Instructions:

Please provide a list of the most recent patient medical records for the six (6) categories below. Patient medical records will be chosen at random on the day of survey. An emergency department (ED) physician and an ED registered nurse familiar with the navigation of the electronic medical record will be required for the review along with two working computers. A printout that lists patients medical records is acceptable.

**□ High volume hospital (list of patients in the past month)**

□ **Low volume hospital (list of patients in the past 1-6 months, not to exceed 1 year)**

**CATEGORY: Acute Asthma/Reactive Airway Disease**

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| Visit Date | Patient Age | Visit ID/Encounter Number |
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**CATEGORY: Dehydration and Diarrhea**

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**CATEGORY: Neonate <21 days with Fever**

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**CATEGORY: Long Bone Fractures**

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**CATEGORY: Minor Head Trauma**

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**CATEGORY: Simple Febrile Seizures**

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