

# **Drug Overdose Surveillance and Epidemiology System (DOSE)**

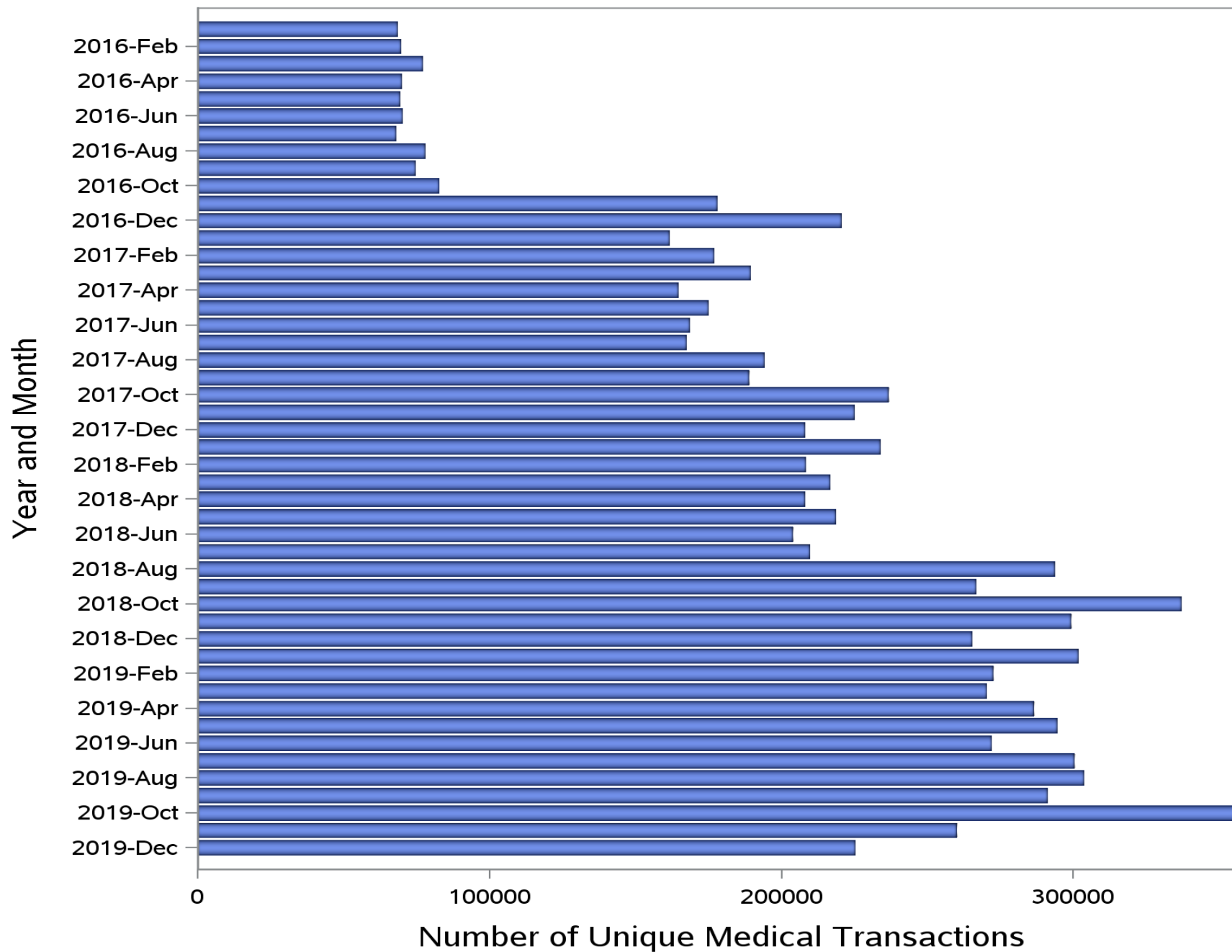
## **Syndromic Surveillance**

Variable Name	Variable Type	Description
Facility Region	Character	Identifies in which region of the state the facility is located.
Gender	Character	Gender of patient. Male; Female.
Race	Character	White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other Race
Age	Numeric	Age of patient.
Age Units	Character	Denotes the units for the age variable. Year; Month; Week; Day.
Patient Zip Code	Character	Patient's zip code of residence.
Smoking Status	Character	Smoking status of patient. Current smoker; Former smoker; Never smoker.
Message Date Time	Date	Emergency department admission date.
First Message Received	Date	Date syndromic message first received at DOH.
Last Message Received	Date	Date the syndromic message was last updated and received at DOH.
Chief Complaint	Character	Text field with description of the medical concern that brought the patient to the emergency department.
Primary/Secondary Diagnosis	Character/Numeric	ICD-10-CM code(s) that was/were submitted to the patient's insurance for payment.

Facility Name	Mobridge Regional Hospit		
Facility Region	Northeast		
Message Last Received <input type="checkbox"/>	02/08/2017 <input type="calendar"/>	02:56 PM	<a href="#">Add New</a>
* Record Number	E12345		
Age	24		
Age Units	year ▼		
Gender	Female ▼		
Race	American Indian or Alaska Native ▼		
Patient Zip Code	57000		
Chief Complaint / Reason for visit	overdose		
* Encounter / Admit Date	02/01/2017	09:38 PM	
* First time a message was received	02/01/2017	09:38 PM	
Primary Diagnosis (non-morbidity related)	F32.9		
Description	Major depressive disorder		
Secondary Diagnosis	T14.91		
Description	Suicide attempt		
Secondary Diagnosis	T40.3X2A		
Description	Poisoning by methadone,		
Triage Notes			
Facility / Visit Type	Emergency Care		

Facility Name	SANFORD ABERDEEN M		
Facility Region	Northeast		
Message Last Received <input type="checkbox"/>	11/02/2018 <input type="checkbox"/>	01:28 AM <input type="checkbox"/>	<a href="#">Add New</a>
* Record Number	1234564		
Age	23		
Age Units	year ▼		
Gender	Female ▼		
Race	American Indian or Alaska Native ▼		
Patient Zip Code	57000		
Chief Complaint / Reason for visit	Drug Overdose		
* Encounter / Admit Date	11/01/2018	10:08 PM	
* First time a message was received	11/01/2018	10:08 PM	
Primary Diagnosis (non-morbidity related)	T40.604A		
Description	Poisoning by unspecified		
Triage Notes	<p>Pt arrived via private vehicle from home accompanied by boyfriend who report pt took approximately 5 hydromorphone pills, along with marijuana and whiskey tonight about 1 hour PTA. Discussed with patient and her significant other the reason for a urine sample. The significant other continued to ask the need for the urine sample when we took the patient's blood sample. Educated that the rest of the labs we need are gathered from the urine sample. Notified Dr. of the patient's significant others concerns. Called Poison Control to discuss patient's situation and plan of care. Notified Dr. of poison control recommendations and will await any further orders. Patient stated she did not want to stay over night in the hospital. Patient's significant other continued to state "she has a right to leave if she wants." Educated patient on the reason for her to stay in the hospital. After this discussion the patient decided she did not want to stay in the hospital and requested to leave.</p>		
Facility / Visit Type	Emergency Care		
Tobacco Smoking Status	Current every day smoker		
Pregnancy Status	No		

# Total Unique Syndromic Surveillance Records



Questions?

