Please print or write legibly.   The designated personnel assigned in ER or OPD shall complete the form. **It is essential that all necessary information be provided**.

Form Instructions

The form is divided into three (3) major parts. The first part relates to the General Data of the patient (Items 1-7) while the 2nd part tackles the Pre-admission data (Items 8-15.d) and the last part is for patient's Hospital Data both for ER and In-patient cases (Items 16-28).

The first two entries should be the information indicating whether the case is an ER or OPD case. Check the appropriate box on the upper left most part on the first page of the form. Then check whether it is a new case or a revisit.

Item 1: Do not write anything. This is a system-generated number assigned by the NEISS software. Once the injury report is encoded into the system, copy the system-generated number and write on the blank area.

Item 2: Fill in the Hospital No.

Item 3: Enter the patient's Last name, First name and Middle name in the appropriate boxes provided

Item 4: Enter the patient's address - House No. and Street, Barangay, Municipality/City and Province

Item 5:   Check the appropriate box whether the patient is male or female.

Item 6: Enter the patient's nationality

Item 7:   Enter the date of birth of the patient in the format mm/dd/yy
        (eg. July 1, 1970 should be entered as 07/01/1970)

        Note: If date of birth cannot be provided then enter in the appropriate box for
                Age the age of the patient in years or months or days instead.

Item 8:   Enter the location or place where the injury occurred specifically the
        Street, Barangay, Municipality/City and Province.

Item 9:   Enter the date of occurrence of the injury in the format mm/dd/yy
        (eg. July 1, 2007 should be entered as 07/01/2007.)

Item 10:   Enter the time of occurrence of the injury and encircle whether am or pm
        (eg. 10:00 am should be entered as 10:00 am / pm)

Item 11: Enter the date of consult of the patient in the facility in the format mm/dd/yy

(eg. July 1, 2007 should be entered as 07/01/2007.)

Item 12: Enter the time of consult of the patient and encircle whether am or pm
(eg. 10:00 pm should be entered as 10:00 am / pm)

Item 13: Check the appropriate box for the intent of injury whether it was caused by an act carried out on purpose by oneself or by another person(s), with the goal of injuring or killing or the injury was unintended / accidental.

- Unintentional/Accidental: Injury that is not inflicted by deliberate means (eg. not on purpose). This category includes those injuries described as unintended or " accidental", regardless of whether the injury was inflicted by oneself or by another person.

- Intentional (self inflicted): Injury resulting from a deliberate violent act (*Intentional-self inflicted*) inflicted on oneself with the intent to take one's life or harm oneself (eg. self injury, suicide, suicide attempt). Also,

- Intentional (violence):   It includes assault *(Intentional-violence)* which is an act of violence by one or more persons where physical force or any means is used with the intent of causing harm, injury or death to another person and legal interventions caused by police or other legal authorities during law enforcement activities.

- Undetermined: Injury resulting from an unknown or undetermined intent.

Item 14: First, check the appropriate box to indicate whether it is a case of multiple injuries or not then check the appropriate box (es) for the specific injury (ies) sustained by the patient. For each type of injury selected or checked, the affected body location or site as well as other important details of the injury must also be entered on the space provided opposite each type of injury.

Item 15: Check the appropriate box for the cause or mechanism of injury that is the way in which the person sustained the injury; how the person was injured or the process by which the injury occurred

- Bites/stings: Injury from a poisonous or non-poisonous bite or sting through the skin. This includes human bite, dog bite, cat bite, snake bite, insect bite, stings from coral or jellyfish or bites and stings by other plants and animals.

  Note: If this is selected, the specific animal/insect/plant that caused the bite/sting must be indicated.

- Burns: refer to severe exposure to flames or heat leading to damage in the skin or places deeper in the body.

- Chemical/substances: refer to exposure to chemicals / substances. This includes exposure, inhalation, ingestion and absorption of chemicals, drugs and other substances. However, this does not include harmful effects from normal therapeutic drugs (adverse effects).

  Note: If this is selected, the specific chemicals/substances that caused the injury must be indicated.

- Contact with sharp object: Injury resulting from an incision, slash, perforation, or puncture by a pointed or sharp instrument, weapon or object (eg. knife, needle).

- Drowning: refers to suffocation resulting from submersion in water or another liquid.

- Fall: Injury received when a person descends abruptly due to the force of gravity and strikes a surface at the same or lower level.

  If this is selected, information as to where the patient fall from/ in/ on / into must be indicated (eg. tree, manhole, escalator, stairs).

- Gunshot: a penetrating force injury resulting from a bullet or other projectile shot from a powder-charged gun or pellet gun (eg. Handguns, shotguns, rifles, pellet gun/rifle or pistol.

  Note: If this is selected, the specific type of weapon used must be indicated.

- Hanging/Strangulation: Injury resulting from suspension of a person by a cord or anything used for tying. Also includes strangling with the hands, fingers, or other extremities and strangling with some form of cord or cloth such as rope, wire, or shoe laces, either partially or fully circumferencing the neck.

- Mauling/Assault: is an act of violence by one or more persons where physical force or any means is used with the intent of causing harm, injury or death to another person.

- Transport / Vehicular Accident: Injury involving modes of transportation (land, air and water)

  Note: If this is selected, answers to item nos. 15 a.1 - 15 a.4 are required.

- Others: Injuries associated with any other specified cause that does not fit in any of the above categories (eg. operating machinery, foreign body).

  Note: If this is selected, the specific cause of injury must be indicated.

Item 15 a: Check the appropriate box whether the transport/vehicular accident is collision or non collision

Item 15 a.1: Check the appropriate box for the vehicle used by the victim/patient and the other vehicle involved, if any when the accident occurred.

> **Note:** If the victim/patient was a pedestrian or was not riding any vehicle when the accident occurred check the box for "none"
> If the victim/patient was riding any other specified vehicle that does not fit in any of the above categories for vehicle check the box for "others" and indicate the specific vehicle.

Item 15 a.2: Check the appropriate box for the position of the victim/patient in the vehicle when the accident occurred.

Item 15 a.3: Check the appropriate box to indicate whether the victim/patient was alone or with others at the time of the accident.

Item 15 a.4 Check the appropriate box (es) for the safety accessories in the vehicle used by the victim / patient when the accident occurred. (Multiple answers allowed)

Item 15 b: Check the appropriate box to indicate the place of occurrence of the external cause whether it occurred at home, school, road, videoke bar, workplace or other specified place.

> **Note:** If the place of occurrence checked is workplace, the name of the company / office / establishment must be specified
>
> If the external cause occurred in places other than those specified then check "others" and indicate the specific place of occurrence (eg. Mall, restaurant)

Item 15 c: Check the appropriate box to indicate the activity of the victim/patient at the time of the incident

- Sports: includes physical exercise with described functional element but, does not include professional sports activities.
- Leisure: includes hobby activities and other leisure –time activities but, does not include sports activities.
- Work-related: includes any paid work/activities
  Note: If the activity is other than those specified then check "others" and indicate the specific activity of the victim/patient at the time of the incident

Item 15 d   Check the appropriate box (es) for other risk factors at the time of the incident. **(Multiple answers allowed)**

Item 16:   Check the appropriate box to indicate whether the patient was transferred/ referred by another facility/physician.

   Note: If "yes" is checked, answer to item no. 16 is required

Item 17:   Enter the name of the referring hospital or physician

Item 18:   Check the appropriate box to indicate the status of the patient upon reaching hospital.

   Note: If the victim/ patient was alive upon reaching the hospital it should also be specified whether ambulatory, stretch chair-borne, etc.

Item 19:   Enter the initial impression on the patient's condition.

Item 20:   Enter the complete ICD-10 code (s) for the nature of injury following the ICD-10 coding rules and guidelines (Most of the codes should be within S00-T98). If there are multiple injuries, write the code for the multiple injuries first if there is any, unless a special coding rule applies, followed by the codes for the individual injuries.

Item 21:   Enter the complete ICD-10 code (s) for the external cause of injury following the ICD-10 coding rules and guidelines (Codes should be within V01- Y98). Place of occurrence and activity codes must also be provided if applicable.

Item 22:   Check the appropriate box to indicate the status of the patient at the time of release from ER/OPD.

   Note: If admitted, section B. IN-PATIENT must be filled up, otherwise there is no need to fill up said section.

Item 23:   Check the appropriate box to indicate the outcome of the patient's condition at the time of release from ER/OPD

Item 24:   Enter the complete final diagnosis of the patient.

Item 25:   Check the appropriate box to indicate the status of the patient at the time of discharge.

Item 26: Check the appropriate box to indicate the outcome of the patient's condition at the time of discharge.

Item 27: Enter the complete ICD-10 code (s) for the complete final diagnosis following the ICD- 10 coding rules and guidelines (Most of the codes should be within S00-T98). If there are multiple injuries, write the code for the multiple injuries first if there is any, unless a special coding rule applies, followed by the codes for the individual injuries.

(This may not necessarily be similar to the code (s) entered in Item No. 20)

Item 28: Enter the complete ICD-10 code (s) for the external cause of injury following the ICD-10 coding rules and guidelines (Codes should be within V01- Y98). Place of occurrence and activity codes must also be provided if applicable. (Code (s) entered in Item No. 20 may just be copied here).

Comments: Enter other comment (s) regarding the case

Prepared by: The name and signature of the personnel completing the form must be entered on this portion

Position: The position title /designation of the personnel completing the form must be entered on this portion

Date; The date the form was accomplished must be entered on this portion

-- END ---