

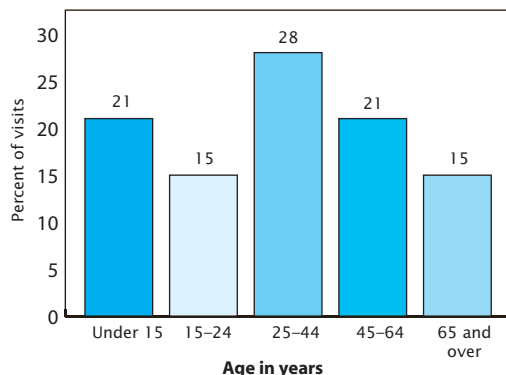


Factsheet

EMERGENCY DEPARTMENT

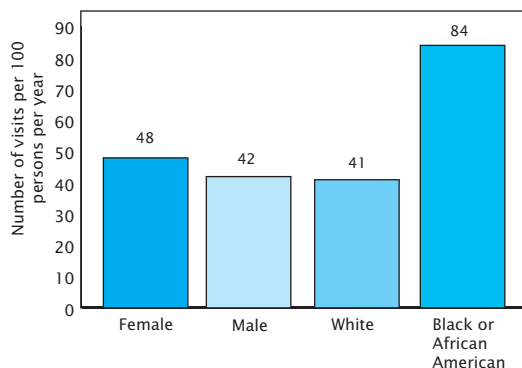
In 2009, there were an estimated 136 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 45.1 ED visits per 100 persons. More than one-third of the visits were made by persons under 25 years of age.

Percent distribution of ED visits by patient age: 2009



The visit rate was higher for Black or African American persons compared with White persons. There was no difference by sex.

Annual rate of ED visits by patient sex and race: 2009

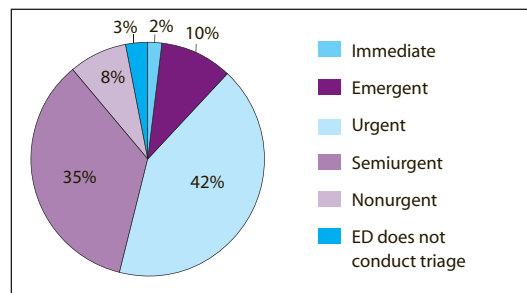


Expected sources of payment:

- Private insurance (39%)
- Medicaid or State Children's Health Insurance Program (29%)
- Medicare (17%)
- No insurance (19%)
- Other (5%)
- Unknown (5%)

NOTE: More than one source may be reported per visit.

Immediacy with which patient should be seen:



Common reasons for visit:

- Stomach and abdominal pain (9.6 million)
- Fever (7.4 million)
- Chest pain (7.2 million)
- Cough (4.7 million)
- Headache (4.0 million)
- Shortness of breath (3.7 million)
- Back symptoms (3.7 million)
- Pain, unspecified (2.9 million)
- Vomiting (2.8 million)
- Throat symptoms (2.6 million)

Common diagnoses:

- Acute upper respiratory infection, excluding pharyngitis (6.0 million)
- Abdominal pain (5.7 million)
- Contusion with intact skin surface (5.0 million)
- Chest pain (5.0 million)
- Open wound, excluding head (3.9 million)
- Spinal disorders (3.8 million)
- Cellulitis and abscess (3.1 million)
- Fractures, excluding lower limb (2.6 million)
- Pyrexia of unknown origin (2.5 million)
- Sprains and strains, excluding ankle and back (2.4 million)

Medications were provided or prescribed at 78 percent of ED visits for a total of 268 million drugs.

Common drug categories:

- Analgesics (94.5 million)
- Antiemetic or antivertigo agents (30.9 million)
- Minerals and electrolytes (13.7 million)
- Antihistamines (11.7 million)
- Anxiolytics, sedatives, and hypnotics (11.6 million)
- Miscellaneous respiratory agents (10.2 million)
- Bronchodilators (10.0 million)
- Cephalosporins (8.9 million)
- Penicillins (8.7 million)
- Adrenal cortical steroids (8.5 million)

Leading principal hospital discharge diagnosis groups:

- Nonischemic heart disease (1.1 million)
- Chest pain (927,000)
- Pneumonia (732,000)
- Ischemic heart disease (513,000)
- Cerebrovascular disease (477,000)

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including *JAMA*, *Archives of Internal Medicine*, and *American Journal of Emergency Medicine*. Here are a few examples of recent publications.

Menchine MD, Wiechmann W, Peters AL, et al. Trends in diabetes-related visits to U.S. emergency departments from 1997 to 2007. *Am J Emerg Med*. 2011 May 11. [Epub ahead of print].

Pham JC, Kirsch TD, Hill PM, et al. Seventy-two hour returns may not be a good indicator of safety in the emergency department: A national study. *Am J Emerg Med*. 2011 Apr; 18(4):390–7.

Bekmezian A, Chung PJ, Cabana MD, et al. Factors associated with prolonged emergency department length of stay for admitted children. *Pediatr Emerg Care*. 2011 Feb; 27(2):110–5.

Simon LJ, Bizamcer AN, Lidz CW, et al. Disparities in opioid prescribing for patients with psychiatric diagnoses presenting with pain to the emergency department. *Emerg Med J*. 2011 Feb 18. [Epub ahead of print].

Manthripagada AD, Zhou EH, Budnitz DS, et al. Characterization of acetaminophen overdose-related emergency department visits and hospitalizations in the United States. *Pharmacoepidemiol Drug Saf*. 2011 Feb 3. [Epub ahead of print].

Larson DB, Johnson LW, Schnell BM, et al. National trends in CT use in the emergency department, 1995–2007. *Radiology*. 2011 Jan; 258(1):164–73.

Shehab N, Sperling LS, Kegler SR, Budnitz DS. National estimates of emergency department visits for hemorrhage-related adverse events from clopidogrel plus aspirin and from warfarin. *Arch Intern Med*. 2010 Nov 22; 170(21):1926–33.

Korley FK, Pham JC, Kirsch TD. Use of advanced radiology during visits to U.S. emergency departments for injury-related conditions, 1998–2007. *JAMA*. 2010 Oct 6; 304(13):1465–71.

Pitts, SR, Carrier ER, Rich EC, Kellermann AL. Where Americans get their acute care: increasingly, it's not at their doctor's office, *Health Aff*. 2010 Sept; 29(9):1620–28.

Tang N, Stein J, Hsia RY, et al. Trends and characteristics of U.S. emergency room visits, 1997–2007. *JAMA*. Aug 11; 2010; 304(6):664–70.