S2: Data Collection Form
DATA COLLECTION FORM
Understanding Low Acuity Visits to the Emergency Department

**Assigned Survey #:** [PLACE LABEL HERE]

1. **Patient Age:**
   - ☐ 0-30 d
   - ☐ 1-3 m
   - ☐ 4-6 m
   - ☐ 7-11 m
   - ☐ 1-3 y
   - ☐ 4-6 y
   - ☐ 7-10 y
   - ☐ 11-14y
   - ☐ 15-18y

2. **Postal Code:** __ __ __ __ (XOX if outside Canada or unknown)

3. **Primary Care:**
   - ☐ None
   - ☐ Other
   - ☐ Indep FD
   - ☐ Indep Ped
   - ☐ FHT/FHN

4. **Day of Arrival:**
   - ☐ Weekday (*Monday 08:00 – Friday 17:00*)
   - ☐ Weekend (*Friday 17:00 – Monday 08:00 + Stats*)

5. **Time of Arrival (T1):** __ __ : __ __ (24-hour clock)

6. **Time of MD Assessment:** __ __ : __ __ ☐ Next day

7. **Time of Discharge:** __ __ : __ __ ☐ Next day

**TO BE COMPLETED BY MD/NP/FELLOW/RESIDENT – PLEASE KEEP WITH CHART**

8. **Were any interventions performed?**
   - ☐ No
   - ☐ Yes *(If yes, check all that apply).*

   - ☐ Oral fever control
   - ☐ Urinalysis
   - ☐ Oral pain control
   - ☐ Urine catheterization
   - ☐ Other oral medication
   - ☐ Throat swab
   - ☐ Inhaled medication
   - ☐ Blood work/other labs
   - ☐ Plain X-rays
   - ☐ Intravenous fluids
   - ☐ CT/US/MRI
   - ☐ Intravenous medication
   - ☐ Wound closure (glue/tapes)
   - ☐ Splint or cast
   - ☐ Wound closure (sutures)
   - ☐ Procedural sedation
   - ☐ Consultation
   - ☐ Other ___________

9. **Diagnosis:**
   - ☐ ______________________________________
   - ☐ ______________________________________

10. **Disposition:**
    - ☐ Discharged to home
    - ☐ Admitted to CHEO
    - ☐ LWBS

11. **Next Follow-up:**
    - ☐ No specific F/U (RTER prn, F/U FD)
    - ☐ See F/D in specific amount of time
    - ☐ Return to ED at specific time (R/A, test, imaging)
    - ☐ Referral to CHEO specialist or clinic
    - ☐ Patient was admitted to the floor
    - ☐ Patient LWBS