***EMERGE*ncy ID NET CRASHED Project**

**Baseline Electronic Medical Record Review**

*Complete this form within 96 hours of enrollment. If participant was admitted to the hospital and is still in the hospital, please make sure to update the form (#4) when they are discharged home.*

|  |  |
| --- | --- |
| 1. Did the participant receive an in-house (standard of care) monkeypox test?
 | [ ]  Yes [ ]  No |
|  1a. If Yes, note result: [ ]  Positive [ ]  Negative/Indeterminate |
| 1. Were any of the following STI tests performed in the ED or this hospital, if admitted?

(*check all that apply; if Yes, indicate positive or negative/indeterminate*)  |
|  | **No** | **Yes** | **Positive** | **Negative/indeterminate** |
| Chlamydia | [ ]  | [ ]  | [ ]  | [ ]  |
| Gonorrhea | [ ]  | [ ]  | [ ]  | [ ]  |
| Syphilis | [ ]  | [ ]  | [ ]  | [ ]  |
| Herpes | [ ]  | [ ]  | [ ]  | [ ]  |
| HPV | [ ]  | [ ]  | [ ]  | [ ]  |
| HIV | [ ]  | [ ]  | [ ]  | [ ]  |
| Trichomonas  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Were any of the following medications given **while in the emergency department**?

 [ ]  None of the following [ ]  Antibiotics*: if antibiotics were given, please check below all that were administered* [ ]  Clindamycin [ ]   [ ]  [ ]  TMP/SMX [ ]   [ ]  [ ]  Oxacillin/Nafcillin [ ]   [ ]  [ ]  Doxycycline [ ]  [ ]  [ ]  Piperacillin/Tazobactam  [ ]  [ ]  Cephalexin  [ ]  Vancomycin [ ]  Cefazolin [ ]  Ceftriaxone  [ ]  Other (*specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Acyclovir/Valaciclovir  [ ]  Steroids (dexamethasone, methylprednisolone, prednisone, hydrocortisone, triamcinolone) [ ]  Tecovirimat (TPOXX)  |
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|  |  |
| --- | --- |
| 1. Were medications prescribed upon discharge from the ED or hospital?
 |  [ ]  Yes [ ]  No |
| 4a. If Yes, please check all that apply: [ ]  [ ]  Clindamycin  [ ]  [ ]  TMP/SMX  [ ]  [ ]  Doxycycline  [ ]  [ ]  Cephalexin [ ]   [ ]  Steroids (either oral or topical) [ ]  Acyclovir/Valaciclovir  [ ]  Tecovirimat (TPOXX) [ ]  Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What was the ED discharge/admit diagnosis?

(*check all that apply and if other conditions not listed below apply, then check “other” and list the one additional diagnosis*)? [ ]  [ ]  Rash[ ]  [ ]  Shingles [ ]  [ ]  Herpes simplex[ ]  [ ]  Contact dermatitis [ ]  [ ]  Allergic reaction[ ]  [ ]  Eczema [ ]  [ ]  Hand, foot, mouth disease [ ]  [ ]  Cellulitis [ ]  [ ]  Arthropod bite (insect bite)[ ]  [ ]  Scabies[ ]  [ ]  URI/influenza/influenza-like illness/viral syndrome[ ]  [ ]  MPox [ ]  [ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: You do not need to record underlying conditions (e.g., diabetes, HTN)* |

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| 1. ED Disposition

 [ ]  Discharged home from the ED  [ ]  Discharged to skilled nursing facility  [ ]  Discharged to self-care (street/homeless) [ ]  Discharged to shelter  [ ]  Discharged to correctional facility (jail or prison) [ ]  Admitted to this hospital [ ]  Transferred to another hospital  [ ]  Left against medical advice (AMA)  |

**Comments:**

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Form Completed by MM DD YYYY