0.1</td>
</tr>
<tr>
<td>Supplementary classification .......................</td>
<td>V01–V88</td>
<td>3,545</td>
<td>244</td>
<td>3.0</td>
</tr>
<tr>
<td>All other diagnoses² ................................</td>
<td>8,249</td>
<td>239</td>
<td>172</td>
<td>2.4</td>
</tr>
<tr>
<td>Unknown³ .............................................</td>
<td>3,191</td>
<td>300</td>
<td>124</td>
<td>2.7</td>
</tr>
</tbody>
</table>

... Category not applicable.

0.0 Quantity less than zero but less than 0.05.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9-CM) (34).

²Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–677); certain conditions originating in perinatal period (760–779); diagnoses that could not be coded or were 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."

³Includes blank diagnoses.

NOTE: Numbers may not add to totals because of rounding.
Table 11. Number and percent distribution of emergency department visits with corresponding standard errors, by the 10 leading primary diagnosis groups for visit, according to patient age and sex: United States, 2006

<table>
<thead>
<tr>
<th>Primary diagnosis group and ICD–9–CM code(s)</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>All visits, age under 15 years</td>
<td>21,876</td>
<td>1,155</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All visits</td>
<td>10,328</td>
<td>581</td>
<td>47.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Acute upper respiratory infections, excluding pharyngitis . . . 460–461,463–466</td>
<td>874</td>
<td>78</td>
<td>4.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Otitis media and eustachian tube disorders . 381–382</td>
<td>671</td>
<td>69</td>
<td>3.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Pyrexia of unknown origin</td>
<td>780.6</td>
<td>651</td>
<td>3.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Contusion with intact skin surface</td>
<td>920–924</td>
<td>509</td>
<td>2.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Acute pharyngitis</td>
<td>462</td>
<td>387</td>
<td>1.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Unspecified viral and chlamydial infection</td>
<td>079.9</td>
<td>368</td>
<td>1.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Open wound of head</td>
<td>870–873</td>
<td>335</td>
<td>1.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>789.0</td>
<td>289</td>
<td>1.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Fractures, excluding lower limb</td>
<td>800–819</td>
<td>256</td>
<td>1.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Open wound, excluding head</td>
<td>874–897</td>
<td>256</td>
<td>1.2</td>
<td>0.2</td>
</tr>
<tr>
<td>All other diagnoses</td>
<td></td>
<td>5,731</td>
<td>26.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All visits</td>
<td>11,548</td>
<td>623</td>
<td>52.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Acute upper respiratory infections, excluding pharyngitis . . . 460–461,463–466</td>
<td>1,146</td>
<td>100</td>
<td>5.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Otitis media and eustachian tube disorders . 381–382</td>
<td>761</td>
<td>73</td>
<td>3.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Contusion with intact skin surface</td>
<td>920–924</td>
<td>673</td>
<td>3.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Pyrexia of unknown origin</td>
<td>780.6</td>
<td>616</td>
<td>2.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Open wound of head</td>
<td>870–873</td>
<td>512</td>
<td>2.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Fractures, excluding lower limb</td>
<td>800–819</td>
<td>477</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Open wound, excluding head</td>
<td>874–897</td>
<td>419</td>
<td>1.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Unspecified viral and chlamydial infection</td>
<td>079.9</td>
<td>368</td>
<td>1.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Asthma</td>
<td>493</td>
<td>285</td>
<td>1.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Acute pharyngitis</td>
<td>462</td>
<td>282</td>
<td>1.3</td>
<td>0.2</td>
</tr>
<tr>
<td>All other diagnoses</td>
<td></td>
<td>6,010</td>
<td>27.5</td>
<td>0.8</td>
</tr>
<tr>
<td>All visits, age 15 years and over</td>
<td>97,315</td>
<td>4,392</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All visits</td>
<td>54,633</td>
<td>2,560</td>
<td>56.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>789.0</td>
<td>3,083</td>
<td>3.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Chest pain</td>
<td>786.5</td>
<td>2,204</td>
<td>2.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Contusion with intact skin surface</td>
<td>920–924</td>
<td>2,195</td>
<td>2.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Spinal disorders</td>
<td>720–724</td>
<td>1,823</td>
<td>1.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Urinary tract infection, site not specified</td>
<td>599.0</td>
<td>1,482</td>
<td>1.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Complications of pregnancy, childbirth, and the puerperium . . . 630–677</td>
<td>1,413</td>
<td>124</td>
<td>1.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Sprains and strains, excluding ankle and back . . . 840–844,845.1,848</td>
<td>1,293</td>
<td>129</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Open wound, excluding head</td>
<td>874–897</td>
<td>1,285</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Headache</td>
<td>784.0</td>
<td>1,093</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Acute upper respiratory infections, excluding pharyngitis . . . 460–461,463–466</td>
<td>1,061</td>
<td>96</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>All other diagnoses</td>
<td></td>
<td>37,702</td>
<td>38.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All visits</td>
<td>42,682</td>
<td>1,917</td>
<td>43.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Open wound, excluding head</td>
<td>874–897</td>
<td>2,187</td>
<td>2.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Chest pain</td>
<td>786.5</td>
<td>1,960</td>
<td>2.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Contusion with intact skin surface</td>
<td>920–924</td>
<td>1,926</td>
<td>2.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Spinal disorders</td>
<td>720–724</td>
<td>1,638</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>789.0</td>
<td>1,417</td>
<td>1.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Cellulitis and abscess</td>
<td>681–682</td>
<td>1,326</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Fractures, excluding lower limb</td>
<td>800–819</td>
<td>1,043</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Sprains and strains, excluding ankle and back . . . 840–844,845.1,848</td>
<td>1,039</td>
<td>86</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Sprains and strains of neck and back</td>
<td>846,847</td>
<td>803</td>
<td>0.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Rheumatism, excluding back</td>
<td>725–729</td>
<td>793</td>
<td>0.8</td>
<td>0.1</td>
</tr>
<tr>
<td>All other diagnoses</td>
<td></td>
<td>28,549</td>
<td>29.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

... Category not applicable.

1Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) (34). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.
### Table 12. Number, percent distribution, and annual rate of emergency department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by selected patient and hospital characteristics: United States, 2006

<table>
<thead>
<tr>
<th>Selected patient and hospital characteristics</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year$^1$</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All injury-related visits$^2$</td>
<td>42,386</td>
<td>1,872</td>
<td>100.0</td>
<td>0.0</td>
<td>14.4</td>
<td>0.6</td>
</tr>
</tbody>
</table>

**Patient characteristics**

**Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year$^1$</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15 years</td>
<td>7,782</td>
<td>482</td>
<td>18.4</td>
<td>0.7</td>
<td>12.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Under 1 year</td>
<td>449</td>
<td>56</td>
<td>1.1</td>
<td>0.1</td>
<td>10.9</td>
<td>1.4</td>
</tr>
<tr>
<td>1–4 years</td>
<td>2,625</td>
<td>186</td>
<td>6.2</td>
<td>0.3</td>
<td>16.1</td>
<td>1.1</td>
</tr>
<tr>
<td>5–14 years</td>
<td>4,709</td>
<td>318</td>
<td>11.1</td>
<td>0.5</td>
<td>11.7</td>
<td>0.8</td>
</tr>
<tr>
<td>15–24 years</td>
<td>7,942</td>
<td>408</td>
<td>18.7</td>
<td>0.4</td>
<td>19.2</td>
<td>1.0</td>
</tr>
<tr>
<td>25–44 years</td>
<td>12,745</td>
<td>645</td>
<td>30.1</td>
<td>0.7</td>
<td>15.5</td>
<td>0.8</td>
</tr>
<tr>
<td>45–64 years</td>
<td>8,673</td>
<td>382</td>
<td>20.5</td>
<td>0.4</td>
<td>11.7</td>
<td>0.5</td>
</tr>
<tr>
<td>65 years and over</td>
<td>5,243</td>
<td>294</td>
<td>12.4</td>
<td>0.5</td>
<td>14.7</td>
<td>0.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>2,065</td>
<td>147</td>
<td>4.9</td>
<td>0.3</td>
<td>11.1</td>
<td>0.8</td>
</tr>
<tr>
<td>75 years and over</td>
<td>3,179</td>
<td>199</td>
<td>7.5</td>
<td>0.4</td>
<td>18.8</td>
<td>1.2</td>
</tr>
</tbody>
</table>

**Sex and age**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year$^1$</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>20,075</td>
<td>995</td>
<td>47.4</td>
<td>0.6</td>
<td>13.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Under 15 years</td>
<td>3,304</td>
<td>222</td>
<td>7.8</td>
<td>0.4</td>
<td>11.1</td>
<td>0.8</td>
</tr>
<tr>
<td>15–24 years</td>
<td>3,494</td>
<td>213</td>
<td>8.2</td>
<td>0.3</td>
<td>17.1</td>
<td>1.0</td>
</tr>
<tr>
<td>25–44 years</td>
<td>5,816</td>
<td>353</td>
<td>13.7</td>
<td>0.4</td>
<td>14.0</td>
<td>0.9</td>
</tr>
<tr>
<td>45–64 years</td>
<td>4,191</td>
<td>223</td>
<td>9.9</td>
<td>0.3</td>
<td>11.0</td>
<td>0.6</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,169</td>
<td>122</td>
<td>2.8</td>
<td>0.2</td>
<td>11.6</td>
<td>1.2</td>
</tr>
<tr>
<td>75 years and over</td>
<td>2,102</td>
<td>145</td>
<td>5.0</td>
<td>0.3</td>
<td>20.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Male</td>
<td>22,310</td>
<td>950</td>
<td>52.6</td>
<td>0.6</td>
<td>15.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Under 15 years</td>
<td>4,478</td>
<td>303</td>
<td>10.6</td>
<td>0.5</td>
<td>14.4</td>
<td>1.0</td>
</tr>
<tr>
<td>15–24 years</td>
<td>4,448</td>
<td>251</td>
<td>10.5</td>
<td>0.4</td>
<td>21.2</td>
<td>1.2</td>
</tr>
<tr>
<td>25–44 years</td>
<td>6,930</td>
<td>350</td>
<td>16.3</td>
<td>0.5</td>
<td>17.0</td>
<td>0.9</td>
</tr>
<tr>
<td>45–64 years</td>
<td>4,482</td>
<td>212</td>
<td>10.6</td>
<td>0.3</td>
<td>12.4</td>
<td>0.6</td>
</tr>
<tr>
<td>65–74 years</td>
<td>896</td>
<td>70</td>
<td>2.1</td>
<td>0.2</td>
<td>10.5</td>
<td>0.8</td>
</tr>
<tr>
<td>75 years and over</td>
<td>1,077</td>
<td>92</td>
<td>2.5</td>
<td>0.2</td>
<td>16.2</td>
<td>1.4</td>
</tr>
</tbody>
</table>

**Race and age$^3$**

<table>
<thead>
<tr>
<th>Race and age</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year$^1$</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>32,565</td>
<td>1,574</td>
<td>76.8</td>
<td>1.2</td>
<td>13.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Under 15 years</td>
<td>5,646</td>
<td>391</td>
<td>13.3</td>
<td>0.7</td>
<td>12.2</td>
<td>0.8</td>
</tr>
<tr>
<td>15–24 years</td>
<td>6,086</td>
<td>352</td>
<td>14.4</td>
<td>0.5</td>
<td>18.9</td>
<td>1.1</td>
</tr>
<tr>
<td>25–44 years</td>
<td>9,617</td>
<td>539</td>
<td>22.7</td>
<td>0.7</td>
<td>14.8</td>
<td>0.8</td>
</tr>
<tr>
<td>45–64 years</td>
<td>6,742</td>
<td>331</td>
<td>15.9</td>
<td>0.4</td>
<td>10.9</td>
<td>0.5</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,687</td>
<td>136</td>
<td>4.0</td>
<td>0.3</td>
<td>10.6</td>
<td>0.9</td>
</tr>
<tr>
<td>75 years and over</td>
<td>2,788</td>
<td>189</td>
<td>6.6</td>
<td>0.3</td>
<td>18.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8,387</td>
<td>579</td>
<td>19.8</td>
<td>1.1</td>
<td>22.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Under 15 years</td>
<td>1,749</td>
<td>179</td>
<td>4.1</td>
<td>0.4</td>
<td>18.9</td>
<td>1.9</td>
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<tr>
<td>15–24 years</td>
<td>1,624</td>
<td>127</td>
<td>3.8</td>
<td>0.3</td>
<td>26.5</td>
<td>2.1</td>
</tr>
<tr>
<td>25–44 years</td>
<td>2,770</td>
<td>228</td>
<td>6.5</td>
<td>0.5</td>
<td>26.6</td>
<td>2.2</td>
</tr>
<tr>
<td>45–64 years</td>
<td>1,645</td>
<td>147</td>
<td>3.9</td>
<td>0.3</td>
<td>20.2</td>
<td>1.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>297</td>
<td>41</td>
<td>0.7</td>
<td>0.1</td>
<td>17.1</td>
<td>2.3</td>
</tr>
<tr>
<td>75 years and over</td>
<td>302</td>
<td>43</td>
<td>0.7</td>
<td>0.1</td>
<td>23.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Other</td>
<td>1,433</td>
<td>268</td>
<td>3.4</td>
<td>0.6</td>
<td>6.8</td>
<td>1.3</td>
</tr>
</tbody>
</table>

**Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year$^1$</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>5,113</td>
<td>476</td>
<td>12.1</td>
<td>1.1</td>
<td>11.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>37,273</td>
<td>1,774</td>
<td>87.9</td>
<td>1.1</td>
<td>14.9</td>
<td>0.7</td>
</tr>
</tbody>
</table>

See footnotes at end of table.
Table 12. Number, percent distribution, and annual rate of emergency department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by selected patient and hospital characteristics: United States, 2006—Con.

<table>
<thead>
<tr>
<th>Selected patient and hospital characteristics</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
<th>Number of visits per 100 persons per year</th>
<th>Standard error of rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>30,766</td>
<td>1,708</td>
<td>72.6</td>
<td>3.0</td>
<td>10.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Government</td>
<td>7,574</td>
<td>1,296</td>
<td>17.9</td>
<td>2.8</td>
<td>2.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Proprietary</td>
<td>4,046</td>
<td>851</td>
<td>9.5</td>
<td>2.0</td>
<td>1.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Geographic region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>8,589</td>
<td>605</td>
<td>20.3</td>
<td>1.5</td>
<td>15.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Midwest</td>
<td>9,000</td>
<td>693</td>
<td>21.2</td>
<td>1.6</td>
<td>13.8</td>
<td>1.1</td>
</tr>
<tr>
<td>South</td>
<td>17,285</td>
<td>1,577</td>
<td>40.8</td>
<td>2.5</td>
<td>16.2</td>
<td>1.5</td>
</tr>
<tr>
<td>West</td>
<td>7,511</td>
<td>558</td>
<td>17.7</td>
<td>1.3</td>
<td>11.0</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Metropolitan status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSA*</td>
<td>36,021</td>
<td>1,929</td>
<td>85.0</td>
<td>2.6</td>
<td>14.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Non-MSA*</td>
<td>6,365</td>
<td>1,148</td>
<td>15.0</td>
<td>2.6</td>
<td>12.9</td>
<td>2.3</td>
</tr>
</tbody>
</table>

*Category not applicable.

1Visit rates for age, sex, race and ethnicity, and region are based on the July 1, 2006, 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.

235.6 percent (standard error = 0.5) of all visits were injury related.

3Other 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. The percentage of visit records with multiple races indicated is smaller and lower than what is typically found for self-reported race.

4Population estimates of metropolitan statistical area status are based on data from the 2006 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 2005. See www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical area definitions.

5MSA is metropolitan statistical area.

NOTE: Numbers may not add to totals because of rounding.
Table 13. Number and percent distribution of emergency department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by intent and mechanism of external cause: United States, 2006

<table>
<thead>
<tr>
<th>Intent and mechanism</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All injury-related visits</td>
<td>42,386</td>
<td>1,872</td>
<td>100.0</td>
<td>. .</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>27,653</td>
<td>1,350</td>
<td>65.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Falls</td>
<td>8,614</td>
<td>427</td>
<td>20.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Motor vehicle traffic</td>
<td>4,043</td>
<td>297</td>
<td>9.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Struck against or struck accidentally by objects or persons</td>
<td>2,921</td>
<td>187</td>
<td>6.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Cutting or piercing instruments or objects</td>
<td>2,323</td>
<td>164</td>
<td>5.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Natural and environmental factors</td>
<td>2,036</td>
<td>166</td>
<td>4.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Overexertion and strenuous movements</td>
<td>1,969</td>
<td>171</td>
<td>4.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Foreign body</td>
<td>930</td>
<td>104</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Poisoning</td>
<td>794</td>
<td>75</td>
<td>1.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Caught accidentally in or between objects</td>
<td>511</td>
<td>54</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Fire and flames, hot substances or object, caustic or corrosive material and steam</td>
<td>501</td>
<td>57</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Pedal cycle, nontraffic</td>
<td>394</td>
<td>44</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Machinery</td>
<td>315</td>
<td>48</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Motor vehicle, nontraffic and other</td>
<td>286</td>
<td>51</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Other transportation</td>
<td>152</td>
<td>34</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Suffocation</td>
<td>108</td>
<td>23</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Other mechanism</td>
<td>1,693</td>
<td>148</td>
<td>4.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Mechanism unspecified</td>
<td>*</td>
<td>...</td>
<td>*</td>
<td>. .</td>
</tr>
</tbody>
</table>

Intentional injuries |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>2,485</td>
<td>165</td>
<td>5.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Unarmed fight or brawl, striking by blunt or thrown object</td>
<td>1,821</td>
<td>122</td>
<td>4.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Cutting or piercing instrument</td>
<td>974</td>
<td>80</td>
<td>2.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Other and unspecified mechanism</td>
<td>129</td>
<td>28</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Self-inflicted</td>
<td>718</td>
<td>72</td>
<td>1.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Poisoning by solid or liquid substances, gases, and vapors</td>
<td>594</td>
<td>71</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Other and unspecified mechanism</td>
<td>401</td>
<td>57</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Other causes of violence</td>
<td>193</td>
<td>33</td>
<td>0.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Injuries of undetermined intent</td>
<td>497</td>
<td>64</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Adverse effects of medical treatment</td>
<td>1,860</td>
<td>148</td>
<td>4.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Medical and surgical complications</td>
<td>1,076</td>
<td>107</td>
<td>2.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Adverse drug effects</td>
<td>783</td>
<td>81</td>
<td>1.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Alcohol or drug use</td>
<td>2,166</td>
<td>157</td>
<td>5.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Blank cause</td>
<td>7,725</td>
<td>507</td>
<td>18.2</td>
<td>0.9</td>
</tr>
</tbody>
</table>

... Category not applicable.
1 Figure does not meet standards of reliability or precision.
2 Includes drowning, firearms, and other mechanism.
3 Includes assaults by firearms and explosive, and other mechanism.
4 Includes injury by cutting and piercing instrument, and other and unspecified mechanism.
5 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.
6 Includes illegible entries and blanks.

*Based on the “Supplementary Classification of External Cause of Injury and Poisoning,” International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (34). A detailed description of the ICD-9-CM E-codes used to create the grouping in this table can be found in the 2003 Advance Data report (10).
Table 14. Number and percent distribution of emergency department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by body site of primary diagnosis: United States, 2006

<table>
<thead>
<tr>
<th>Body site of primary diagnosis</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All injury visits</td>
<td>42,386</td>
<td>1,872</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Head and neck</td>
<td>5,436</td>
<td>328</td>
<td>12.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>328</td>
<td>45</td>
<td>0.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Other head</td>
<td>1,313</td>
<td>92</td>
<td>3.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Face</td>
<td>1,690</td>
<td>143</td>
<td>4.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Eye</td>
<td>574</td>
<td>59</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Head, face, and neck unspecified</td>
<td>1,530</td>
<td>151</td>
<td>3.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Spinal cord</td>
<td>*</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Vertebral column</td>
<td>1,683</td>
<td>163</td>
<td>4.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Cervical</td>
<td>880</td>
<td>80</td>
<td>2.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Thoracic and dorsal</td>
<td>163</td>
<td>40</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Lumbar</td>
<td>632</td>
<td>99</td>
<td>1.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Other vertebral column</td>
<td>*</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Torso</td>
<td>1,973</td>
<td>133</td>
<td>4.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Chest</td>
<td>796</td>
<td>64</td>
<td>1.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Abdomen</td>
<td>178</td>
<td>37</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Pelvis and urogenital</td>
<td>313</td>
<td>44</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Trunk</td>
<td>165</td>
<td>27</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Back and buttocks</td>
<td>521</td>
<td>70</td>
<td>1.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Upper extremity</td>
<td>7,462</td>
<td>354</td>
<td>17.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Shoulder and upper arm</td>
<td>1,435</td>
<td>114</td>
<td>3.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Forearm and elbow</td>
<td>1,170</td>
<td>101</td>
<td>2.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Wrist, hand, and fingers</td>
<td>4,486</td>
<td>232</td>
<td>10.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Other and unspecified upper extremity</td>
<td>371</td>
<td>46</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Lower extremity</td>
<td>6,133</td>
<td>315</td>
<td>14.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Hip</td>
<td>457</td>
<td>65</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Upper leg and thigh</td>
<td>160</td>
<td>37</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Knee</td>
<td>543</td>
<td>59</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Lower leg and ankle</td>
<td>1,804</td>
<td>126</td>
<td>4.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Foot and toes</td>
<td>1,608</td>
<td>138</td>
<td>3.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Other and unspecified lower extremity</td>
<td>1,561</td>
<td>121</td>
<td>3.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Systemwide</td>
<td>1,718</td>
<td>127</td>
<td>4.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Other and unspecified body site injuries</td>
<td>3,152</td>
<td>262</td>
<td>7.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Adverse effects and medical complications</td>
<td>1,347</td>
<td>116</td>
<td>3.2</td>
<td>0.2</td>
</tr>
<tr>
<td>All other diagnoses²</td>
<td>12,646</td>
<td>643</td>
<td>29.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Unknown³</td>
<td>813</td>
<td>87</td>
<td>1.9</td>
<td>0.2</td>
</tr>
</tbody>
</table>

... Category not applicable.

1 Figure does not meet standards of reliability or precision.
2 Includes head, neck, and trunk injuries.
3 Includes foot and ankle injuries.
4 Includes hand and finger injuries.

¹-Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (34). 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 (6). 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.

²-All other diagnoses include musculoskeletal system (710–739), symptoms and ill-defined conditions (780–795), skin and subcutaneous tissue (680–709), mental disorders (290–319), nervous system and sense organs (320–389), other illnesses (001–289, 390–477, 740–779), and supplementary classification (V01–V82).
Table 15. Number and percentage of emergency department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2006

<table>
<thead>
<tr>
<th>Diagnostic and screening services ordered or provided</th>
<th>Number of visits in thousands¹</th>
<th>Standard error in thousands</th>
<th>Percent of visits</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or more diagnostic or screening service listed²</td>
<td>92,304</td>
<td>4,417</td>
<td>77.4</td>
<td>1.2</td>
</tr>
<tr>
<td>None</td>
<td>24,990</td>
<td>1,703</td>
<td>21.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Blank</td>
<td>1,897</td>
<td>311</td>
<td>1.6</td>
<td>0.3</td>
</tr>
</tbody>
</table>

**Blood tests**

- Complete blood count ........................................ 41,639  2,011  34.9  0.7
- Blood urea nitrogen or creatinine ......................... 25,213  1,928  21.2  1.3
- Glucose .................................................................. 23,614  1,707  19.8  1.1
- Electrolytes ....................................................... 22,091  1,668  18.5  1.2
- Cardiac enzymes .................................................. 13,865  957  11.6  0.7
- Liver function tests ............................................. 7,464  668  6.3  0.5
- Arterial blood gases ............................................. 2,799  377  2.3  0.3
- Blood alcohol concentration ................................... 1,932  189  1.6  0.1
- HIV serology³ ...................................................... 249  53  0.2  0.0
- Other blood test ................................................ 22,956  1,418  19.3  0.9
- Any blood test listed ............................................ 46,232  2,184  38.8  0.7

**Imaging**

- X ray ................................................................. 41,589  1,891  34.9  0.6
- CT scan¹ ................................................................ 13,770  775  11.6  0.5
- Ultrasound ............................................................ 3,675  245  3.1  0.2
- MRI scan² .................................................................. 621  74  0.5  0.1
- Other imaging ....................................................... 1,581  175  1.3  0.2
- Any imaging .......................................................... 52,690  2,332  44.2  0.7

**Examinations and tests**

- Pulse oximetry⁶ ..................................................... 49,058  3,956  41.2  2.6
- Urinalysis ............................................................. 25,994  1,381  21.8  0.5
- EKG or ECG³ ......................................................... 20,385  988  17.1  0.5
- Cardiac monitor ..................................................... 9,477  766  8.0  0.5
- Pregnancy test ....................................................... 5,512  454  4.6  0.3
- Other test or service .............................................. 13,521  1,782  11.3  1.3

... Category not applicable.

¹Total exceeds "All visits" because more than one service may be reported per visit.
²Does not include medical screening and mental status exams, which were removed from the 2005 and 2006 surveys.
³HIV is human immunodeficiency virus.
⁴CT is computed tomography.
⁵MRI is magnetic resonance imaging.
⁶Median oxygen saturation was 98% and the 5th percentile was 93%.
⁷EKG or ECG is electrocardiogram.
Table 16. Number and percentage of emergency department visits with corresponding standard errors, by selected procedures: United States, 2006

<table>
<thead>
<tr>
<th>Procedures performed</th>
<th>Number of visits in thousands¹</th>
<th>Standard error in thousands</th>
<th>Percent of visits</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>One or more procedures listed</td>
<td>56,721</td>
<td>3,201</td>
<td>47.6</td>
<td>1.4</td>
</tr>
<tr>
<td>None</td>
<td>56,579</td>
<td>2,982</td>
<td>47.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Blank</td>
<td>5,891</td>
<td>639</td>
<td>4.9</td>
<td>0.5</td>
</tr>
<tr>
<td>IV fluids²</td>
<td>28,550</td>
<td>1,494</td>
<td>24.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Wound care</td>
<td>11,934</td>
<td>755</td>
<td>10.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Orthopedic care</td>
<td>7,074</td>
<td>555</td>
<td>5.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Nebulizer therapy</td>
<td>3,698</td>
<td>346</td>
<td>3.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Bladder catheter</td>
<td>3,324</td>
<td>277</td>
<td>2.8</td>
<td>0.2</td>
</tr>
<tr>
<td>OB/GYN care³</td>
<td>2,001</td>
<td>208</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Nasogastric tube or gastric lavage</td>
<td>348</td>
<td>47</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td>299</td>
<td>43</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Thrombolytic therapy</td>
<td>261</td>
<td>131</td>
<td>*0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>CPR⁴</td>
<td>166</td>
<td>38</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>10,594</td>
<td>2,372</td>
<td>8.9</td>
<td>1.9</td>
</tr>
</tbody>
</table>

... Category not applicable.

¹ Figure does not meet standards of reliability or precision.
0.0 Quantity more than zero but less than 0.05.
²Total exceeds “all visits” because more than one service may be reported per visit.
³IV is intravenous.
⁴OB/GYN is obstetrics and gynecology.
⁵CPR is cardiopulmonary resuscitation.

Table 17. Number and percentage of emergency department visits with corresponding standard errors, by providers seen: United States, 2006

<table>
<thead>
<tr>
<th>Type of provider</th>
<th>Number of visits in thousands¹</th>
<th>Standard error in thousands</th>
<th>Percent of visits</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Any physician</td>
<td>107,453</td>
<td>4,833</td>
<td>90.2</td>
<td>1.0</td>
</tr>
<tr>
<td>ED attending physician</td>
<td>104,531</td>
<td>4,801</td>
<td>87.7</td>
<td>1.1</td>
</tr>
<tr>
<td>ED resident or intern</td>
<td>10,745</td>
<td>1,292</td>
<td>9.0</td>
<td>1.1</td>
</tr>
<tr>
<td>On call attending physician or fellow</td>
<td>6,044</td>
<td>730</td>
<td>5.1</td>
<td>0.6</td>
</tr>
<tr>
<td>RN or LPN²</td>
<td>105,992</td>
<td>4,942</td>
<td>88.9</td>
<td>1.2</td>
</tr>
<tr>
<td>EMT³</td>
<td>11,075</td>
<td>1,381</td>
<td>9.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Physician assistant</td>
<td>10,408</td>
<td>1,450</td>
<td>8.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>4,893</td>
<td>698</td>
<td>4.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>26,531</td>
<td>2,481</td>
<td>22.3</td>
<td>1.9</td>
</tr>
<tr>
<td>Blank</td>
<td>1,558</td>
<td>283</td>
<td>1.3</td>
<td>0.2</td>
</tr>
</tbody>
</table>

... Category not applicable.

¹Total exceeds “all visits” because more than one provider may be reported per visit.
²RN is registered nurse. LPN is licensed practical nurse.
³EMT is emergency medical technician.

NOTE: At 7.4 percent of visits, patients were seen by both an ED attending physician and a resident or intern.
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, 2006

<table>
<thead>
<tr>
<th>Medication therapy 1</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Visits with mention of medication 2</td>
<td>91,317</td>
<td>4,295</td>
<td>76.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Visits without mention of medication</td>
<td>27,874</td>
<td>1,289</td>
<td>23.4</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Number of medications provided or prescribed 3

<table>
<thead>
<tr>
<th>Number of medications provided or prescribed</th>
<th>Number of medications provided or prescribed</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>0</td>
<td>27,874</td>
<td>1,289</td>
<td>23.4</td>
<td>0.7</td>
</tr>
<tr>
<td>1</td>
<td>32,048</td>
<td>1,371</td>
<td>26.9</td>
<td>0.5</td>
</tr>
<tr>
<td>2</td>
<td>27,432</td>
<td>1,364</td>
<td>23.0</td>
<td>0.4</td>
</tr>
<tr>
<td>3</td>
<td>15,875</td>
<td>857</td>
<td>13.3</td>
<td>0.3</td>
</tr>
<tr>
<td>4</td>
<td>8,513</td>
<td>552</td>
<td>7.1</td>
<td>0.3</td>
</tr>
<tr>
<td>5</td>
<td>3,890</td>
<td>331</td>
<td>3.3</td>
<td>0.2</td>
</tr>
<tr>
<td>6</td>
<td>1,713</td>
<td>178</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>7</td>
<td>944</td>
<td>111</td>
<td>0.8</td>
<td>0.1</td>
</tr>
<tr>
<td>8</td>
<td>901</td>
<td>138</td>
<td>0.8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

... Category not applicable.
2Visits at which one or more drugs were provided or prescribed.
3There were 212,140,000 drug mentions at emergency department visits in 2006. The average drug mention rate was 1.8 drug mentions per ED visit (standard error = 0.04). For visits with at least one drug mention, the average drug visit rate was 2.3 drugs per visit (standard error = 0.03).

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

Table 19. Number and percentage of drug mentions for the 20 most frequently occurring drug categories at emergency department visits with corresponding standard errors: United States, 2006

<table>
<thead>
<tr>
<th>Drug category 1</th>
<th>Number of occurrences in thousands</th>
<th>Standard error in thousands</th>
<th>Percent of drug mentions 2</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics 3</td>
<td>77,992</td>
<td>3,974</td>
<td>36.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Antiemetic or antivertigo agents</td>
<td>18,943</td>
<td>1,036</td>
<td>8.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>13,027</td>
<td>806</td>
<td>6.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Anxiolytics, sedatives, and hypnotics</td>
<td>9,569</td>
<td>699</td>
<td>4.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Cephalosporins</td>
<td>8,170</td>
<td>548</td>
<td>3.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Penicillins</td>
<td>7,146</td>
<td>428</td>
<td>3.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Minerals and electrolytes</td>
<td>7,051</td>
<td>619</td>
<td>3.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Bronchodilators</td>
<td>6,998</td>
<td>503</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Adrenal cortical steroids</td>
<td>6,242</td>
<td>505</td>
<td>2.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Miscellaneous antibiotics</td>
<td>5,756</td>
<td>411</td>
<td>2.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>5,600</td>
<td>429</td>
<td>2.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Quinolones</td>
<td>5,077</td>
<td>305</td>
<td>2.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Macrolide derivatives</td>
<td>4,598</td>
<td>332</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Miscellaneous respiratory agents</td>
<td>4,155</td>
<td>519</td>
<td>2.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Muscle relaxants</td>
<td>4,039</td>
<td>355</td>
<td>1.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Dermatological agents</td>
<td>3,861</td>
<td>339</td>
<td>1.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Toxoids</td>
<td>3,385</td>
<td>224</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Antiplatlet agents</td>
<td>3,304</td>
<td>203</td>
<td>1.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Antiparkinson agents</td>
<td>3,053</td>
<td>198</td>
<td>1.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Sulfonamides</td>
<td>2,768</td>
<td>280</td>
<td>1.3</td>
<td>0.2</td>
</tr>
</tbody>
</table>

1Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/Lexicon.htm).
2Based on an estimated 212,140,000 drug mentions at emergency department visits in 2006.
3Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.
Table 20. Number, percent distribution, and therapeutic drug category for the 20 drug names most frequently prescribed at emergency department visits with corresponding standard errors, by whether the drug was given in the emergency department or prescribed at discharge: United States, 2006

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of drug mentions in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution of mentions</th>
<th>Standard error of percent</th>
<th>Given in ED²</th>
<th>Standard error of percent</th>
<th>RX³ at discharge</th>
<th>Unknown</th>
<th>Standard error of percent</th>
<th>Therapeutic drug category⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>All drug mentions</td>
<td>212,140</td>
<td>11,368</td>
<td>100.0</td>
<td></td>
<td>62.0</td>
<td>0.9</td>
<td>45.1</td>
<td>0.9</td>
<td>2.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>15,635</td>
<td>868</td>
<td>7.4</td>
<td>0.2</td>
<td>3.2</td>
<td>0.2</td>
<td>4.9</td>
<td>0.2</td>
<td>0.3</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Acetaminophen-hydrocodone</td>
<td>13,317</td>
<td>975</td>
<td>6.3</td>
<td>0.3</td>
<td>2.2</td>
<td>0.1</td>
<td>5.0</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>10,344</td>
<td>574</td>
<td>4.9</td>
<td>0.2</td>
<td>2.9</td>
<td>0.1</td>
<td>2.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Promethazine</td>
<td>8,585</td>
<td>631</td>
<td>4.0</td>
<td>0.2</td>
<td>3.4</td>
<td>0.2</td>
<td>1.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0 Antiemetic or anti vertigo agents or antihistamines</td>
</tr>
<tr>
<td>Ketorolac</td>
<td>7,500</td>
<td>500</td>
<td>3.5</td>
<td>0.1</td>
<td>3.3</td>
<td>0.1</td>
<td>0.3</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Morphine</td>
<td>6,127</td>
<td>415</td>
<td>2.9</td>
<td>0.2</td>
<td>2.8</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Acetaminophen-oxycodeone</td>
<td>4,436</td>
<td>457</td>
<td>2.1</td>
<td>0.2</td>
<td>1.0</td>
<td>0.1</td>
<td>1.4</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Albuterol</td>
<td>4,312</td>
<td>342</td>
<td>2.0</td>
<td>0.1</td>
<td>1.3</td>
<td>0.1</td>
<td>1.0</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0 Bronchodilators</td>
</tr>
<tr>
<td>Sodium chloride</td>
<td>4,064</td>
<td>518</td>
<td>1.9</td>
<td>0.2</td>
<td>1.8</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0 Minerals and electrolytes or miscellaneous respiratory agents or unknown</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>3,911</td>
<td>275</td>
<td>1.8</td>
<td>0.1</td>
<td>0.8</td>
<td>0.1</td>
<td>1.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0 Macrolide derivatives</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>3,862</td>
<td>382</td>
<td>1.8</td>
<td>0.2</td>
<td>1.7</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0 Analgesics</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>3,458</td>
<td>296</td>
<td>1.6</td>
<td>0.1</td>
<td>0.4</td>
<td>0.0</td>
<td>1.4</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0 Penicillins</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>3,316</td>
<td>347</td>
<td>1.6</td>
<td>0.1</td>
<td>1.5</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Cephalosporins</td>
</tr>
<tr>
<td>Cephalexin</td>
<td>3,209</td>
<td>245</td>
<td>1.5</td>
<td>0.1</td>
<td>0.4</td>
<td>0.0</td>
<td>1.3</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0 Cephalosporins</td>
</tr>
<tr>
<td>Ondansetron</td>
<td>3,074</td>
<td>302</td>
<td>1.4</td>
<td>0.1</td>
<td>1.3</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Antiemetic or anti vertigo agents or unknown</td>
</tr>
<tr>
<td>Aspirin</td>
<td>2,945</td>
<td>191</td>
<td>1.4</td>
<td>0.1</td>
<td>1.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Analgesics or antiparkinson agents or unknown</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>2,923</td>
<td>191</td>
<td>1.4</td>
<td>0.1</td>
<td>1.0</td>
<td>0.1</td>
<td>0.6</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Antiemetic or anti vertigo agents or antihistamines or antiparkinson agents or unknown</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>2,861</td>
<td>232</td>
<td>1.3</td>
<td>0.1</td>
<td>1.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Anticonvulsants or anxiolytics, sedatives, and hypnotics</td>
</tr>
<tr>
<td>Sulfamethoxazole-trimethoprim</td>
<td>2,743</td>
<td>280</td>
<td>1.3</td>
<td>0.1</td>
<td>0.4</td>
<td>0.0</td>
<td>1.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0 Miscellaneous antibiotics or sulfonamides or unknown</td>
</tr>
<tr>
<td>Levofloxacin</td>
<td>2,733</td>
<td>224</td>
<td>1.3</td>
<td>0.1</td>
<td>1.0</td>
<td>0.1</td>
<td>0.4</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 Quinolones</td>
</tr>
<tr>
<td>All other</td>
<td>102,784</td>
<td>5,899</td>
<td>48.5</td>
<td>0.5</td>
<td>29.1</td>
<td>0.5</td>
<td>22.0</td>
<td>0.7</td>
<td>1.5</td>
<td>0.1 Antiemetic or anti vertigo agents or antihistamines or antiparkinson agents or unknown</td>
</tr>
</tbody>
</table>

⁴Based on Multum Lexicon second-level therapeutic drug category (see [www.multum.com/lexicon.htm](http://www.multum.com/lexicon.htm)).

---

- Category not applicable.
- 0.0 Quantity zero.
- Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug mention.
- ED is emergency department.
- Rx is prescription.
Table 21. Number and percentage of emergency department visits with corresponding standard errors, by visit disposition: United States, 2006

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent of visits</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>119,191</td>
<td>5,276</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Admitted, transfer, or died</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit to hospital</td>
<td>15,263</td>
<td>896</td>
<td>12.8</td>
<td>0.6</td>
</tr>
<tr>
<td>Transfer to different hospital</td>
<td>2,209</td>
<td>181</td>
<td>1.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Admit to observation unit</td>
<td>1,265</td>
<td>142</td>
<td>1.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Dead on arrival or died in emergency department</td>
<td>249</td>
<td>48</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Return or refer for other treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return or refer to physician or clinic for follow-up</td>
<td>76,522</td>
<td>3,830</td>
<td>64.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Refer to social services</td>
<td>852</td>
<td>94</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Left or referred out from triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left without being seen</td>
<td>2,415</td>
<td>189</td>
<td>2.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Left against medical advice</td>
<td>1,523</td>
<td>149</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return if needed, PRN or appointment</td>
<td>43,147</td>
<td>3,283</td>
<td>36.2</td>
<td>2.1</td>
</tr>
<tr>
<td>No follow-up planned</td>
<td>6,688</td>
<td>834</td>
<td>5.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>*499</td>
<td>190</td>
<td>*0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Blank</td>
<td>1,211</td>
<td>142</td>
<td>1.0</td>
<td>0.1</td>
</tr>
</tbody>
</table>

... Category not applicable.
0.0 Quantity more than zero, but less than 0.05.
* Figure does not meet standards of reliability or precision.
** Total exceeds “all visits” because more than one disposition may be reported per visit.
Table 22. Number and percent distribution of emergency department visits resulting in hospital admission, with corresponding standard errors, by selected characteristics: United States, 2006

<table>
<thead>
<tr>
<th>Selected characteristic</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All admissions</td>
<td>15,263</td>
<td>896</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15 years</td>
<td>947</td>
<td>99</td>
<td>6.2</td>
<td>0.5</td>
</tr>
<tr>
<td>15–24 years</td>
<td>828</td>
<td>73</td>
<td>5.4</td>
<td>0.4</td>
</tr>
<tr>
<td>25–24 years</td>
<td>2,698</td>
<td>222</td>
<td>17.7</td>
<td>0.8</td>
</tr>
<tr>
<td>45–64 years</td>
<td>4,683</td>
<td>314</td>
<td>30.7</td>
<td>0.9</td>
</tr>
<tr>
<td>65–74 years</td>
<td>2,223</td>
<td>191</td>
<td>14.6</td>
<td>0.7</td>
</tr>
<tr>
<td>75 years and over</td>
<td>3,884</td>
<td>234</td>
<td>25.4</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Unit to which admitted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other bed or unit</td>
<td>10,566</td>
<td>742</td>
<td>69.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Critical care unit</td>
<td>2,255</td>
<td>227</td>
<td>14.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Operating room or catheterization lab.</td>
<td>479</td>
<td>71</td>
<td>3.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,964</td>
<td>323</td>
<td>12.9</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Hospital discharge status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alive</td>
<td>12,745</td>
<td>777</td>
<td>83.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Died</td>
<td>312</td>
<td>40</td>
<td>2.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2,205</td>
<td>389</td>
<td>14.4</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Length of stay</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–2 days</td>
<td>3,236</td>
<td>262</td>
<td>21.2</td>
<td>1.2</td>
</tr>
<tr>
<td>3–4 days</td>
<td>4,627</td>
<td>309</td>
<td>30.3</td>
<td>1.2</td>
</tr>
<tr>
<td>5–6 days</td>
<td>2,483</td>
<td>180</td>
<td>16.3</td>
<td>0.9</td>
</tr>
<tr>
<td>7–8 days</td>
<td>1,247</td>
<td>117</td>
<td>8.2</td>
<td>0.6</td>
</tr>
<tr>
<td>9–10 days</td>
<td>652</td>
<td>77</td>
<td>4.3</td>
<td>0.4</td>
</tr>
<tr>
<td>More than 10 days</td>
<td>1,139</td>
<td>105</td>
<td>7.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,878</td>
<td>381</td>
<td>12.3</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Mode of arrival</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>6,155</td>
<td>447</td>
<td>40.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>9,108</td>
<td>515</td>
<td>59.7</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Immediacy with which patient should be seen</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate or emergent2</td>
<td>5,238</td>
<td>473</td>
<td>34.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>10,025</td>
<td>667</td>
<td>65.7</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Patient seen in this ED within the last 72 hours</strong>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>545</td>
<td>68</td>
<td>3.6</td>
<td>0.4</td>
</tr>
<tr>
<td>No</td>
<td>14,718</td>
<td>865</td>
<td>96.4</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Patient discharged from any hospital within the last 7 days</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>738</td>
<td>106</td>
<td>4.8</td>
<td>0.6</td>
</tr>
<tr>
<td>No or unknown</td>
<td>14,525</td>
<td>844</td>
<td>95.2</td>
<td>0.6</td>
</tr>
</tbody>
</table>

... Category not applicable.

1The mean length of stay was 5.3 days (standard error = 0.1).
2Emergent is 1 to 14 minutes.
3ED is emergency department.

NOTE: Numbers may not add to totals because of rounding.
### Table 23. Number and percentage of emergency department visits resulting in hospital admission, and length of stay for admitted patients with corresponding standard errors, by selected characteristics: United States, 2006

<table>
<thead>
<tr>
<th>Selected characteristics</th>
<th>Number of admissions in thousands</th>
<th>Standard error in thousands</th>
<th>Admissions as percent of visits</th>
<th>Standard error of percent</th>
<th>Mean length of stay in days</th>
<th>Standard error in days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15 years</td>
<td>946</td>
<td>100</td>
<td>4.3</td>
<td>0.4</td>
<td>3.8</td>
<td>0.3</td>
</tr>
<tr>
<td>15–64 years</td>
<td>8,211</td>
<td>544</td>
<td>10.3</td>
<td>0.5</td>
<td>4.9</td>
<td>0.2</td>
</tr>
<tr>
<td>65 years and over</td>
<td>6,118</td>
<td>383</td>
<td>35.3</td>
<td>1.4</td>
<td>6.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Nursing home resident</td>
<td>900</td>
<td>98</td>
<td>43.2</td>
<td>3.1</td>
<td>7.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Ambulance arrival</td>
<td>6,154</td>
<td>454</td>
<td>33.4</td>
<td>1.5</td>
<td>5.8</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Expected source of payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private insurance</td>
<td>6,590</td>
<td>546</td>
<td>13.9</td>
<td>0.8</td>
<td>5.6</td>
<td>0.2</td>
</tr>
<tr>
<td>No insurance</td>
<td>1,600</td>
<td>175</td>
<td>7.6</td>
<td>0.7</td>
<td>4.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Medicaid or SCHIP</td>
<td>6,417</td>
<td>406</td>
<td>31.0</td>
<td>1.2</td>
<td>6.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Medicaid or SCHIP</td>
<td>3,055</td>
<td>230</td>
<td>10.1</td>
<td>0.8</td>
<td>5.7</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Selected reasons for visit, under age 15 years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>110</td>
<td>23</td>
<td>14.0</td>
<td>2.6</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Fever</td>
<td>156</td>
<td>32</td>
<td>4.8</td>
<td>0.9</td>
<td>3.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>89</td>
<td>22</td>
<td>6.7</td>
<td>1.5</td>
<td>4.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Injury</td>
<td>209</td>
<td>44</td>
<td>2.7</td>
<td>0.6</td>
<td>3.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>303</td>
<td>43</td>
<td>4.6</td>
<td>0.6</td>
<td>4.6</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Selected reasons for visit, age 15 years and over</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td>1,976</td>
<td>184</td>
<td>35.0</td>
<td>2.1</td>
<td>3.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>1,203</td>
<td>98</td>
<td>17.0</td>
<td>1.4</td>
<td>5.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>1,402</td>
<td>122</td>
<td>37.3</td>
<td>2.5</td>
<td>5.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Fever</td>
<td>293</td>
<td>44</td>
<td>26.8</td>
<td>3.4</td>
<td>6.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Cough</td>
<td>161</td>
<td>30</td>
<td>10.9</td>
<td>1.7</td>
<td>5.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>549</td>
<td>67</td>
<td>19.6</td>
<td>2.0</td>
<td>6.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Injury</td>
<td>3,291</td>
<td>293</td>
<td>9.5</td>
<td>0.7</td>
<td>5.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>5,452</td>
<td>356</td>
<td>13.3</td>
<td>0.6</td>
<td>5.8</td>
<td>0.2</td>
</tr>
</tbody>
</table>

* Figure does not meet standards of reliability or precision.

1 No insurance is defined as having only self-pay, no charge, or charity as payment sources.

2 SCHIP is State Children’s Health Insurance Program.
Table 24. Number and percent distribution of emergency department visits admitted to the hospital, with corresponding standard errors, by the 20 leading principal hospital discharge diagnosis groups: United States, 2006

<table>
<thead>
<tr>
<th>Principal diagnosis group and ICD–9–CM code(s)</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>15,212</td>
<td>896</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Heart disease, excluding ischemic</td>
<td>1,013</td>
<td>111</td>
<td>6.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Chest pain</td>
<td>817</td>
<td>99</td>
<td>5.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>662</td>
<td>84</td>
<td>4.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>657</td>
<td>63</td>
<td>4.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>430</td>
<td>53</td>
<td>2.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Fracture of the lower limb</td>
<td>356</td>
<td>59</td>
<td>2.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Syncope and collapse</td>
<td>288</td>
<td>51</td>
<td>1.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>282</td>
<td>49</td>
<td>1.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Psychoses, excluding major depressive disorder</td>
<td>275</td>
<td>41</td>
<td>1.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Cellulitis and abscess</td>
<td>272</td>
<td>45</td>
<td>1.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Urinary tract infection, site not specified</td>
<td>249</td>
<td>42</td>
<td>1.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Fractures, excluding lower limb</td>
<td>233</td>
<td>45</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>221</td>
<td>45</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Asthma</td>
<td>217</td>
<td>36</td>
<td>1.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Chronic and unspecified bronchitis</td>
<td>214</td>
<td>41</td>
<td>1.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Anemia</td>
<td>204</td>
<td>43</td>
<td>1.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Poisonings</td>
<td>193</td>
<td>45</td>
<td>1.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>187</td>
<td>41</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Noninfectious enteritis and colitis</td>
<td>176</td>
<td>34</td>
<td>1.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td>175</td>
<td>26</td>
<td>1.1</td>
<td>0.2</td>
</tr>
<tr>
<td>All other diagnoses</td>
<td>8,090</td>
<td>541</td>
<td>53.2</td>
<td>1.6</td>
</tr>
</tbody>
</table>

... Category not applicable.

1Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) (34). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

NOTE: Numbers may not add to totals because of rounding.
Table 25. Number and percentage 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, 2006

<table>
<thead>
<tr>
<th>Visit characteristic</th>
<th>Number of visits in thousands</th>
<th>Standard error in thousands</th>
<th>Percent distribution</th>
<th>Standard error of percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All visits</td>
<td>109,010</td>
<td>4,859</td>
<td>100.0</td>
<td>...</td>
</tr>
<tr>
<td>Time spent waiting to see a physician²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer than 15 minutes</td>
<td>23,819</td>
<td>1,885</td>
<td>21.9</td>
<td>1.5</td>
</tr>
<tr>
<td>15–59 minutes</td>
<td>43,497</td>
<td>2,291</td>
<td>39.9</td>
<td>1.2</td>
</tr>
<tr>
<td>1 hour, but fewer than 2 hours</td>
<td>16,164</td>
<td>1,062</td>
<td>14.8</td>
<td>0.7</td>
</tr>
<tr>
<td>2 hours, but fewer than 3 hours</td>
<td>6,008</td>
<td>529</td>
<td>5.5</td>
<td>0.4</td>
</tr>
<tr>
<td>3 hours, but fewer than 4 hours</td>
<td>2,362</td>
<td>246</td>
<td>2.2</td>
<td>0.2</td>
</tr>
<tr>
<td>4 hours, but fewer than 6 hours</td>
<td>1,500</td>
<td>174</td>
<td>1.4</td>
<td>0.2</td>
</tr>
<tr>
<td>6 hours or more</td>
<td>954</td>
<td>154</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Blank</td>
<td>14,706</td>
<td>1,837</td>
<td>13.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Time spent in the emergency department³</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 hour</td>
<td>13,478</td>
<td>1,018</td>
<td>12.4</td>
<td>0.8</td>
</tr>
<tr>
<td>1 hour, but fewer than 2 hours</td>
<td>25,946</td>
<td>1,399</td>
<td>23.8</td>
<td>0.6</td>
</tr>
<tr>
<td>2 hours, but fewer than 4 hours</td>
<td>36,285</td>
<td>1,840</td>
<td>33.3</td>
<td>0.7</td>
</tr>
<tr>
<td>4 hours, but fewer than 6 hours</td>
<td>15,566</td>
<td>841</td>
<td>14.3</td>
<td>0.5</td>
</tr>
<tr>
<td>6 hours, but fewer than 10 hours</td>
<td>8,356</td>
<td>517</td>
<td>7.7</td>
<td>0.4</td>
</tr>
<tr>
<td>10 hours, but fewer than 14 hours</td>
<td>1,928</td>
<td>159</td>
<td>1.8</td>
<td>0.1</td>
</tr>
<tr>
<td>14 hours, but fewer than 23 hours</td>
<td>1,126</td>
<td>117</td>
<td>1.0</td>
<td>0.1</td>
</tr>
<tr>
<td>23 hours, but fewer than 24 hours</td>
<td>*</td>
<td>...</td>
<td>*</td>
<td>...</td>
</tr>
<tr>
<td>24 hours or more</td>
<td>567</td>
<td>170</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Blank</td>
<td>5,723</td>
<td>728</td>
<td>5.2</td>
<td>0.6</td>
</tr>
</tbody>
</table>

...Category not applicable.

* Figure does not meet standards of reliability or precision.
1 Visits where a physician was not seen were excluded.
²The median duration of time to see a physician was 31 minutes.
3The median duration of visit was 2.6 hours. The median patient care time (i.e., length of visit minus waiting time) was 1.7 hours, including hospitalized patients.

NOTE: Numbers may not add to totals because of rounding.
### 1. PATIENT INFORMATION

<table>
<thead>
<tr>
<th>a. Date of visit</th>
<th>b. ZIP code</th>
<th>c. Date of birth</th>
<th>d. Time of day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Month</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### e. Patient residence
- 1: Private residence
- 2: Nursing home
- 3: Other institution
- 4: Other residence
- 5: Homeless
- 6: Unknown

#### f. Mode of arrival
- Mark (X) one:
  - Airplane
  - Ambulance (airport)
  - Ambulance (ground)
  - Bus
  - Car
  - Fisher-Price
  - Food truck
  - Firetruck
  - Helicopter
  - Hospital Van
  - Motorcycle
  - Motorhome
  - Other
d. Unknown

#### g. Sex
- Female
- Male

#### h. Ethnicity
- 1: Hispanic or Latino
- 2: Not Hispanic or Latino

#### i. Race – Mark (X) one or more:
- 1: American Indian
- 2: Asian
- 3: Black
- 4: Native Hawaiian/Other Pacific Islander
- 5: Other
- 6: White
- 7: Unknown

#### j. Expected source(s) of payment for this visit
- Mark (X) all that apply:
  - Private insurance
  - Medicare
  - Medicaid/CHIP
  - Self-pay/Charity
  - Worker's compensation
  - Unknown

### 2. TRIAGE

#### a. Initial vital signs
- (1) Temperature
- (2) Pulse
- (3) Blood pressure
- (4) Oxygen level

#### b. Immaturity with which patient should be seen
- (1) Here
- (2) 1 hour-2 hours
- (3) 2 hours-24 hours
- (4) 24 hours-Unknown

### 3. PREVIOUS CARE

#### a. Has patient been:
- 1: Yes
- 2: No
- 3: Unknown

#### b. Discharged from any hospital within the last 72 hours:
- 1: Yes
- 2: No
- 3: Unknown

### 4. REASON FOR VISIT

#### a. Patient's complaint(s), symptom(s), or other reason(s) for this visit
- Use patient's own words.

#### b. Is this visit work-related?
- 1: Yes
- 2: No
- 3: Unknown

### 5. INJURY/POISONING/ADVERSE EFFECT

#### a. Is this injury related to an injury, poisoning, or adverse effect of medical treatment?
- 1: Yes
- 2: No
- 3: Skip to item d

#### b. Is this injury intentional?
- 1: Yes, self-inflicted
- 2: Yes, assault
- 3: No, unintentional
- 4: Unknown

### 6. PHYSICIAN’S DIAGNOSIS FOR THIS VISIT

#### a. Primary diagnosis
- (1) Primary diagnosis
- (2) Other
- (3) Other

### 7. DIAGNOSTIC/SCREENING SERVICES

#### Mark (X) all ordered or provided at this visit.
- 1: None

#### Other tests:
- CBC (complete blood count)
- BUN/Creatinine
- Cardiac enzymes
- Electrolytes
- Glucose
- Liver function tests
- Amniotic fluid
- BAC (blood alcohol)
- HIV/HCV
- Other blood tests

#### Imaging:
- Chest X-ray
- Ultrasound
- MRI
- CT scan
- Other imaging

### 8. PROCEDURES

#### Mark (X) all provided at this visit.
- None

#### List up to 6 drugs given at this visit or prescribed at ED discharge.
- Rx:
- Name of drug
- Dose
- Frequency
- Route
- Start date
- Stop date

### 9. MEDICATIONS & IMMUNIZATIONS

#### Mark (X) all provided at this visit.
- None

### 10. PROVIDERS

#### Mark (X) all providers seen at this visit
- 1: ED attending physician
- 2: ED resident/intern
- 3: On call attending physician/fellow
- 4: RN/PA
- 5: Nurse practitioner
- 6: Physician assistant
- 7: EMT
- 8: Other

#### Mark (X) all that apply:
- 1: Transfer to different hospital – Reason
- 2: Dismissed
- 3: Go home
- 4: Admit to hospital
- 5: ED only

#### 11. VISIT DISPOSITION

- If "Admit to hospital" was marked, please continue with item 12 - HOSPITAL ADMISSION on the reverse side.
### 12. HOSPITAL ADMISSION

Complete if the patient was admitted to the hospital at this visit.

<table>
<thead>
<tr>
<th>a. Admitted to:</th>
<th>b. Hospital admission time</th>
<th>c. Hospital discharge date</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Critical care unit</td>
<td>___ : ___ AM / PM</td>
<td>Month: __ Day: __ Year: __</td>
</tr>
<tr>
<td>O. OR/Cath lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Other bed/unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U. Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Principal hospital discharge diagnosis</th>
<th>e. Hospital discharge status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alive</td>
</tr>
</tbody>
</table>

If this information is not available at time of abstraction, then complete the Hospital Admission Log.

---

Figure 10. 2006 Emergency Department Patient Record—Continued