

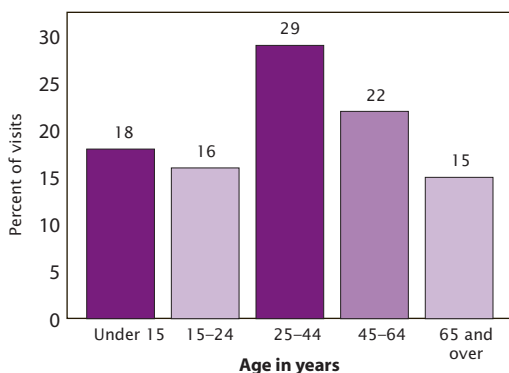


Centers for Disease
Control and Prevention
National Center for
Health Statistics

Factsheet

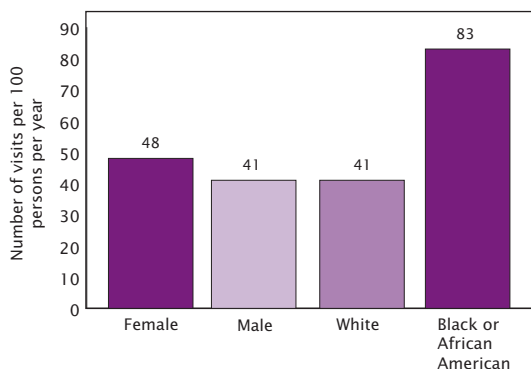
In 2011, there were an estimated 136.3 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 44.5 ED visits per 100 persons. The highest number of visits was made by persons between 25 and 44 years of age.

Percent distribution of ED visits by patient age: 2011



Females had a higher visit rate compared with males. The visit rate was higher for Black or African American persons compared with White persons.

Annual rate of ED visits by patient sex and race: 2011

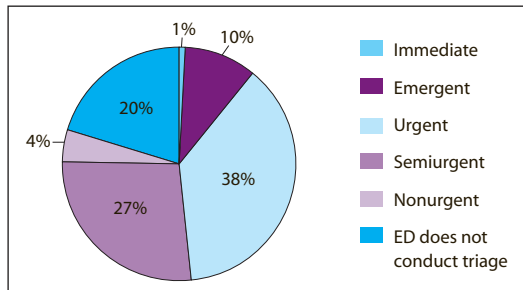


Expected sources of payment:

- Private insurance (35%)
- Medicaid or Children's Health Insurance Program (32%)
- Medicare (18%)
- No insurance (16%)
- Other (5%)
- Unknown (4%)

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

Immediacy with which patient should be seen:

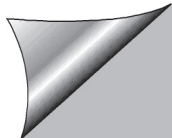


Common reasons for visit:

- Stomach and abdominal pain (11.1 million)
- Chest pain (7.1 million)
- Fever (5.1 million)
- Headache (4.3 million)
- Cough (4.1 million)
- Back symptoms (3.9 million)
- Shortness of breath (3.7 million)
- Pain, unspecified (3.0 million)
- Throat symptoms (2.6 million)
- Vomiting (2.5 million)

Common diagnoses:

- Abdominal pain (6.9 million)
- Chest pain (5.5 million)
- Contusion with intact skin surface (4.6 million)
- Acute upper respiratory infection, excluding pharyngitis (4.6 million)
- Spinal disorders (4.3 million)
- Open wound, excluding head (4.1 million)
- Cellulitis and abscess (3.3 million)
- Sprains and strains, excluding ankle and back (2.8 million)
- Fractures, excluding lower limb (2.7 million)
- Rheumatism, excluding back (2.5 million)



Medications were provided or prescribed at 80 percent of ED visits for a total of 286 million drugs.

Common drug categories:

- Analgesics (97.6 million)
- Antiemetic or antivertigo agents (36.1 million)
- Minerals and electrolytes (17.1 million)
- Anxiolytics, sedatives, and hypnotics (13.7 million)
- Miscellaneous respiratory agents (13.3 million)
- Antihistamines (11 million)
- Bronchodilators (9.7 million)
- Cephalosporins (9.3 million)
- Adrenal cortical steroids (9.0 million)
- Penicillins (8.4 million)

Leading principal hospital discharge diagnosis groups:

- Heart disease, excluding ischemic (969,000)
- Chest pain (937,000)
- Pneumonia (701,000)
- Psychoses, excluding major depressive disorder (459,000)
- Cerebrovascular disease (452,000)

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*, *Annals of Emergency Medicine*, and *Academic Emergency Medicine*. Here are a few examples of recent publications:

Brown RT, Steinman MA. Characteristics of emergency department visits by older versus younger homeless adults in the United States. *Am J Public Health*. 2013 Apr 18.

Haywood C Jr, Tanabe P, Naik R, Beach MC, Lanzkron S. The impact of race and disease on sickle cell patient wait times in the emergency department. *Am J Emerg Med*. 2013 Apr;31(4):651-6. doi: 10.1016/j.ajem.2012.11.005. Epub 2013 Feb 4

Carlson JN, Menegazzi JJ, Callaway CW. Magnitude of national ED visits and resource utilization by the uninsured. *Am J Emerg Med*. 2013 Apr;31(4):722-6. doi: 10.1016/j.ajem.2013.01.001. Epub 2013 Jan 30.

Srinivasan S, Mannix R, Lee LK. Epidemiology of paediatric firearm injuries in the USA, 2001-2010. *Arch Dis Child*. 2013 Dec 13. doi: 10.1136/archdischild-2013-304642. [Epub ahead of print]

Okunseri C, Okunseri E, Fischer MC, Sadeghi SN, Xiang Q, Szabo A. Nontraumatic dental condition-related visits to emergency departments on weekdays, weekends and night hours: findings from the National Hospital Ambulatory Medical Care Survey. *Clin Cosmet Investig Dent*. 2013 Sep 2;5:69-76. doi: 10.2147/CCIDE.S49191. eCollection 2013

Chakravarthy B, Tenny M, Anderson CL, Rajeev S, Istanbouli T, Lotfipour S. Analysis of mental health substance abuse-related emergency department visits from 2002 to 2008. *Subst Abuse*. 2013;34(3):292-7. doi: 10.1080/08897077.2013.775999.

Meehan WP 3rd, Mannix R. A substantial proportion of life-threatening injuries are sport-related. *Pediatr Emerg Care*. 2013 May;29(5):624-7. doi: 10.1097/PEC.0b013e31828e9cea.

Jason J. Community-acquired, non-occupational needlestick injuries treated in US emergency departments. *J Public Health (Oxf)*. 2013 Sep;35(3):422-30. doi: 10.1093/pubmed/fdt033. Epub 2013 Apr 3

Simon AE, Akinbami LJ. Receipt of systemic corticosteroids during asthma visits to US emergency departments, 2007-2009. *J Asthma*. 2013 May;50(4):419-26. doi: 10.3109/02770903.2013.769269. Epub 2013 Feb 27