***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) | | | | | |
| |  |  | | --- | --- | | 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)* | | | | | | | |
| 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