National Hospital Ambulatory Medical Care Survey: 2015 Emergency Department Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release the most current nationally representative data on ambulatory care visits to hospital emergency departments (ED) in the United States. Estimates are presented on selected hospital, patient, and visit characteristics using data collected in the 2015 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is an annual nationally representative sample survey of visits to EDs; outpatient departments; and hospital-based ambulatory surgical centers (ASCs) (starting in 2009), and freestanding ASCs (starting in 2010).

The sampling frame for the 2015 NHAMCS was constructed from IMS Health's annual data product "Healthcare Market Index," updated for the 2015 survey. NHAMCS uses a multistage probability design with samples of primary sampling units (PSUs), hospitals within PSUs, and patient visits within emergency service areas (ESAs) of each selected hospital. A total of 457 hospitals were selected for the 2015 NHAMCS, of which 377 were in scope and had eligible EDs. Of these, 267 participated, yielding an unweighted ED response rate of 70.8%. A total of 374 emergency services areas (ESAs) were identified from the EDs. Of these, 291 responded fully or adequately by providing forms for at least half of their expected visits based on the total number of visits during the reporting period. In all, 21,061 Patient Record forms (PRFs) were submitted electronically. The resulting unweighted ESA sample response rate was 77.8%, and the overall unweighted two stage sampling response rate was 55.1% (58.4% weighted).

The 2015 NHAMCS was conducted from December 29, 2014 through December 27, 2015. The U.S. Bureau of the Census was the data collection agent. NHAMCS was collected electronically using a computerized instrument developed by the U.S. Census Bureau. Hospital staff or Census field representatives completed a PRF for a sample of about 100 ED visits during a randomly assigned 4-week reporting period. The content of the PRF may be viewed at the following web page: http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#nhamcs.

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10% quality control sample of ED survey records was independently keyed and coded. Coding error rates ranged between 0.57 and 0.71% for the 10% ED sample. For further details, see the 2015 NHAMCS Public Use Data File Documentation located at

ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NHAMCS/doc15 ed.pdf.

Web table estimates are based on sample data weighted to produce annual national estimates and include standard errors. The sample weight that is computed for each sample visit takes all stages of survey design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling variability were calculated using the Taylor series method in SUDAAN, which takes into account the complex sample design of

NHAMCS. Detailed information on the design, conduct, and estimation procedures of 2015 NHAMCS are discussed in the Public Use Data File Documentation (see link above).

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2015, race data were missing for 19.4% (unweighted) of ED records, and ethnicity data were missing for 24.2% (unweighted) of ED records. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation, based on research by an internal work group, is restricted to three categories (white, black, and other) because of quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the Public Use Data File Documentation (see link above).

In the following tables, 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 of the estimate exceeds 30 percent.

Suggested citation: Rui P, Kang K. National Hospital Ambulatory Medical Care Survey: 2015 Emergency Department Summary Tables. Available from:

http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2015_ed_web_tables.pdf.

Table 1. Emergency department visits by selected hospital characteristics: United States, 2015

Selected hospital characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year ^{1,2,3} (standard error of rate)
All visits	136,943 (8,519)	100.0	43.3 (2.7)
Ownership			
Voluntary	102,817 (7,817)	75.1 (3.5)	32.5 (2.5)
Government	20,792 (4,346)	15.2 (3.0)	6.6 (1.4)
Proprietary	13,334 (3,386)	9.7 (2.4)	4.2 (1.1)
Metropolitan status ^{2,3,4}			
MSA	118,059 (8,138)	86.2 (2.1)	42.7 (2.9)
Non-MSA	18,884 (3,029)	13.8 (2.1)	47.5 (7.6)
Geographic region⁴			
Northeast	23,727 (2,794)	17.3 (2.0)	42.7 (5.0)
Midwest	33,075 (3,199)	24.2 (2.3)	49.4 (4.8)
South	51,727 (6,369)	37.8 (3.3)	43.5 (5.4)
West	28,414 (3,847)	20.7 (2.5)	37.9 (5.1)
Teaching hospital			
Yes	24,272 (3,898)	17.7 (2.9)	7.7 (1.2)
Non-teaching hospital⁵	112,671 (8,690)	82.3 (2.9)	35.6 (2.7)
Trauma center			
Yes	57,358 (6,395)	41.9 (3.9)	18.1 (2.0)
No or blank	79,585 (7,340)	58.1 (3.9)	25.2 (2.3)
Season ⁶			
Winter	30,624 (4,886)	22.4 (3.5)	9.7 (1.5)
Spring	39,220 (5,971)	28.6 (3.8)	12.4 (1.9)
Summer	35,212 (4,717)	25.7 (3.0)	11.1 (1.5)
Fall	31,887 (5,345)	23.3 (3.5)	10.1 (1.7)

^{...}Category not applicable.

^{*}Figure does not meet standards of reliability or precision.

^{&#}x27;Visit rates for region are based on the July 1, 2015, set of the estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. ²MSA is metropolitan statistical area.

Population estimates by MSA are based on estimates of the civilian noninstitutionalized population of the United States as of July 1, 2015, from the 2015 National Health Interview Survey, National Center for Health Statistics, compiled according to the February 2013 Office of Management and Budget definitions of core-based statistical areas. See https://www.census.gov/programs-surveys/metro-micro.html for more about metropolitan statistical area definitions.

For geographic region and MSA, population denominators are different for each category and thus do not add to the total population rate. For other variables, the denominator is the total population.

^{*}Teaching status was unknown for 1.3% of visits.

*Winter is December 22 to March 19, spring is March 20 to June 20, summer is June 21 to September 22, and fall is September 23 to December 21.

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

Table 2. Emergency department visits by patient age, sex, residence, and urbanization: United States, 2015

Selected patient characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year¹ (standard error of rate)	
All visits	136,943 (8,519)	100.0	43.3 (2.7)	
Under 15 years	27,156 (3,061)	19.8 (1.6)	44.5 (5.0)	
Under 1 year	4,065 (603)	3.0 (0.4)	102.2 (15.2)	
1–4 years	9,359 (1,101)	6.8 (0.6)	58.8 (6.9)	
5–14 years	13,732 (1,497)	10.0 (0.7)	33.4 (3.6)	
15–24 years	20,153 (1,267)	14.7 (0.3)	47.0 (3.0)	
25–44 years	39,144 (2,572)	28.6 (0.7)	47.3 (3.1)	
45–64 years	29,119 (1,786)	21.3 (0.7)	35.0 (2.1)	
65 years and over	21,372 (1,525)	15.6 (0.7)	46.0 (3.3)	
65–74 years	9,797 (730)	7.2 (0.4)	35.9 (2.7)	
75 years and over	11,575 (867)	8.5 (0.4)	60.5 (4.5)	
Female	75,916 (4,913)	55.4 (0.6)	46.9 (3.0)	
Under 15 years	12,656 (1,518)	9.2 (0.8)	42.4 (5.1)	
15–24 years	12,235 (803)	8.9 (0.3)	57.6 (3.8)	
•		17.0 (0.6)		
25–44 years 45–64 years	23,241 (1,664)	` '	55.4 (4.0)	
•	15,461 (1,070)	11.3 (0.4) 4.0 (0.2)	36.0 (2.5)	
65–74 years 75 years and over	5,483 (424) 6,839 (500)	5.0 (0.3)	37.7 (2.9) 60.9 (4.5)	
•				
Male	61,027 (3,749)	44.6 (0.6)	39.5 (2.4)	
Under 15 years	14,499 (1,587)	10.6 (0.8)	46.6 (5.1)	
15–24 years	7,918 (581)	5.8 (0.3)	36.6 (2.7)	
25–44 years	15,903 (1,061)	11.6 (0.4)	39.1 (2.6)	
45–64 years	13,658 (784)	10.0 (0.4)	33.8 (1.9)	
65–74 years	4,314 (370)	3.2 (0.2)	33.8 (2.9)	
75 years and over	4,735 (410)	3.5 (0.2)	59.8 (5.2)	
Residence	400,000, (0,005)	0.4.0. (0.0)	40.0 (0.5)	
Private residence ¹	129,038 (8,025)	94.2 (0.6)	40.8 (2.5)	
Nursing home²	2,230 (258)	1.6 (0.2)	159.6 (18.5)	
Homeless ³	869 (120)	0.6 (0.1)	154.0 (21.2)	
Other	1,742 (293)	1.3 (0.2)	0.6 (0.1)	
Jnknown or blank	3,063 (841)	2.2 (0.6)	1.0 (0.3)	
Urban-rural classification⁴				
Large central metro	38,346 (4,912)	28.0 (3.3)		
_arge fringe metro	23,891 (3,392)	17.4 (2.5)		
Medium metro	29,440 (4,703)	21.5 (3.4)		
Small metro	17,471 (4,600)	12.8 (3.0)		
Nonmetropolitan				
Micropolitan	15,105 (3,410)	11.0 (2.2)		
Noncore (nonmetro)	9,664 (2,151)	7.1 (1.5)		
Unknown or blank	3,026 (499)	2.2 (0.4)		

^{..}Category not applicable.

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

Visit rates for age, sex, and private residence are based on the July 1,2015, 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 2015 population denominators from the 2015 Centers for Medicare and Medicaid Services Minimum Data Set frequency reports, obtained from https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.html. Note that in 2015, the source for the population of nursing home residents changed (prior years were based on data from the CMS Nursing Home Data Compendium).

[&]quot;Visit rates for homeless people are based on the January, 2015, estimate of people who were homeless on a given night, as reported in The 2015 Annual Homeless Assessment Report to Congress by the U.S. Department of Housing and Urban Development, obtained from https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf.

For each record, county of residence was determined using patient ZIP Code and was then matched to the National Center for Health Statistics Urban-Rural Classification Scheme for Counties described at: https://www.cdc.gov/nchs/data_access/urban_rural.htm.

Table 3. Emergency department visits by patient race and age, and ethnicity: United States, 2015

Patient characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate) ¹
All visits	136,943 (8,519)	100.0	43.3 (2.7)
Race and age ^{2,3}			
White	100,387 (6,337)	73.3 (1.7)	41.1 (2.6)
Under 15 years	19,036 (2,031)	13.9 (1.0)	43.1 (4.6)
15–24 years	14,289 (976)	10.4 (0.4)	45.2 (3.1)
25–44 years	27,625 (1,769)	20.2 (0.6)	44.3 (2.8)
45–64 years	21,318 (1,321)	15.6 (0.6)	32.0 (2.0)
65–74 years	8,055 (650)	5.9 (0.3)	35.0 (2.8)
75 years and over	10,065 (770)	7.3 (0.4)	61.0 (4.7)
Black or African American	31,900 (3,249)	23.3 (1.6)	77.3 (7.9)
Under 15 years	6,729 (1,080)	4.9 (0.7)	73.3 (11.8)
15–24 years	5,264 (597)	3.8 (0.3)	80.1 (9.1)
25–44 years	10,180 (1,165)	7.4 (0.7)	90.9 (10.4)
45–64 years	7,015 (753)	5.1 (0.5)	69.4 (7.4)
65–74 years	1,491 (185)	1.1 (0.1)	57.0 (7.1)
75 years and over	1,220 (205)	0.9 (0.1)	76.7 (12.9)
Other ³	4,656 (541)	3.4 (0.4)	15.1 (1.8)
Ethnicity ^{2,3}			
Hispanic or Latino	22,587 (2,484)	16.5 (1.5)	40.4 (4.4)
Not Hispanic or Latino	114,357 (7,382)	83.5 (1.5)	43.9 (2.8)
White	80,223 (5,285)	58.6 (1.9)	41.1 (2.7)
Black or African American	30,178 (3,168)	22.0 (1.6)	78.2 (8.2)
Other	3,955 (483)	2.9 (0.3)	14.8 (1.8)

^{...}Category not applicable.

ttp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc15_ed.pdf.

*Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

Figure does not meet standards of reliability or precision.

Visit rates are based on the July 1, 2015, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2015, race data were missing for 20.8% of visits, and ethnicity data were missing for 26.6% of visits. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2015 NHAMCS Public Use Data File documentation, available at

Table 4. Wait time at emergency department visits: United States, 2015

Visit characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent	
All visits	136,943 (8,519)	100.0	
Time spent waiting to see a MD, DO, PA, or NP¹			
Fewer than 15 minutes	48,540 (5,092)	35.4 (2.6)	
15–59 minutes	43,925 (3,378)	32.1 (1.7)	
1 hour, but less than 2 hours	13,228 (1,302)	9.7 (0.8)	
2 hours, but less than 3 hours	3,894 (427)	2.8 (0.3)	
3 hours, but less than 4 hours	1,496 (225)	1.1 (0.1)	
4 hours, but less than 6 hours	1,028 (166)	0.8 (0.1)	
6 hours or more	870 (153)	0.6 (0.1)	
Not applicable	4,636 (695)	3.4 (0.5)	
Blank	19,327 (3,129)	14.1 (2.2)	
Time spent in the emergency department			
Less than 1 hour	15,361 (1,664)	11.2 (0.8)	
1 hour, but less than 2 hours	30,987 (2,530)	22.6 (0.9)	
2 hours, but less than 4 hours	45,699 (2,936)	33.4 (0.8)	
4 hours, but less than 6 hours	19,462 (1,334)	14.2 (0.7)	
6 hours, but less than 10 hours	9,410 (794)	6.9 (0.5)	
10 hour, but less than 14 hours	2,093 (214)	1.5 (0.2)	
14 hours, but less than24 hours	1,902 (212)	1.4 (0.2)	
24 hours or more	1,093 (162)	0.8 (0.1)	
Blank	10,937 (2,270)	8.0 (1.5)	
Patient arrived in ED after business hours ²			
Yes	80,666 (5,158)	58.9 (0.5)	
No	54,744 (3,376)	40.0 (0.5)	
Blank	*1,533 (507)	*1.1 (0.4)	

^{....}Category not applicable.

*Figure does not meet standards of reliability or precision.

*MD is medical doctor, DO is doctor of osteopathy, PA is physician assistant, NP is nurse practitioner. The median waiting time to see a MD, DO, PA, or NP was 18 minutes.

*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 5. Mode of arrival at emergency department, by patient age: United States, 2015

			Pa	atient's mode of arriv	ral al
Patient age	Number of visits in thousands	Total	Ambulance	Other	Unknown or blank
		-	Percent d	istribution (standard	error of percent)
All visits	136,943	100.0	15.1 (0.6)	82.2 (0.8)	2.7 (0.6)
Age					
Under 15 years	27,156	100.0	4.7 (0.5)	93.2 (0.7)	2.1 (0.6)
Under 1 year	4,065	100.0	4.6 (1.2)	93.0 (1.3)	*
1–4 years	9,359	100.0	3.2 (0.8)	94.2 (1.1)	*2.6 (0.8)
5-14 years	13,732	100.0	5.8 (0.7)	92.7 (0.8)	1.6 (0.4)
15-24 years	20,153	100.0	9.7 (0.8)	87.4 (1.1)	2.9 (0.8)
25-44 years	39,144	100.0	11.5 (0.7)	86.1 (0.9)	2.4 (0.6)
45–64 years	29,119	100.0	19.5 (0.9)	77.4 (1.0)	3.1 (0.6)
65 years and over	21,372	100.0	34.1 (1.4)	62.7 (1.4)	3.2 (0.7)
65–74 years	9,797	100.0	28.8 (1.8)	68.3 (1.6)	2.9 (0.9)
75 years and over	11,575	100.0	38.6 (1.7)	57.9 (1.7)	3.5 (0.7)

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.

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

Table 6. Expected source(s) of payment at emergency department visits: United States, 2015

Expected source of payment	Number of visits in thousands¹ (standard error in thousands)	Percent distribution (standard error of percent	
All visits	136,943 (8,519)		
Private insurance	46,917 (3,336)	34.3 (1.6)	
Medicaid or CHIP or other state-based program ²	47,591 (3,997)	34.8 (1.6)	
Medicare	24,296 (1,750)	17.7 (0.8)	
Medicare and Medicaid³	4,931 (581)	3.6 (0.3)	
No insurance ^{4,5}	13,397 (1,710)	9.8 (1.0)	
Self-pay	12,262 (1,585)	9.0 (0.9)	
No change or charity	*1,198 (722)	*0.9 (0.5)	
Workers' compensation	1,167 (146)	0.9 (0.1)	
Other	5,485 (1,247)	4.0 (0.9)	
Unknown or blank	14,741 (2,772)	10.8 (2.0)	

^{...}Category not applicable.

'Combined total of expected sources of payment exceeds "all visits" and "percent of visits" exceed 100% because more than one source of payment may be reported per visit. "CHIP is Children's Health Insurance Program.

The visits in this category are also included in both the Medicare and the Medicaid and CHIP or other state-based program categories.

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

The individual self-pay and no charge or charity categories are not mutually exclusive.

Table 7. Triage status of emergency department visits, by selected patient characteristics: United States, 2015

Patient and visit characteristics	Number of visits in thousands	Total	Level 1 (immediate)	Level 2 (emergent)	Level 3 (urgent)	Level 4 (semiurgent)	Level 5 (nonurgent)	No triage¹	Unknown or blank
		_			Percent distrik	oution (standard erro	or of percent)		
All visits	136,943	100.0	*0.7 (0.2)	7.4 (0.7)	29.8 (2.3)	26.1 (2.2)	5.5 (1.1)	3.9 (1.1)	26.6 (4.4)
Age									
Under 15 years	27,156	100.0	*0.6 (0.4)	4.2 (0.7)	19.7 (2.2)	36.0 (3.4)	9.7 (2.2)	4.1 (1.2)	25.8 (5.7)
Under 1 year	4,065	100.0	*	*	20.3 (3.1)	35.5 (4.8)	*6.9 (2.5)	*4.7 (1.5)	28.0 (7.6)
1–4 years	9,359	100.0	*	3.5 (0.8)	19.6 (2.5)	33.9 (3.4)	12.7 (3.2)	*4.0 (1.3)	25.8 (5.8)
5–14 years	13,732	100.0	*	4.7 (0.9)	19.5 (2.5)	37.6 (3.7)	8.4 (2.0)	*3.9 (1.2)	25.1 (5.4)
15–24 years	20,153	100.0	*0.5 (0.2)	4.9 (0.6)	27.5 (2.7)	28.3 (2.7)	5.5 (0.9)	4.0 (1.2)	29.3 (4.7)
25–44 years	39,144	100.0	*0.5 (0.2)	5.3 (0.6)	31.4 (2.6)	26.7 (2.3)	5.4 (1.3)	*4.1 (1.3)	26.6 (4.5)
45–64 years	29,119	100.0	1.1 (0.3)	10.0 (1.1)	33.2 (2.6)	22.2 (1.9)	3.6 (0.7)	*3.5 (1.1)	26.4 (4.2)
65 years and over	21,372	100.0	0.9 (0.3)	14.1 (1.7)	37.6 (3.0)	15.9 (1.9)	2.5 (0.6)	*3.5 (1.2)	25.5 (4.6)
65-74 years	9,797	100.0	*	13.3 (1.7)	36.6 (3.0)	17.7 (2.2)	3.4 (0.9)	*2.9 (0.9)	25.1 (4.7)
75 years and over	11,575	100.0	*	14.7 (2.0)	38.5 (3.4)	14.4 (1.8)	1.8 (0.5)	*4.1 (1.6)	25.8 (4.7)
Sex									
Female	75,916	100.0	*0.6 (0.2)	7.1 (0.8)	31.2 (2.5)	25.4 (2.3)	4.8 (1.1)	3.9 (1.2)	27.0 (4.6)
Male	61,027	100.0	0.9 (0.3)	7.8 (0.8)	28.1 (2.2)	27.0 (2.1)	6.2 (1.1)	3.8 (1.0)	26.2 (4.3)
Race ²									
White	100,387	100.0	*0.7 (0.2)	7.9 (0.8)	30.9 (2.2)	26.7 (2.0)	5.4 (1.1)	*3.5 (1.1)	25.0 (4.1)
Black or African American	31,900	100.0	0.6 (0.2)	5.5 (0.8)	25.8 (3.6)	23.8 (3.2)	5.8 (1.7)	*5.2 (2.1)	33.3 (6.9)
Other ³	4,656	100.0	*	9.7 (1.7)	34.8 (3.3)	30.4 (3.4)	*3.7 (1.4)	*2.9 (0.9)	16.5 (3.9)
Ethnicity and race ²									
Hispanic or Latino	22,587	100.0	*0.7 (0.4)	5.4 (0.8)	29.0 (2.8)	29.4 (2.9)	*7.3 (2.9)	*3.1 (1.1)	25.1 (5.4)
Not Hispanic or Latino	114,357	100.0	*0.7 (0.2)	7.8 (0.8)	30.0 (2.5)	25.5 (2.3)	5.1 (0.9)	4.0 (1.2)	26.9 (4.8)
White	80,223	100.0	0.7 (0.2)	8.5 (0.9)	31.6 (2.4)	25.8 (2.1)	4.9 (1.0)	*3.6 (1.2)	24.9 (4.5)
Black or African American	30,178	100.0	*0.6 (0.2)	5.5 (0.8)	25.1 (3.7)	23.9 (3.4)	*5.9 (1.8)	*5.2 (2.1)	33.9 (7.1)
Other	3,955	100.0	*	10.5 (1.8)	35.7 (3.4)	30.9 (3.8)	*3.1 (1.0)	*	14.9 (3.9)
Expected source of payment⁴									
Private insurance	46,917	100.0	*0.8 (0.5)	7.9 (0.9)	32.6 (2.7)	25.1 (2.1)	4.2 (0.7)	*4.3 (1.3)	25.2 (4.3)
Medicaid or CHIP⁵ or other state-based program	47,591	100.0	0.6 (0.2)	6.9 (0.8)	28.0 (2.4)	29.1 (2.5)	7.0 (1.5)	*3.5 (1.1)	24.8 (5.0)
Medicare	24,296	100.0	0.8 (0.2)	12.5 (1.4)	37.1 (3.1)	18.1 (2.4)	2.5 (0.5)	*3.2 (1.1)	25.7 (4.9)
Medicare and Medicaid ⁶	4,931	100.0	*	13.6 (2.2)	38.8 (4.3)	17.7 (2.4)	*	*2.0 (0.8)	23.5 (5.7)
No insurance ⁷	13,397	100.0	*	4.4 (0.8)	28.5 (3.5)	27.4 (3.8)	*8.8 (3.5)	*3.8 (1.3)	26.9 (6.5)
Workers' compensation	1,167	100.0	*	*	19.5 (4.7)	43.7 (6.3)	*	*	*20.1 (6.4)
Other	5,485	100.0	*	*11.2 (3.0)	32.4 (4.1)	31.5 (4.7)	3.8 (1.0)	*3.1 (1.6)	17.1 (5.5)
Unknown or blank	14,741	100.0	*	7.5 (1.8)	25.0 (5.2)	20.8 (4.0)	3.7 (1.1)	*3.6 (1.5)	38.9 (10.9)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

1A visit in which emergency service area (ESA) coded nursing triage to be zero (had admitted to hospital or treated immediately) or visit occurred in ESA that does not conduct triage.

The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, National Center for Health Statistics has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS Public Use Data File documentation, available at: the 2015 NHAMCS/doc15_ed.pdf. For 2015, race data were missing for 26.8% of visits.

3 Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

*Combined total of expected sources of payment exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

⁵CHIP is the Children's Health Insurance Program.

⁶The visits in this category are also included in both the Medicaid or CHIP and Medicare categories.

⁷No insurance is defined as having only self-pay, no charge or charity as payment sources.

NOTES: The 2015 Patient Record Form (PRF) requested responses using a 1–5 scale. PRF responses were evaluated with reference to responses on the Ambulatory Unit Record, completed during induction, to the question, "How many levels are in this emergency service area's (ESA) triage system?" ESAs using 3 or 4 level triage systems had their responses rescaled to fit the 5 level system, such that, for 3-level ESAs, responses of 1, 2, and 3 were recoded to 2, 3, and 4. For ESAs using a 4-level system, responses were recoded from 1–4 to 2–5. The rescaling method was determined in consultation with subject matter experts and based on record analysis. Rescaling was required for about 7 percent of records, or 10 percent of records with non-missing data. Triage level was imputed in years prior to 2012. Starting in 2012, triage level has not been imputed. Numbers may not add to totals because of rounding.

Table 8. Initial blood pressure measurements recorded at emergency department visits for adults age 18 and over, by selected patient characteristics: United States, 2015

				Initial blood press	ure ¹		
Patient characteristics	Number of visits in thousands	Total	Not high (SBP less than 120 mm Hg and DBP less than 80 mm Hg)	Prehypertension (SBP 120–139 mm Hg or DBP 80–89 mm Hg)	Stage 1 hypertension (SBP 140–159 mm Hg or DBP 90–99 mm Hg)	Stage 2 hypertension (SBP greater than or equal to 160 mm Hg or DBP greater than 100 mm Hg)	
			Percent distribution(Standard error of percent)				
All visits²	101,810	100.0	19.3 (0.5)	35.2 (0.5)	27.5 (0.5)	18.1 (0.6)	
Age							
18–24 years	15,026	100.0	30.8 (1.3)	43.9 (1.4)	20.5 (1.1)	4.8 (0.6)	
25-44 years	37,706	100.0	20.9 (0.8)	40.0 (0.9)	26.7 (0.8)	12.4 (0.6)	
45-64 years	28,301	100.0	14.4 (0.7)	31.5 (1.0)	30.5 (0.9)	23.6 (1.1)	
65–74 years	9,606	100.0	13.0 (1.0)	26.9 (1.3)	31.1 (1.4)	29.0 (1.4)	
75 years and over	11,171	100.0	16.2 (1.2)	23.4 (1.2)	28.6 (1.4)	31.8 (1.5)	
Sex							
Female	58,678	100.0	22.6 (0.8)	34.5 (0.6)	24.8 (0.7)	18.2 (0.7)	
Male	43,132	100.0	14.8 (0.6)	36.0 (0.9)	31.2 (0.7)	17.9 (0.7)	
Race ³							
White	75,421	100.0	19.0 (0.5)	35.5 (0.6)	27.5 (0.6)	18.1 (0.6)	
Black or African American	23,331	100.0	19.7 (0.9)	34.1 (1.3)	27.5 (1.1)	18.7 (1.0)	
Other⁴	3,058	100.0	24.2 (2.9)	35.0 (3.3)	27.7 (2.8)	13.0 (2.2)	
Ethnicity and race ³							
Hispanic or Latino	14,382	100.0	21.1 (1.3)	38.9 (1.3)	26.7 (1.1)	13.3 (1.1)	
Not Hispanic or Latino	87,428	100.0	19.0 (0.5)	34.5 (0.6)	27.6 (0.6)	18.8 (0.6)	
White	62,572	100.0	18.7 (0.6)	34.7 (0.7)	27.6 (0.7)	19.0 (0.7)	
Black or African American	22,230	100.0	19.4 (0.9)	34.3 (1.3)	27.3 (1.1)	19.0 (1.1)	
Other⁴	2,625	100.0	23.8 (3.1)	33.7 (3.9)	29.4 (3.2)	13.0 (2.4)	

¹SBP is systolic blood pressure. DBP is diastolic blood pressure. Three high blood pressure categories (SBP over 120 or DBP over 80) are based on the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7) and correspond to prehypertensive, stage 1 hypertensive, and stage 2 hypertensive ranges. If the SBP and DBP taken fall into two different categories, the visit is included in the higher blood pressure category.

2 Visits by adults (aged 18 or over). Visits where blood pressure was taken represent 96.9% (standard error = 0.5) of all emergency department visits made by adults.

NOTE: Numbers may not add to totals because of rounding

The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2015, race data were missing for 18.2% of visits made by adults, and ethnicity data were missing for 25.5% of visits made by adults. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2015 NHAMCS Public Use Data File documentation, available at: ttp://ttp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NHAMCS/doc15 ed.pdf.

Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

Table 9. Initial temperature, pulse oximetry, and visit history at emergency department visits: United States, 2015

Visit characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	136,943 (8,519)	100.0
Temperature		
Febrile: over 38.0° C or over 100.4°F	4,789 (498)	3.5 (0.3)
Normal: 35.1–38.0° C or 95.1–100.4°F	124,362 (7,856)	90.8 (0.7)
Hypothermic: 35.0° C or under or 95.0°F or under	237 (65)	0.2 (0.0)
Blank	7,555 (900)	5.5 (0.6)
Pulse oximetry¹		
95–100%	116,740 (7,610)	85.2 (1.3)
ess than 95%	9,875 (1,036)	7.2 (0.6)
Blank	10,328 (1,504)	7.5 (1.0)
Episode of care		
nitial visit	125,046 (8,045)	91.3 (0.8)
Follow-up visit	6,587 (646)	4.8 (0.4)
Jnknown or blank	5,310 (1,011)	3.9 (0.7)
Patient seen in this emergency department within the last 72 hours		
⁄es	7,783 (2,329)	5.7 (1.7)
No	118,980 (8,142)	86.9 (1.7)
Jnknown or blank	10,181 (1,938)	7.4 (1.4)

 $[\]dots$ Category not applicable. ¹Normal oxygen saturation as measured by pulse oximetry is 95% or more.

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

Table 10. Ten leading principal reasons for emergency department visits, by patient age and sex: United States, 2015

Principal reason for visit and RVC code¹		Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits		136,943 (8,519)	100.0
Stomach and abdominal pain, cramps and spasms	S545	12,036 (862)	8.8 (0.3)
Chest pain and related symptoms (not referable to body systems)	S050	7,295 (602)	5.3 (0.3)
Fever	S010	5,971 (729)	4.4 (0.4)
Cough	S440	4,597 (430)	3.4 (0.2)
Headache, pain in head	S210	3,841 (358)	2.8 (0.2)
Back symptoms	S905	3,515 (283)	2.6 (0.1)
Shortness of breath	S415	3,502 (306)	2.6 (0.2)
Pain, site not referable to a specific body system	S055	3,343 (283)	2.4 (0.2)
Vomiting	S530	2,504 (250)	1.8 (0.1)
Symptoms referable to throat	S455	2,389 (255)	1.7 (0.1)
All other reasons ²		87,950 (5,361)	64.2 (0.5)
All visits under age 15		27,156 (3,061)	100.0
Female		12,656 (1,518)	46.6 (1.0)
Fever	S010	2,189 (358)	8.1 (0.8)
Cough	S440	863 (123)	3.2 (0.4)
Stomach and abdominal pain, cramps and spasms	S545	667 (109)	2.5 (0.4)
Earache, or ear infection	S355	588 (97)	2.2 (0.3)
Skin rash	S860	584 (95)	2.1 (0.2)
Vomiting	S530	578 (134)	2.1 (0.4)
Symptoms referable to throat	S455	403 (77)	1.5 (0.2)
Injury, other and unspecified type-head, neck, and face	J505	342 (69)	1.3 (0.2)
Headache, pain in head	S210	. ,	
Other symptoms or problems relating to psychological and mental	S165	···	
disorders	3105		^
All other reasons ²		6,005 (775)	22.1 (1.1)
Male		14,499 (1,587)	53.4 (1.0)
Fever	S010	2,417 (364)	8.9 (0.8)
Cough	S440	1,236 (140)	4.6 (0.4)
Stomach and abdominal pain, cramps and spasms	S545	628 (135)	2.3 (0.4)
Earache, or ear infection	S355	565 (94)	2.1 (0.3)
Skin rash	S860	526 (95)	1.9 (0.3)
Injury, other and unspecified type-head, neck, and face	J505	523 (90)	1.9 (0.3)
Vomiting	S530	477 (74)	1.8 (0.3)
Laceration or cut of facial area	J210	306 (51)	1.1 (0.2)
Labored or difficult breathing (dyspnea)	S420	251 (71)	0.9 (0.2)
Headache, pain in head	S210	*	*
All other reasons ²		7,322 (849)	27.0 (0.9)
All visits, age 15–64 years	•••	88,416 (5,374)	100.0
Female		50,938 (3,350)	57.6 (0.8)
Stomach and abdominal pain, cramps and spasms	S545	6,597 (525)	7.5 (0.3)
Chest pain and related symptoms (not referable to body systems)	S050	2,816 (275)	3.2 (0.2)
	S210	, ,	, ,
Headache, pain in head		2,135 (193)	2.4 (0.2)
Pain, site not referable to a specific body system	S055	1,763 (182)	2.0 (0.2)
Back symptoms	S905	1,675 (184)	1.9 (0.2)
Problems of pregnancy	S790	1,571 (175)	1.8 (0.2)
Symptoms referable to throat	S455	1,305 (169)	1.5 (0.1)
Cough	S440	1,236 (154)	1.4 (0.1)
Nausea	S525	1,038 (138)	1.2 (0.1)
Shortness of breath	S415	1,031 (128)	1.2 (0.1)
All other reasons ²		29,771 (1,917)	33.7 (0.6)
Male		37,478 (2,201)	42.4 (0.8)
Stomach and abdominal pain, cramps and spasms	S545	2,713 (237)	3.1 (0.2)
Chest pain and related symptoms (not referable to body systems)	S050	2,575 (246)	2.9 (0.2)
Back symptoms Pain, site not referable to a specific body system	S905 S055	1,233 (125) 1,001 (119)	1.4 (0.1) 1.1 (0.1)

Table 10. Ten leading principal reasons for emergency department visits, by patient age and sex: United States, 2015

Principal reason for visit and RVC code¹		Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Headache, pain in head	S210	888 (109)	1.0 (0.1)
Shortness of breath	S415	873 (99)	1.0 (0.1)
Other symptoms or problems relating to psychological and mental disorders	S165	807 (104)	0.9 (0.1)
Symptoms of teeth and gums	S500	773 (105)	0.9 (0.1)
Cough	S440	772 (100)	0.9 (0.1)
Laceration or cut of upper extremity	J225	712 (98)	0.8 (0.1)
All other reasons ²		25,133 (1,497)	28.4 (0.7)
All visits, age 65 years and over		21,372 (1,525)	100.0
Female		12,323 (869)	57.7 (1.1)
Chest pain and related symptoms (not referable to body systems)	S050	1,026 (135)	4.8 (0.5)
Stomach and abdominal pain, cramps and spasms	S545	848 (109)	4.0 (0.4)
Shortness of breath	S415	756 (104)	3.5 (0.5)
Vertigo-dizziness	S225	438 (69)	2.0 (0.3)
Accident, not otherwise specified	J810	415 (84)	1.9 (0.4)
General weakness	S020	406 (76)	1.9 (0.3)
Cough	S440	350 (73)	1.6 (0.3)
Back symptoms	S905	342 (72)	1.6 (0.3)
Other symptoms or problems relating to psychological and mental disorders	S165	305 (66)	1.4 (0.3)
Leg symptoms	S920	300 (60)	1.4 (0.3)
All other reasons ²		7,136 (520)	33.4 (1.1)
Male		9,049 (725)	42.3 (1.1)
Chest pain and related symptoms (not referable to body systems)	S050	635 (103)	3.0 (0.4)
Shortness of breath	S415	633 (84)	3.0 (0.3)
Stomach and abdominal pain, cramps and spasms	S545	583 (76)	2.7 (0.3)
General weakness	S020	221 (53)	1.0 (0.2)
Pain, site not referable to a specific body system	S055	219 (63)	1.0 (0.3)
Vertigo-dizziness	S225	*	*
Fainting (syncope)	S030	*	*
Leg symptoms	S920	185 (39)	0.9 (0.2)
Fever	S010	*	*
Other symptoms or problems relating to psychological and mental disorders	S165	180 (39)	0.8 (0.2)
All other reasons ²		5,796 (466)	27.1 (1.0)

^{...}Category not applicable.

^{*}Figure does not meet standards of reliability or precision.

Plased on A Reason for Visit Classification (RVC) for Ambulatory Care, National Center for Health Statistics. Vital Health Stat 2(78) 1979. See the 2015 National Hospital Ambulatory Medical Care Survey public use documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc15_ed.pdf). Reason for visit is defined by the patient's own words.

2Category includes all other reasons not listed above, as well as unknown and blanks.

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

Table 11. Primary diagnosis at emergency department visits, classified by major disease category: United States, 2015

Major disease category and ICD–9–CM code range	1	Number of visits in thousand (standard error in thousands	
All visits		136,943 (8,519)	100.0
Infectious and parasitic diseases	001-139	4,152 (402)	3.0 (0.2)
Neoplasms	140-239	225 (48)	0.2 (0.0)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240-279	1,911 (169)	1.4 (0.1)
Mental disorders	290-319	5,666 (393)	4.1 (0.2)
Diseases of the nervous system and sense organs	320-389	6,960 (537)	5.1 (0.2)
Diseases of the circulatory system	390-459	4,704 (394)	3.4 (0.2)
Diseases of the respiratory system	460-519	13,396 (1,113)	9.8 (0.5)
Diseases of the digestive system	520-579	8,591 (629)	6.3 (0.3)
Diseases of the genitourinary system	580-629	6,844 (503)	5.0 (0.2)
Diseases of the skin and subcutaneous tissue	680-709	4,763 (370)	3.5 (0.2)
Diseases of the musculoskeletal system and connective tissue	710-739	9,908 (664)	7.2 (0.3)
Symptoms, signs, and ill-defined conditions	780-799	31,354 (2,155)	22.9 (0.6)
njury and poisoning	800-999	27,571 (1,912)	20.1 (0.6)
Fractures	800-829	3,378 (289)	2.5 (0.2)
Sprains and strains	840-848	5,282 (397)	3.9 (0.2)
Intracranial injury	850-854	684 (78)	0.5 (0.1)
Open wounds	870-897	5,666 (463)	4.1 (0.2)
Superficial injury	910-919	1,687 (202)	1.2 (0.1)
Contusion with intact skin surface	920-924	3,815 (332)	2.8 (0.2)
Foreign bodies	930-939	521 (65)	0.4 (0.0)
Burns	940-949	356 (77)	0.3 (0.1)
Trauma complications and unspecified injuries	958-959	2,735 (303)	2.0 (0.2)
Poisoning and toxic effects	960-989	965 (112)	0.7 (0.1)
Surgical and medical complications	996-999	621 (98)	0.5 (0.1)
Other injuries		1,861 (220)	1.4 (0.1)
Supplementary classification ²	V01-V89	3,616 (310)	2.6 (0.2)
All other diagnoses³		6,312 (921)	4.6 (0.6)
Jnknown or blank		971 (139)	0.7 (0.1)

^{...}Category not applicable.
0.0 Quantity more than zero but less than 0.05.

Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

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

Table 12. Twenty leading primary diagnosis groups and presence of chronic conditions at emergency department visits: United States, 2015

Primary diagnosis group with ICD-9-CM code(s) and chronic conditions			ts in thousands r in thousands)	Percent distribution (standard error of percent	
All visits		136,943	(8,519)	100.0	
Primary diagnosis group with ICD-9-CM code(s) ¹					
Abdominal pain	789.0	7,149	(546)	5.2	(0.2)
Chest pain	786.5	5,387	(480)	3.9	(0.3)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	5,026	(541)	3.7	(0.3)
Spinal disorders	720-724	4,282	(318)	3.1	(0.1)
Contusion with intact skin surface	920-924	3,815	(332)	2.8	(0.2)
Open wound, excluding head	874-897	3,683	(344)	2.7	(0.2)
Cellulitis and abscess	681-682	2,833	(255)	2.1	(0.1)
Rheumatism, excluding back	725-729	2,750	(228)	2.0	(0.1)
Arthropathies and related disorders	710-719	2,592	(226)	1.9	(0.1)
Fractures, excluding lower limb	800-819	2,437	(241)	1.8	(0.1)
Complications of pregnancy, childbirth, and the puerperium	630-679.99	2,327	(288)	1.7	(0.2)
Urinary tract infection, site not specified	599.0	2,195	(204)	1.6	(0.1)
Diseases of the teeth and supporting structures	520-525	2,127	(210)	1.6	(0.1)
Sprains and strains, excluding ankle and back	840- 844,845.1,848	2,080	(190)	1.5	(0.1)
Sprains and strains of back	846,847	2,079	(199)	1.5	(0.1)
Headache	784.0	2,056	(195)	1.5	(0.1)
Open wound of head	870-873	1,983	(194)	1.4	(0.1)
Pyrexia of unknown origin	780.6	1,967	(311)	1.4	(0.2)
Asthma	493	1,739	(218)	1.3	(0.1)
Otitis media and eustachian tube disorders	381-382	1,722	(219)	1.3	(0.1)
All other diagnoses²		76,714	(4,795)	56.0	(0.6)

⁻⁻⁻ Data not available.

[.]Category not applicable.

^{1.} O Quantity more than zero but less than 0.05.
18 Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). Includes all other diagnoses not listed above as well as unknown and blanks.

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

Table 13. Presence of chronic conditions at emergency department visits: United States, 2015

Chronic conditions category ¹	Number of visits (standard error		Percent distribution (standard error of percent	
All visits	136,943	(8,519)	100.0	
Alcohol misuse, abuse, or dependence	3,825	(306)	2.8	(0.2)
Alzheimer disease or dementia	1,712	(206)	1.2	(0.1)
Asthma	13,485	(955)		(0.5)
Cancer	4,588	(438)	3.4	(0.3)
Cerebrovascular disease, history of stroke (CVA), or transient ischemic attack	4,002	(417)	2.9	(0.2)
Chronic kidney disease (CKD)	3,331	(408)	2.4	(0.3)
Chronic obstructive pulmonary disease (COPD)	7,251	(575)	5.3	(0.3)
Congestive heart failure	4,413	(349)	3.2	(0.2)
Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infection	8,216	(694)	6.0	(0.4)
Depression	12,769	(951)	9.3	(0.6)
Diabetes mellitus (DM)				
Type I	811	(139)	0.6	(0.1)
Type II	6,345	(675)	4.6	(0.4)
Type unspecified	7,789	(746)	5.7	(0.4)
End-stage renal disease (ESRD)	751	(125)	0.5	(0.1)
History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)	1,543	(217)	1.1	(0.1)
HIV infection or AIDS ²	566	(106)	0.4	(0.1)
Hyperlipidemia	11,032	(876)	8.1	(0.5)
Hypertension	32,370	(2,209)	23.6	(0.9)
Obesity	4,916	(628)	3.6	(0.4)
Obstructive sleep apnea (OSA)	2,257	(283)	1.6	(0.2)
Osteoporosis	1,127	(176)	0.8	(0.1)
Substance abuse or dependence	8,984	(793)	6.6	(0.6)
None of the above	70,735	(5,218)	51.7	(1.2)
Blank	1,874	(235)	1.4	(0.2)

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

^{...}Category not applicable.
0.0 Quantity more than zero but less than 0.05.

Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total of visits by patients with chronic conditions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

*HIV is human immunodeficiency virus. AIDS is acquired immune deficiency syndrome.

Table 14. Twenty leading primary diagnosis groups for emergency department visits, by patient age and sex: United States, 2015

Principal diagnosis group and ICD–9–CM code(s)¹			ts in thousands r in thousands)	Percent dist (standard error	
All visits		136,943	(8,519)	100.0	
All visits, age under 15 years		27.156	(3,061)	100.0	
Female			(1,518)		(1.0)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	1,197	,		(0.5)
Pyrexia of unknown origin	780.6		(161)		(0.5)
Otitis media and eustachian tube disorders	381–382		(91)		(0.2)
Open wound of head	870–873		(83)		(0.3)
Abdominal pain	789.0		(68)		(0.2)
Contusion with intact skin surface	920–924		(72)		(0.2)
Unspecified viral infection	079.99		(60)		(0.2)
Urinary tract infection, site not specified	599.0		(56)		(0.2)
Asthma	493		(64)		(0.2)
Open wound, excluding head	874–897		(61)		(0.2)
Cellulitis and abscess	681–682				
Acute pharyngitis	462		(57)		(0.2)
Noninfectious entertis and colitis	555–558	*	,	*	,
Sprains and strains, excluding ankle and back	840–844,845.1,848	*	•••	*	•••
Streptococcal sore throat	034.0	*	•••	*	•••
·	786.2	*		*	
Cough					•••
Superficial injuries	910–919	192	(43)	U.7 *	(0.1)
Headache	784.0	*		*	
Conjunctivitis	372.0–372.3	*			
Pneumonia	480–486				
All other diagnoses²		6,041	. ,		(0.8)
Male			(1,587)		(1.0)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	1,586			(0.5)
Pyrexia of unknown origin	780.6		(170)		(0.5)
Otitis media and eustachian tube disorders	381–382		(121)		(0.4)
Open wound of head	870–873		(94)		(0.3)
Asthma	493		(151)		(0.4)
Open wound, excluding head	874–897		(126)		(0.4)
Fractures, excluding lower limb	800–819		(89)		(0.3)
Abdominal pain	789.0		(94)		(0.3)
Contusion with intact skin surface	920–924		(61)		(0.2)
Superficial injuries	910–919		(71)		(0.2)
Acute pharyngitis	462		(80)		(0.2)
Pneumonia	480–486		(67)		(0.2)
Unspecified viral infection	079.99		(53)		(0.2)
Certain conditions originating in the perinatal period	760–779			*	
Sprains and strains, excluding ankle and back	840–844,845.1,848		(55)		(0.2)
Cough	786.2		(49)		(0.2)
Cellulitis and abscess	681–682		(42)		(0.1)
Conjunctivitis	372.0–372.3		(53)		(0.2)
Noninfectious entertis and colitis	555–558		(42)		(0.2)
Convulsions	780.3				
All other diagnoses ²	***		(672)		(0.9)
All visits, age 15–64 years			(5,374)	100.0	
Female			(3,350)		(0.8)
Abdominal pain	789.0		(345)		(0.3)
Complications of pregnancy, childbirth, and the puerperium	630–679.99		(288)		(0.3)
Spinal disorders	720–724		(200)		(0.2)
Chest pain	786.5		(239)	2.4	(0.2)
Contusion with intact skin surface	920–924	1,290	(144)	1.5	(0.1)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	1,250	(173)	1.4	(0.2)
Urinary tract infection, site not specified	599.0	1,241	(145)	1.4	(0.1)

Table 14. Twenty leading primary diagnosis groups for emergency department visits, by patient age and sex: United States, 2015

Principal diagnosis group and ICD-9-CM coo	le(s)¹	Number of visits (standard error		Percent dist (standard error	
Headache	784.0	1,102	(127)	1.2	(0.1)
Sprains and strains of back	846,847	1,055	(121)	1.2	(0.1)
Arthropathies and related disorders	710–719	1,050	(127)	1.2	(0.1)
Diseases of the teeth and supporting structures	520-525	1,047	(126)	1.2	(0.1)
Cellulitis and abscess	681–682	1,007	(133)	1.1	(0.1)
Open wound, excluding head	874-897	907	(115)	1.0	(0.1)
Migraine	346	766	(88)	0.9	(0.1)
Acute pharyngitis	462	765	(105)	0.9	(0.1)
Sprains and strains, excluding ankle and back	840-844,845.1,848	692	(75)	0.8	(0.1)
Noninflammatory disorders of the female genital organs	620,622-624	602	(93)	0.7	(0.1)
Superficial injuries	910–919	564	(103)	0.6	(0.1)
Drug dependence amd nondependence abuse of drugs	304-305	563	(85)	0.6	(0.1)
All other diagnoses ²	•••	25,013	(1,652)	28.3	(0.6)
Male	•••	37,478			(8.0)
Chest pain	786.5	1,874	` '	2.1	(0.2)
Abdominal pain	789.0	1,496	. ,		(0.1)
Open wound, excluding head	874–897	1,495			(0.2)
Spinal disorders	720–724	1,426	` '		(0.2)
Contusion with intact skin surface	920–924	1,102	` '		(0.1)
Cellulitis and abscess	681–682	1,049	` '		(0.1)
Arthropathies and related disorders	710–719		(132)		(0.1)
Drug dependence amd nondependence abuse of drugs	304–305	949			(0.1)
Rheumatism, excluding back	725–729	928	` '		(0.1)
Diseases of the teeth and supporting structures	520–525		(102)		(0.1)
Sprains and strains, excluding ankle and back	840–844,845.1,848	759			(0.1)
Sprains and strains, excluding affice and back Sprains and strains of back	846,847	752			(0.1)
Fractures, excluding lower limb	800–819	738			(0.1)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	639	` '		(0.1)
Psychoses, excluding major depressive disorder	290–295, 296.0–296.1, 296.4–299	510	` '		(0.1)
Open wound of head	870–873	481	(69)	0.5	(0.1)
Headache	784.0	476	` ,		(0.1)
Specific procedures and aftercare	V50-V59.9	449	. ,		(0.1)
Superficial injuries	910–919	444			(0.1)
Sprains and strains of ankle	845.0	430	` '		(0.1)
All other diagnoses ²		19,582	` '		(0.5)
All visits, age 65 years and over		21,372		100.0	
Female		12,323			(1.1)
Chest pain	786.5		(104)		(0.4)
Contusion with intact skin surface	920–924	531	` '		(0.3)
Heart disease, excluding ischemic	391–392.0, 393–398,402,404, 415–416,420–429	493	. ,		(0.3)
Abdominal pain	789.0	471	(75)	2.2	(0.3)
Spinal disorders	720–724	458			(0.3)
Fractures, excluding lower limb	800-819	402	. ,		(0.3)
Urinary tract infection, site not specified	599.0	301			(0.2)
Pneumonia	480–486	299	` ,		(0.3)
Dyspnea and respiratory abnormalities	786.0	292	` '		(0.3)
Chronic and unspecified bronchitis	490–491	286	` ,		(0.3)
Cerebrovascular disease	430–438	*	` '		
Rheumatism, excluding back	725–729	250			(0.2)
Syncope and collapse	780.2	228	` '		(0.2)
Open wound, excluding head	874–897	225			(0.2)
Acute upper respiratory infections, excluding pharyngitis	460–461,463–466	223	` ,		(0.2)
The separate of the separate o			` '		
Arthropathies and related disorders	710–719	212	(47)	1 ()	(0.2)

Table 14. Twenty leading primary diagnosis groups for emergency department visits, by patient age and sex: United States, 2015

Principal diagnosis group and ICD–9–CM code	(s)¹	Number of visit (standard error		Percent dist (standard error	
Dizziness and giddiness	780.4	189	(42)	0.9	(0.2)
Ischemic heart disease	410-414.9	*		*	
Cellulitis and abscess	681–682	*		*	
All other diagnoses ²		5,865	(464)	27.4	(1.0)
Male		9,049	(725)	42.3	(1.1)
Chest pain	786.5	439	(77)	2.1	(0.3)
Heart disease, excluding ischemic	391–392.0, 393–398,402,404, 415–416,420–429	395	(76)	1.8	(0.3)
Abdominal pain	789.0	296	(65)	1.4	(0.3)
Pneumonia	480-486	274	(57)	1.3	(0.3)
Open wound, excluding head	874-897	256	(75)	1.2	(0.3)
Dyspnea and respiratory abnormalities	786.0	229	(50)	1.1	(0.2)
Chronic and unspecified bronchitis	490-491	213	(56)	1.0	(0.3)
Symptoms involving the urinary system	788	202	(46)	0.9	(0.2)
Urinary tract infection, site not specified	599.0	*		*	
Syncope and collapse	780.2	*		*	
Fractures, excluding lower limb	800-819	*		*	
Arthropathies and related disorders	710–719	*		*	
Contusion with intact skin surface	920-924	*		*	
Cellulitis and abscess	681–682	*		*	
Open wound of head	870-873	*		*	
Dizziness and giddiness	780.4	*		*	
Essential hypertension	401	*		*	
Complications of surgical and medical care, not elsewhere classified	996–999	*		*	
Cerebrovascular disease	430–438	*		*	
Constipation	564.0	*		*	
All other diagnoses ²		4,777	(413)	22.3	(0.9)

^{...}Category not applicable.

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.
*Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

²Includes all other diagnoses not list above as well as unknown and blanks.

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

Table 15. Injury visits to emergency department by selected patient and hospital characteristics: United States, 2015

Selected patient and hospital characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year¹ (standard error of rate)
All injury visits ^{2,3}	38,959 (2,523)	100.0	12.3 (0.8)
Patient characteristics			
Age:			
Under 15 years	8,151 (955)	20.9 (1.7)	13.4 (1.6)
Under 1 year	639 (124)	1.6 (0.3)	16.1 (3.1)
1–4 years	2,398 (328)	6.2 (0.7)	15.1 (2.1)
5–14 years	5,114 (596)	13.1 (1.0)	12.5 (1.5)
15–24 years	6,879 (533)	17.7 (0.8)	16.0 (1.2)
25–44 years	10,666 (707)	27.4 (1.0)	12.9 (0.9)
45–64 years	7,862 (535)	20.2 (0.9)	9.4 (0.6)
65 years and over	5,401 (446)	13.9 (0.8)	11.6 (1.0)
65–74 years	2,347 (211)	6.0 (0.5)	8.6 (0.8)
75 years and over	3,054 (288)	7.8 (0.5)	16.0 (1.5)
Female:	19,123 (1,307)	49.1 (0.9)	11.8 (0.8)
Under 15 years	3,482 (429)	8.9 (0.8)	11.7 (1.4)
15–24 years	3,165 (295)	8.1 (0.6)	14.9 (1.4)
25–44 years	5,304 (406)	13.6 (0.7)	12.6 (1.0)
45–64 years	3,921 (310)	10.1 (0.5)	9.1 (0.7)
65–74 years	1,339 (132)	3.4 (0.3)	9.2 (0.9)
75 years and over	1,913 (191)	4.9 (0.4)	17.0 (1.7)
Male:	19,836 (1,320)	50.9 (0.9)	12.8 (0.9)
Under 15 years	4,670 (550)	12.0 (1.0)	15.0 (1.8)
15–24 years	3,715 (335)	9.5 (0.6)	17.2 (1.5)
25–44 years	5,361 (380)	13.8 (0.7)	13.2 (0.9)
45–64 years	3,940 (280)	10.1 (0.6)	9.8 (0.7)
65–74 years	1,009 (130)	2.6 (0.3)	7.9 (1.0)
75 years and over	1,141 (154)	2.9 (0.3)	14.4 (1.9)
Hospital characteristics			
Voluntary	29,244 (2,281)	75.1 (3.6)	9.2 (0.7)
Proprietary	6,330 (1,374)	16.2 (3.3)	2.0 (0.4)
Government	3,385 (940)	8.7 (2.3)	1.1 (0.3)
Geographic region:			
Northeast	6,766 (652)	17.4 (1.8)	12.2 (1.2)
Midwest	9,500 (1,022)	24.4 (2.5)	14.2 (1.5)
South	14,574 (1,891)	37.4 (3.5)	12.3 (1.6)
West	8,119 (1,180)	20.8 (2.7)	10.8 (1.6)
Metropolitan status: ^{4,5}			
Metropolitan statistical area	33,094 (2,392)	84.9 (2.6)	12.0 (0.9)
Non-metropolitan statistical area	5,865 (1,061)	15.1 (2.6)	14.8 (2.7)

^{..}Category not applicable.

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

¹Visit rates for age, sex, race, and region are based on the July 1, 2015, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

^{*}Injury visits include first-, second-, third-, fourth-, and fifth-listed reason for visit and diagnosis codes related to injury and poisoning. Injury visits do not include adverse effects and complication codes.

Injury visits represent 28.4% (standard error = 0.6) of all emergency department visits.

Injury visits represent 28.4% (standard error = 0.6) of all emergency department visits.

Injury visits presented prior to 2010 included visits for a selection of other reason and diagnosis codes relating to various conditions (for example, carpal tunnel syndrome, allergic reactions, alcohol and drug abuse, birth trauma, and others). For more details see the 2010 NHAMCS Public Use Data File documentation, available at https://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NHAMCS/doc2010.pdf

Population estimates by metropolitan statistical area status are based on data from the 2015 National Health Interview Survey (NHIS), National Center for Health Statistics, compiled according to the Office of Management and Budget's definition of core-based statistical areas as of July 2015. See https://www.census.gov/programs-surveys/metro-micro.html for more about metropolitan statistical area definitions

⁵MSA is metropolitan statistical area.

Table 16. Injury visits to emergency departments by race and age, and ethnicity: United States, 2015

Patient characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate)¹
All injury visits²	38,959 (2,523)	100.0	12.3 (0.8)
Race and age ³			
White	29,579 (1,948)	75.9 (1.6)	12.1 (0.8)
Under 15 years	5,935 (665)	15.2 (1.1)	13.4 (1.5)
15–24 years	5,207 (402)	13.4 (0.7)	16.5 (1.3)
25–44 years	7,705 (515)	19.8 (0.8)	12.4 (0.8)
45–64 years	6,089 (449)	15.6 (0.8)	9.1 (0.7)
65–74 years	1,994 (193)	5.1 (0.4)	8.7 (0.8)
75 years and over	2,650 (249)	6.8 (0.5)	16.1 (1.5)
Black or African American	7,826 (844)	20.1 (1.6)	19.0 (2.0)
Under 15 years	1,788 (298)	4.6 (0.6)	19.5 (3.2)
15–24 years	1,457 (229)	3.7 (0.5)	22.2 (3.5)
25–44 years	2,445 (275)	6.3 (0.6)	21.8 (2.5)
45–64 years	1,583 (208)	4.1 (0.5)	15.7 (2.1)
65–74 years	260 (45)	0.7 (0.1)	9.9 (1.7)
75 years and over	293 (80)	0.8 (0.2)	18.4 (5.0)
Other⁴	1,554 (233)	4.0 (0.5)	5.1 (0.8)
Ethnicity ³			
Hispanic	6,015 (666)	15.4 (1.5)	10.8 (1.2)
Not Hispanic	32,944 (2,243)	84.6 (1.5)	12.7 (0.9)
White	24,242 (1,682)	62.2 (1.9)	12.4 (0.9)
Black or African American	7,399 (831)	19.0 (1.6)	19.2 (2.2)
Other⁴	1,303 (203)	3.3 (0.5)	4.9 (0.8)

^{..}Category not applicable.

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

^{&#}x27;Visit rates are based on the July 1, 2015, estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

2The National Hospital Ambulatory Medical Care Survey definition of injury visits, as shown on this table, includes first-, second-, third-, fourth-, and fifth-listed reason for visit and diagnosis codes that

The National Hospital Ambulatory Medical Care Survey definition of injury visits, as shown on this table, includes first-, second-, third-, fourth-, and fifth-listed reason for visit and diagnosis codes that are injury or poison related. Adverse effects and complications are excluded. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care, diagnosis and external cause of injury were coded using the *International Classification of Diseases*, *Inith Revision, Clinical Modification* (ICD-9-CM)) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: *International Classification of Diseases*, *Ninth Revision, Clinical Modification*, Sixth Edition. DHHS Pub No. (PHS) 11–1260). Injury visits, using this definition, accounted for 28.4% (standard error = 0.6) of all emergency department visits in 2015. For more details see the 2015 NHAMCS Public Use Data File documentation, available at: ftp://ftp.dcd.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc15_ed.pdf.

3The race groups white, black or African American, and other include persons of Hispanic origin. Persons of Hispanic origin may be of any race. For 2015, race data were missing for

The race groups white, black or African American, and other include persons of Hispanic origin. Persons of Hispanic origin may be of any race. For 2015, race data were missing for 20.7% of injury visits, and ethnicity data were missing for 27.1% of injury visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2015 NHAMCS Public Use Data File documentation, available at:

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Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

Table 17. Emergency department visits related to injury, poisoning, and adverse effect, by intent and mechanism: United States, 2015

Intent and mechanism ¹	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent
All injury visits related to injury, poisoning, and adverse effect ^{1,2}	41,586 (2,660)	100.0
Unintentional injuries	30,764 (2,084)	74.0 (1.1)
Falls	10,597 (741)	25.5 (0.7)
Motor vehicle traffic	4,530 (415)	10.9 (0.6)
Struck against or struck accidentally by objects or persons	3,064 (282)	7.4 (0.5)
Overexertion and strenuous movements	2,034 (181)	4.9 (0.4)
Cutting or piercing instruments or objects	2,350 (254)	5.7 (0.4)
Natural and environmental factors	2,056 (223)	4.9 (0.4)
Poisoning	1,432 (132)	3.4 (0.3)
Fire and flames, hot substances or object, caustic or corrosive and steam	423 (81)	1.0 (0.2)
Pedal cycle, nontraffic	422 (106)	1.0 (0.2)
Motor vehicle, nontraffic and other	418 (73)	1.0 (0.2)
Suffocation	*	*
Foreign body	696 (102)	1.7 (0.2)
Other transportation	*	*
Caught accidentally in or between objects	384 (64)	0.9 (0.1)
Machinery	169 (35)	0.4 (0.1)
Other mechanism³	1,967 (220)	4.7 (0.4)
Mechanism unspecified	*	*
ntentional injuries	2,193 (186)	5.3 (0.4)
Assault	1,601 (151)	3.9 (0.3)
Unarmed fight or brawl, striking by blunt or thrown object	934 (105)	2.2 (0.2)
Cutting or piercing instrument	*	*
Other and unspecified mechanism⁴	510 (77)	1.2 (0.2)
Self-inflicted	575 (90)	1.4 (0.2)
Poisoning by solid or liquid substances, gases, and vapors	333 (60)	0.8 (0.1)
Other and unspecified mechanism⁵	241 (65)	0.6 (0.1)
Other causes of violence	*	*
njuries of undetermined intent	*	*
Adverse effects of medical treatment	2,263 (221)	5.4 (0.4)
Medical and surgical complications	1,580 (181)	3.8 (0.4)
Adverse drug effects	683 (84)	1.6 (0.2)
Alcohol and drug use ⁶	179 (35)	0.4 (0.1)
Blank cause ⁷	6,142 (536)	14.8 (0.9)

[.]Category not applicable

NOTE: Numbers may not add to totals because of rounding

^{*}Figure does not meet standards of reliability or precision.

Based on "Supplementary Classification of External Cause of Injury or Poisoning" in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). A detailed description of the ICD-9-CM E-codes used to create the groupings in this table can be found in Appendix Table I. Injury-related visits differ from injury visits (Tables 15, 16, 18) because injury-related visits includes adverse effects and complication codes. Starting in 2010, the definition of injury-related visits differs from injury-related visits presented prior to 2010. Prior to 2010, injury-related visits included visits for injuries, poisonings, and adverse effects of medical treatment, as well as visits for a selection of other reasons and diagnosis codes relating to various conditions (for example, carpal tunnel syndrome, allergic reactions, alcohol and drug abuse, birth trauma, and others). For more details see the 2010 NHAMCS Public Use Data File documentation, available at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc2010.pdf. Injury-related visits accounted for 30.4% (standard error = 0.6) of all emergency department visits in 2015.

³Includes drowning, firearms, and other mechanism.

Includes assaults by firearms and explosives, and other mechanism.
Includes injury by cutting and piercing instrument, and other and unspecified mechanism.

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. The codes for alcohol (710-) and drug (700-) use were developed by the Ambulatory and Hospital Care Statistics Branch. ⁷Includes illegible entries and blanks.

Table 18, Emergency department injury visits by body site: United States, 2015

Body site¹	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All injury visits ^{2,3}	38,959 (2,523)	100.0
Head and neck	4,648 (330)	11.9 (0.6)
Traumatic brain injury	556 (64)	1.4 (0.2)
Other head	1,295 (130)	3.3 (0.3)
Face	1,390 (141)	3.6 (0.3)
Eye	473 (74)	1.2 (0.2)
Head, face, and neck unspecified	932 (101)	2.4 (0.2)
Spinal cord	*	*
Vertebral column	1,520 (168)	3.9 (0.3)
Cervical	785 (113)	2.0 (0.2)
Thoracic and dorsal	*	*
Lumbar	463 (69)	1.2 (0.2)
Other vertebral column	*	*
Torso	1,630 (154)	4.2 (0.3)
Chest	672 (94)	1.7 (0.2)
Abdomen	*	*
Pelvis and urogenital	281 (63)	0.7 (0.1)
Trunk	231 (53)	0.6 (0.1)
Back and buttocks	312 (53)	0.8 (0.1)
Upper extremity	6,224 (541)	16.0 (0.7)
Shoulder and upper arm	1,143 (148)	2.9 (0.3)
Forearm and elbow	1,124 (126)	2.9 (0.3)
Wrist, hand, and fingers	3,552 (312)	9.1 (0.5)
Other and unspecified upper extremity	405 (92)	1.0 (0.2)
Lower extremity	4,976 (396)	12.8 (0.6)
Hip	396 (68)	1.0 (0.2)
Upper leg and thigh	*	*
Knee	268 (57)	0.7 (0.1)
Lower leg and ankle	1,547 (167)	4.0 (0.3)
Foot and toes	1,228 (129)	3.2 (0.3)
Other and unspecified lower extremity	1,423 (150)	3.7 (0.3)
System-wide	1,897 (172)	4.9 (0.4)
Other and unspecified body site injuries	2,070 (242)	5.3 (0.5)
Injury visit with multiple injury diagnoses	6,535 (532)	16.8 (0.8)
Injury visit without injury diagnoses⁴	8,721 (665)	22.4 (0.9)
Musculoskeletal conditions	2,587 (229)	6.6 (0.5)
Skin conditions	760 (114)	2.0 (0.3)
Symptoms, signs, ill-defined conditions	1,506 (185)	3.9 (0.4)
Mental disorders	948 (115)	2.4 (0.3)
Observation and evaluation	287 (66)	0.7 (0.2)
All other diagnoses	2,633 (257)	6.8 (0.4)
Unknown⁵	725 (131)	1.9 (0.3)

^{..}Category not applicable.

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

^{*}Figure does not meet standards of reliability or precision.
*Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). 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. Available at: http://www.cdc.gov/nchs/data/ad/348.pdf. In this table, injury visits with a single injury diagnosis, whether first- or any-listed, are reported in the relevant body region category; 16.8% of injury visits had

multiple injury diagnoses and are shown in a separate row of the table. Injury visits with multiple injury diagnoses can include visits in which there were multiple injuries within a single body site as well as visits in which there were injuries to more than one body site.

Injury visits include any-listed reason for visit, cause of injury, and diagnosis codes related to injury and poisoning. Injury visits do not include adverse effects and complication codes. Injury visits represent

^{28.4% (}standard error = 0.6) of all emergency department visits.

The definition of injury-related visits changed in 2010. Prior to 2010, injury-related visits for adverse effects of medical or surgical care, adverse effects of medicinal drugs, and a broader range of diagnosis codes. For details see the 2010 NHAMCS Public Use Data File Documentation at: ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Dataset Documentation/NHAMCS/doc2010.pdf. 4"Injury visit without injury diagnosis" include visits where injury status was based on any-listed reason for visit or cause of injury codes. These are shown by their primary diagnosis group. ⁵Includes blank, uncodable, and illegible diagnoses.

Table 19. Selected diagnostic and screening services ordered or provided at emergency department visits: United States, 2015

Diagnostic and screening services ordered or provided	Number of visits in thousands¹ (standard error in thousands)	Percent distribution (standard error of percent)
All visits	136,943 (8,519)	
One or more diagnostic or screening service listed	98,512 (6,505)	71.9 (1.2)
None	36,947 (2,660)	27.0 (1.2)
Blanks	1,485 (286)	1.1 (0.2)
Blood tests		
Complete blood count	49,621 (3,074)	36.2 (1.2)
Comprehensive metabolic panel (CMP)	32,128 (2,567)	23.5 (1.2)
Basic metabolic panel (BMP)	14,628 (1,754)	10.7 (1.2)
Glucose	11,127 (1,412)	8.1 (1.0)
Prothrombin time or international normalized ratio (INR)	10,317 (1,008)	7.5 (0.7)
Blood urea nitrogen or creatinine	9,131 (1,825)	6.7 (1.3)
Cardiac enzymes	5,685 (665)	4.2 (0.5)
Liver function tests	5,642 (807)	4.1 (0.6)
Electrolytes	4,449 (782)	3.2 (0.6)
Blood culture	4,065 (361)	3.0 (0.2)
Brain natriuretic peptide	3,445 (377)	2.5 (0.3)
D-dimer	3,233 (428)	2.4 (0.3)
Blood alcohol concentration	2,349 (257)	1.7 (0.2)
Arterial blood gases	2,176 (435)	1.6 (0.3)
Lactate	1,791 (246)	1.3 (0.2)
Other blood test	26,781 (2,512)	19.6 (1.6)
Any blood test listed	58,086 (3,558)	42.4 (1.2)
Imaging		
X ray	46,086 (2,937)	33.7 (0.9)
Computed tomography scan	22,598 (1,526)	16.5 (0.7)
Abdomen or pelvis	8,937 (668)	6.5 (0.4)
Chest	2,864 (269)	2.1 (0.2)
Head	10,385 (760)	7.6 (0.4)
Other	3,439 (379)	2.5 (0.3)
Ultrasound	5,998 (562)	4.4 (0.3)
IV contrast with CT	5,930 (531)	4.3 (0.4)
Magnetic resonance imaging scan	1,015 (143)	0.7 (0.1)
IV contrast with MRI	*	*
Other imaging	1,228 (141)	0.9 (0.1)
Any imaging	64,430 (3,951)	47.0 (1.1)
Examinations and tests		
Urinalysis	35,192 (2,313)	25.7 (0.8)
Electrocardiogram (EKG/ECG)	26,621 (1,839)	19.4 (0.9)
Urine culture	11,744 (1,061)	8.6 (0.7)
Pregnancy HCG test ²	10,876 (817)	7.9 (0.5)
Cardiac monitor	9,695 (1,082)	7.1 (0.7)
Toxicology screen	4,905 (449)	3.6 (0.3)
Influenza test	3,111 (548)	2.3 (0.4)
Throat culture	2,651 (333)	1.9 (0.2)
Other culture	2,356 (282)	1.7 (0.2)
Wound culture	1,022 (139)	0.7 (0.1)
HIV test ³	572 (141)	0.4 (0.1)
Other test or service	20,133 (3,155)	14.7 (1.8)

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.
'Total exceeds "all visits" because more than one service may be reported per visit.
'HCG is human chorionic gonadotropin. Based on 75,916,414 female visits.
'HIV is human immunodeficiency virus.

SOURCE: NCHS, National Hospital Ambulatory Medical Care Survey, 2015.

Table 20. Selected procedures at emergency department visits: United States, 2015

Procedure performed	Number of visit (standard error		Percent distribu (standard error of p	
All visits	136,943	(8,519)		
One or more procedure listed	56,004	(3,923)	40.9 (2.0)	
lone ¹	77,971	(6,065)	56.9 (2.0)	
Blank ²	2,969	(447)	2.2 (0.3)	
ntravenous fluids	31,347	(2,379)	22.9 (1.3)	
Cast, splint, or wrap	6,795	(598)	5.0 (0.3)	
Suturing or staples	3,428	(324)	2.5 (0.2)	
ncision and drainage	1,131	(124)	0.8 (0.1)	
lebulizer therapy	3,338	(358)	2.4 (0.2)	
ladder catheter	1,873	(282)	1.4 (0.2)	
elvic exam	1,478	(220)	1.1 (0.2)	
central line	*752	(390)	*0.5 (0.3)	
Cardiopulmonary resuscitation	*		*	
Endotracheal intubation	370	(70)	0.3 (0.0)	
Skin adhesives	1,413	(209)	1.0 (0.1)	
BiPAP/CPAP ³	*704	(326)	*0.5 (0.2)	
umbar puncture	266	(66)	0.2 (0.0)	
Other	14,854	(2,173)	10.8 (1.5)	

^{...}Category not applicable.

*Figure does not meet standards of reliability or precision.

¹The "none" checkbox was marked on the Patient Record form (PRF).

²No checkboxes were marked on PRF.

³BiPAP is variable or bilevel positive airway pressure. CPAP is continuous positive airway pressure.

Table 21. Medication therapy and number of medications mentioned at emergency department visits: United States, 2015

Medication therapy¹	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	136,943 (8,519)	100.0
/isits with mention of medication ²	108,264 (6,766)	79.1 (0.9)
/isits without mention of medication	28,680 (2,266)	20.9 (0.9)
Number of medications provided or prescribed ³		
)	28,680 (2,266)	20.9 (0.9)
	30,069 (2,053)	22.0 (0.6)
2	27,321 (1,945)	20.0 (0.6)
3	18,387 (1,324)	13.4 (0.4)
Į.	12,519 (964)	9.1 (0.3)
j	7,335 (603)	5.4 (0.3)
}	4,013 (364)	2.9 (0.2)
	2,754 (257)	2.0 (0.2)
	1,456 (163)	1.1 (0.1)
)	962 (145)	0.7 (0.1)
0	749 (106)	0.5 (0.1)
1	450 (90)	0.3 (0.1)
2	300 (64)	0.2 (0.0)
3 or more	1,949 (410)	1.4 (0.3)

[&]quot;Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

Visits at which one or more drugs were given in ED or prescribed at discharge (up to thirty per visit). Also defined as a drug visit.

There were 340,551,000 drug mentions at emergency department visits in 2015. The average drug mention rate was 2.5 drug mentions per ED visit (standard error = 0.09). For visits with at least one drug mention, the average drug visit rate was 3.1 drugs per visit (standard error = 0.10).

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

Table 22. Twenty most frequently mentioned drugs by therapeutic drug categories at emergency department visits: United States, 2015

Drug category¹	Number of occurrence in thousands (standard error in thousands)	Percent of drug mentions ² (standard error of percent)	
Analgesics ³	95,490 (5,880)	28.0 (0.6)	
Antiemetic and antivertigo agents	36,717 (2,511)	10.8 (0.4)	
Minerals and electrolytes	32,250 (2,584)	9.5 (0.4)	
Miscellaneous respiratory agents	25,499 (2,074)	7.5 (0.4)	
Anxiolytics, sedatives, and hypnotics	13,992 (1,006)	4.1 (0.2)	
Bronchodilators	12,199 (1,024)	3.6 (0.2)	
Adrenal cortical steroids	10,029 (880)	2.9 (0.2)	
Anticonvulsants	9,964 (788)	2.9 (0.1)	
Antihistamines	9,686 (726)	2.8 (0.1)	
Cephalosporins	8,898 (674)	2.6 (0.1)	
Penicillins	8,256 (712)	2.4 (0.1)	
Dermatological agents	7,101 (665)	2.1 (0.1)	
Miscellaneous antibiotics	6,562 (533)	1.9 (0.1)	
ocal injectable anesthetics	6,330 (545)	1.9 (0.1)	
Antiarrhythmic agents	6,169 (463)	1.8 (0.1)	
Muscle relaxants	5,747 (499)	1.7 (0.1)	
Antiplatelet agents	5,292 (560)	1.6 (0.1)	
Macrolide derivatives	4,909 (443)	1.4 (0.1)	
antiparkinson agents	4,874 (373)	1.4 (0.1)	
axatives	4,846 (553)	1.4 (0.1)	

Based on Multum Lexicon second level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).
Based on an estimated 340,551,000 drug mentions at emergency department visits in 2015. Drug mentions are medications given in emergency departments or prescribed at discharge. Includes narcotics (12.8%), nonsteroidal anti-inflammatory drugs (9.7%), and other analgesics (including salicylates, analgesic combinations, antimigraine agents, Cox-2 inhibitors, and miscellaneous analgesics) (5.6%).

Table 23. Twenty most frequently mentioned drugs at emergency department visits: United States, 2015

				P	ercent of mention	standard error of perce	ent)	_
Number of drug mentions in thousands (standard error in Drug name¹ thousands)	Percent distribution (standard error of percent) To	Total	Given in emergency department	Prescribed at discharge	Both given in emergency department and prescribed at discharge	Unknown²	Therapeutic drug category³	
All drug mentions	340,551 (22,586)	100.0 (0.0)	100.0	54.2 (1.9)	32.2 (2.0)	11.1 (1.0)	*2.5 (1.2)	
Sodium chloride	25,337 (2,060)	7.4 (0.4)	100.0	96.9 (1.0)	1.2 (0.3)	*0.5 (0.2)	*1.4 (0.9)	Minerals and electrolytes, Miscellaneous respiratory agents
Ondansetron	21,743 (1,552)	6.4 (0.2)	100.0	66.7 (2.0)	13.6 (1.3)	17.8 (1.6)	*1.9 (1.2)	Antiemetic/antivertigo agents
Ibuprofen	18,737 (1,464)	5.5 (0.3)	100.0	30.0 (2.4)	48.6 (2.9)	19.6 (1.7)	*1.7 (0.9)	Analgesics
Acetaminophen	13,365 (1,148)	3.9 (0.3)	100.0	54.3 (3.8)	33.2 (3.7)	10.7 (1.3)	*1.8 (0.9)	Analgesics
Acetaminophen- hydrocodone	12,675 (998)	3.7 (0.2)	100.0	24.6 (2.2)	53.0 (2.7)	20.8 (1.7)	*1.7 (1.2)	Analgesics
Ketorolac	9,409 (763)	2.8 (0.2)	100.0	86.3 (2.5)	6.5 (1.1)	3.9 (0.8)	*3.3 (2.2)	Analgesics
Morphine	7,557 (676)	2.2 (0.1)	100.0	95.9 (1.2)	*2.0 (0.8)	*1.1 (0.5)	*1.1 (0.7)	Analgesics
Albuterol	6,626 (602)	1.9 (0.1)	100.0	35.6 (3.1)	40.0 (2.9)	22.2 (2.8)	*2.2 (1.2)	Bronchodilators
Hydromorphone	6,214 (612)	1.8 (0.1)	100.0	95.4 (1.2)	1.7 (0.5)	*1.3 (0.5)	*1.6 (1.1)	Analgesics
Acetaminophen-oxycodone	5,214 (551)	1.5 (0.2)	100.0	29.9 (2.6)	43.9 (2.7)	23.6 (2.9)	*2.5 (1.7)	Analgesics
Tramadol	4,774 (477)	1.4 (0.1)	100.0	15.8 (2.5)	64.7 (4.0)	17.3 (3.1)	*2.2 (1.2)	Analgesics
Aspirin	4,686 (486)	1.4 (0.1)	100.0	68.3 (4.6)	21.6 (4.1)	*6.7 (2.4)	*3.5 (1.7)	Analgesics, Antiplatelet agents
Diphenhydramine	4,631 (359)	1.4 (0.1)	100.0	65.4 (3.3)	21.5 (2.6)	10.4 (1.5)	*2.7 (1.4)	Antiemetic/antivertigo agents, Antihistamines, Antiparkinson agents, Anxiolytics, sedatives, and hypnotics
Lidocaine	4,538 (370)	1.3 (0.1)	100.0	89.5 (2.2)	7.0 (1.3)	*1.7 (0.6)	*1.8 (1.8)	Antiarrhythmic agents, Local injectable anesthetics
Azithromycin	4,354 (402)	1.3 (0.1)	100.0	24.2 (2.3)	62.4 (3.3)	11.8 (2.0)	*1.6 (1.0)	Macrolide derivatives
Prednisone	4,213 (362)	1.2 (0.1)	100.0	14.3 (1.7)	57.5 (3.8)	25.0 (3.0)	*3.2 (2.0)	Adrenal cortical steroids
Cephalexin	3,914 (314)	1.1 (0.1)	100.0	13.2 (2.0)	68.8 (3.3)	16.3 (2.8)	*1.8 (0.8)	Cephalosporins
Lorazepam	3,909 (373)	1.1 (0.1)	100.0	78.6 (2.8)	12.2 (2.2)	6.9 (1.3)	*2.3 (1.4)	Anticonvulsants, Antiemetic/ antivertigo agents, Anxiolytics, sedatives, and hypnotics
Amoxicillin	3,778 (391)	1.1 (0.1)	100.0	7.7 (1.7)	71.3 (3.5)	17.2 (2.5)	*3.8 (2.9)	Penicillins
Naproxen	3,509 (385)	1.0 (0.1)	100.0	12.8 (2.5)	71.4 (3.3)	13.5 (2.1)	*2.3 (1.5)	Analgesics
All other	171,368 (13,095)	50.3 (1.1)	100.0	51.0 (2.4)	35.9 (2.7)	10.2 (1.4)	*2.9 (1.3)	

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.
*Based on Multum Lexicon terminology, the drug name reflects the active ingredients of a drug mention.
*Unknown includes drugs given or prescribed that did not have either the "given in emergency department" or "prescribed at discharge" check boxes marked.

Based on Multum Lexicon second level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).

SOURCE: NCHS, National Hospital Ambulatory Medical Care Survey, 2015.

Table 24. Providers seen at emergency department visits: United States, 2015

Type of provider	Number of visits in thousands ¹ (standard error in thousands)	Percent distribution (standard error of percent)
All visits	136,943 (8,519)	
Any physician	120,415 (7,455)	87.9 (1.3)
Emergency department attending physician	116,788 (7,412)	85.3 (1.9)
Emergency department resident or intern	11,132 (2,052)	8.1 (1.5)
Consulting physician	12,107 (1,510)	8.8 (1.0)
Registered nurse (RN) or licensed practical nurse (LPN)	128,722 (7,824)	94.0 (1.1)
Any physician seen	114,407 (7,003)	83.5 (1.6)
Physician not seen	14,315 (1,885)	10.5 (1.2)
Nurse practitioner	10,969 (1,891)	8.0 (1.3)
Any physician seen	4,945 (1,118)	3.6 (0.8)
Physician not seen	6,024 (1,248)	4.4 (0.9)
Physician assistant	17,130 (1,874)	12.5 (1.1)
Any physician seen	11,310 (1,459)	8.3 (1.0)
Physician not seen	5,820 (1,003)	4.3 (0.6)
Emergency medical technician	7,705 (923)	5.6 (0.6)
Mental health provider	2,052 (259)	1.5 (0.2)
Other	41,211 (4,534)	30.1 (3.0)
Blank	373 (81)	0.3 (0.1)

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.

¹Combined total of providers seen exceeds "all visits" and percent of visits exceeds 100%, because more than one provider may be reported per visit.

Table 25. Disposition of emergency department visits: United States, 2015

Disposition	Number of visits in thousands¹ (standard error in thousands)	Percent of visits (standard error of percent)	
All visits	136,943 (8,519)		
Admitted, transferred, or died			
Admit to this hospital	12,263 (1,366)	9.0 (0.8)	
Critical care unit	1,516 (215)	1.1 (0.1)	
Stepdown or telemetry unit	794 (230)	0.6 (0.2)	
Operation room	727 (148)	0.5 (0.1)	
Mental health or detoxification unit	352 (71)	0.3 (0.1)	
Cardiac catheterization lab	250 (74)	0.2 (0.1)	
Other bed or unit	7,131 (999)	5.2 (0.6)	
Unknown or blank	1,492 (323)	1.1 (0.2)	
dmit to observation unit	2,549 (461)	1.9 (0.3)	
Then hospitalized	*	*	
Then discharged	2,515 (452)	1.8 (0.3)	
Return or transfer to nursing home	669 (116)	0.5 (0.1)	
ransfer to psychiatric hospital	1,130 (130)	0.8 (0.1)	
ransfer to other hospital	1,851 (249)	1.4 (0.2)	
Dead in emergency department ²	195 (38)	0.1 (0.0)	
Outpatient follow-up			
Return or refer to physician or clinic for follow-up	93,565 (6,616)	68.3 (2.1)	
lo follow-up planned	15,845 (2,543)	11.6 (1.6)	
Left prior to completing visit			
eft before triage	582 (148)	0.4 (0.1)	
eft after triage	1,831 (252)	1.3 (0.2)	
eft against medical advice	1,331 (178)	1.0 (0.1)	
Other	5,071 (1,234)	3.7 (0.9)	
Blank	795 (206)	0.6 (0.2)	

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.
0.0 Quantity more than zero, but less than 0.05.

Total exceeds "all visits" because more than one disposition may be reported per visit.
Includes "dead on arrival."

Table 26. Emergency department visits resulting in hospital admission, by selected patient and visit characteristics: United States, 2015

Selected characteristic error in thousands of percent	error in days) 5.0 (0.1) 3.1 (0.3) 4.1 (0.4) 4.5 (0.3) 5.3 (0.3) 5.2 (0.4) 5.3 (0.2)	error of percent) 9.0 (0.8) 2.5 (0.6) 3.0 (0.4) 5.0 (0.6) 11.9 (1.2)
Under 15 years 677 (172) 5.5 (1.2) 15–24 years 613 (92) 5.0 (0.6) 25–44 years 1,941 (241) 15.8 (1.4) 45–64 years 3,476 (426) 28.3 (1.3) 65–74 years 2,191 (310) 17.9 (1.2) 75 years and over 3,367 (420) 27.5 (1.5) Residence Private residence Private residence 10,567 (1,150) 86.2 (1.2) Nursing home 857 (158) 7.0 (1.1) Homeless * * * Other 361 (102) 2.9 (0.7) Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	4.1 (0.4) 4.5 (0.3) 5.3 (0.3) 5.2 (0.4)	3.0 (0.4) 5.0 (0.6) 11.9 (1.2)
Under 15 years 677 (172) 5.5 (1.2) 15–24 years 613 (92) 5.0 (0.6) 25–44 years 1,941 (241) 15.8 (1.4) 45–64 years 3,476 (426) 28.3 (1.3) 65–74 years 2,191 (310) 17.9 (1.2) 75 years and over 3,367 (420) 27.5 (1.5) Residence Private residence Private residence 10,567 (1,150) 86.2 (1.2) Nursing home 857 (158) 7.0 (1.1) Homeless * * * Other 361 (102) 2.9 (0.7) Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	4.1 (0.4) 4.5 (0.3) 5.3 (0.3) 5.2 (0.4)	3.0 (0.4) 5.0 (0.6) 11.9 (1.2)
15–24 years 613 (92) 5.0 (0.6) 25–44 years 1,941 (241) 15.8 (1.4) 45–64 years 3,476 (426) 28.3 (1.3) 65–74 years 2,191 (310) 17.9 (1.2) 75 years and over 3,367 (420) 27.5 (1.5) Residence Private residence 10,567 (1,150) 86.2 (1.2) Nursing home 857 (158) 7.0 (1.1) Homeless * * Other 361 (102) 2.9 (0.7) Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 5,178 (619) 42.2 (1.9) Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	4.1 (0.4) 4.5 (0.3) 5.3 (0.3) 5.2 (0.4)	3.0 (0.4) 5.0 (0.6) 11.9 (1.2)
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45–64 years 3,476 (426) 28.3 (1.3) 65–74 years 2,191 (310) 17.9 (1.2) 75 years and over 3,367 (420) 27.5 (1.5) Residence Private residence 10,567 (1,150) 86.2 (1.2) Nursing home 857 (158) 7.0 (1.1) Homeless * * Other 361 (102) 2.9 (0.7) Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 5,178 (619) 4.5 (0.9) Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.3 (0.3) 5.2 (0.4)	` '
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Other 361 (102) 2.9 (0.7) Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 551 (118) 4.5 (0.9) Mode of arrival 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.5 (0.5)	38.4 (4.0)
Unknown or blank *411 (133) 3.4 (0.9) Expected sources of payment ² Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program ³ 3,373 (425) 27.5 (2.2) No insurance ⁴ 551 (118) 4.5 (0.9) Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent ⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	*	*
Expected sources of payment ² Private insurance	6.3 (1.0)	20.7 (5.1)
Private insurance 4,636 (605) 37.8 (2.4) Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 551 (118) 4.5 (0.9) Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.0 (0.6)	13.4 (2.7)
Medicare 5,854 (730) 47.7 (2.2) Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 551 (118) 4.5 (0.9) Mode of arrival 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)		
Medicaid or CHIP or other state-based program³ 3,373 (425) 27.5 (2.2) No insurance⁴ 551 (118) 4.5 (0.9) Mode of arrival 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	4.6 (0.2)	9.9 (1.0)
No insurance⁴ 551 (118) 4.5 (0.9) Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.5 (0.2)	24.1 (2.1)
Mode of arrival Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.3 (0.3)	7.1 (0.8)
Ambulance 5,178 (619) 42.2 (1.9) Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	3.9 (0.5)	4.1 (0.8)
Other 7,085 (824) 57.8 (1.9) Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)		
Triage category Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	5.8 (0.2)	25.0 (2.2)
Immediate or emergent⁵ 2,846 (465) 23.2 (2.7) Other 9,417 (1,087) 76.8 (2.7)	4.4 (0.1)	6.1 (0.6)
Other 9,417 (1,087) 76.8 (2.7)		
	5.5 (0.3)	25.7 (3.0)
Patient seen in this emergency department	4.8 (0.1)	7.5 (0.7)
during the last 72 hours and discharged		
Yes 372 (59) 3.0 (0.5)	4.4 (0.4)	*4.8 (1.6)
No, unknown, or blank 11,891 (1,346) 97.0 (0.5)	5.0 (0.1)	9.2 (0.8)
Length of stay		
1–2 days 2,692 (333) 22.0 (1.3)		
3–4 days 4,204 (523) 34.3 (1.5)		
5–6 days 2,176 (298) 17.7 (1.3)		
7–8 days 876 (146) 7.1 (0.7)		
9–10 days 487 (70) 4.0 (0.4)		
More than 10 days 872 (128) 7.1 (0.7)		
Unknown or blank 956 (225) 7.8 (1.8)		
Hospital discharge status	- o (o ()	
Alive 11,342 (1,319) 92.5 (1.4)	5.0 (0.1)	
Home or residence 8,650 (960) 76.3 (2.0)	4.5 (0.1)	
Return or transfer to nursing home 1,231 (206) 10.8 (1.3)	6.4 (0.5)	
Transfer to another facility 803 (175) 7.1 (1.1) Other * *	7.3 (0.8)	
· · · · · · · · · · · · · · · · · · ·	4.9 (0.8)	
Unknown or blank *517 (178) *4.6 (1.4) Died 297 (62) 2.4 (0.4)	5.1 (0.7) 6.1 (0.9)	
	4.6 (1.1)	
Unknown or blank 625 (155) 5.1 (1.3)		

^{...}Category not applicable.
*Figure does not meet standards of reliability or precision.

Denominator for length of 11,307,000 visits where this variable was known. Length of stay was unknown in 7.8% of visits resulting in admission.

2 Total exceeds "all visits" because more than one source of payment may be reported per visit. Workers compensation, other, and unknown sources of payment are not included in this table, but account for 5.7% of expected sources of payment.

³CHIP is Children's Health Insurance Program.

⁴No insurance is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

⁵Emergent is needing to be seen within 1–14 minutes.

Table 27. Twenty leading principal hospital discharge diagnosis groups for emergency department visits: United States, 2015

Principal diagnosis group and ICD–9-	Number of visits in thousands (standard error in thousands)	Percent of distribution (standard error of percent)	
All visits		12,263 (1,366)	100.0
Heart disease, excluding ischemic	391–392.0, 393–398,402,404, 415–416,420–429	712 (106)	5.8 (0.7)
Chest pain	786.5	650 (164)	5.3 (1.1)
Pneumonia	480–486	544 (104)	4.4 (0.7)
Cerebrovascular disease	430–438	513 (108)	4.2 (0.6)
Ischemic heart disease	410-414.9	276 (56)	2.3 (0.4)
Psychoses, excluding major depressive disorder	290–295,296.0–296.1, 296.4–299	252 (54)	2.1 (0.4)
Fracture of the lower limb	820-829	228 (58)	1.9 (0.4)
Gastrointestinal hemmorage	578	*	*
Chronic and unspecified bronchitis	490–491	222 (63)	1.8 (0.4)
Cellulitis and abscess	681–682	214 (51)	1.7 (0.4)
Urinary tract infection, site not specified	599.0	205 (45)	1.7 (0.3)
Diabetes mellitus	249–250	205 (52)	1.7 (0.4)
Fractures, excluding lower limb	800–819	*	*
Anemias	280–285	*	*
Abdominal pain	789.0	*	*
Disorder of gallbladder and biliary tract	574–576	*	*
Noninfectious entertis and colitis	555–558	*	*
Dyspnea and respiratory abnormalities	786.0	*	*
Syncope and collapse	780.2	*	*
Essential hypertension	401	*	*
All other diagnoses ²		6,768 (755)	55.2 (2.0)

^{...}Category not applicable. *Figure does not meet standards of reliability or precision.

Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 11–1260). However, certain codes have been combined in this table to better describe the use of ambulatory care services. ²All other diagnoses includes blanks and unknown diagnoses (6.3%).

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

Table I. Reclassification of cause-of-injury codes for use with the National Hospital Ambulatory Medical Care Survey data

Intent and mechanism of injury	Cause-of-injury code ¹
Unintentional injuries	E800-E838, E848, E850-E869, E880-E929
Falls	E880.0-E886.9, E888
Motor vehicle traffic	E810–E819
Struck against or struck accidentally by objects or persons	E916–E917
Overexertion and strenuous movements	E927
Cutting or piercing instruments or objects	E920
Natural and environmental factors	E900-E909, E928.0-E928.2
Poisoning by drugs, medicinal substances, biologicals, other solid and liquid substances, gases, and vapors	E850-E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam	E890-E899, E924
Machinery	E919
Pedal cycle, nontraffic and other	E800-E807(.3), E820-E825(.6), E826.1, E826.9
Motor vehicle, nontraffic	E820-E825(.05,.79)
Other transportation	E800-E807(.02,.89), E826(.0,.28), E827-E829, E831, E833-E845
Suffocation	E911–E913
Firearm missile	E922.03,.89
Drowning or submersion	E830, E832, E910
Foreign body	E914–E915
Caught accidentally in or between objects	E918
Other and not elsewhere classified	E846–E848, E921, E922.4–.5, E923, E925–E926, E928.3–.5,.8, E929.0–.5,.8
Mechanism unspecified	E887, E928.9, E929.9
Intentional injuries	E950-E959, E960-E969, E970-E979, E990-E999
Assault	E960–E969, E979
Unarmed fight or brawl, striking by blunt or thrown object	E960.0, E968.2
Cutting or piercing instrument	E966
Firearms	E965.0-E965.4, E979.4
	E960.1, E961–E964, E965.5–E965.9, E967–E968.1, E968.3–E969, E979.0–.: .5–.9
Self-inflicted	E950–E959
Poisoning by solid or liquid substances, gases, and vapors	E950-E952
Cutting and piercing instrument	E956
Suffocation	E953
Other and unspecified mechanism	E954–E955, E957–E959
Other causes of violence	E970–E978, E990–E999
Injuries of undetermined intent	E980-E989
Adverse effects of medical treatment	E870-E879, E930-E949

¹Based on the "Supplementary Classification of External Causes of Injury and Poisoning," *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services. Official version: *International Classification of Diseases, Ninth Revision, Clinical Modification*, Sixth Edition. DHHS Pub No. (PHS) 11–1260).