



DEPARTMENT OF HEALTH
Online National Electronic Injury Surveillance System

Patient Injury Form

1 Registry No.

Note: Please put N/A for Not Applicable fields. Kindly refer at the back of this page for the instructions on how to fill up the form.

GENERAL DATA:			
*2 Name of Reporting Health Facility		*3 Hospital Patient ID No.	*4 Hospital Registry No.
*5 Hospital Case No.			
*6 Type of Patient <input type="radio"/> ER <input type="radio"/> OPD <input type="radio"/> In-Patient (injury sustained during confinement) <input type="radio"/> BHS <input type="radio"/> RHU			
*7 Name of Patient Last Name First Name Middle Name			*8 Sex <input type="radio"/> Female <input type="radio"/> Male
*9 Birth Date mm dd yyyy	*10 If Date of Birth is not available: AGE Yrs Mos Days	*11 Permanent Address Region Province City/Municipality	
*12 PhilHealth #		*11a Temporary Address Region Province City/Municipality	
PRE-ADMISSION DATA: (also applicable for BHS/RHU cases)			
*13 Place of Injury: Region: _____ Province: _____ Municipality/City: _____		*14 Date of Injury: mm dd yyyy *15 Time: _____ hr (military time to be entered)	*16 Date of Consultation: mm dd yyyy *17 Time: _____ hr (military time to be entered)
*18 Injury Intent: <input type="radio"/> Unintentional/Accidental <input type="radio"/> Intentional(violence) <input type="radio"/> VAWC Patient <input type="radio"/> Intentional(self-inflicted) <input type="radio"/> Undetermined			
*19 First Aid Given: <input type="radio"/> Yes, What: _____ By whom: _____ <input type="radio"/> No			
*20 Nature of Injury/ies: <input type="radio"/> Multiple injuries? <input type="radio"/> Yes <input type="radio"/> No (Check all applicable, indicate in the blank space opposite each type of injury the body location (site) affected and other details)			
<input type="checkbox"/> Abrasion _____ <input type="checkbox"/> Avulsion _____ <input type="checkbox"/> Burn [Degree 1 st 2 nd 3 rd 4 th] Site: _____ <input type="checkbox"/> Concussion _____ <input type="checkbox"/> Contusion _____ <input type="checkbox"/> Fracture <input type="checkbox"/> Closed type _____ (ex. comminuted, depressed fracture) <input type="checkbox"/> Open type _____ (ex. Compound, infected fracture) <input type="checkbox"/> Open wound _____ (ex. hacking, gunshot, stabbing, animal (dog, cat, rat, snake, etc) bites, human bites, insect bites, punctured wound laceration, etc) <input type="checkbox"/> Traumatic Amputation _____ <input type="checkbox"/> Others: Pls. specify injury and the body part/s affected: _____			
*21 External Cause/s of Injury/ies: <input type="checkbox"/> Bites/stings, Specify animal/insect: _____ <input type="checkbox"/> Burns Heat Fire Electricity Oil Friction Others, specify _____ <input type="checkbox"/> Chemical/substance, specify _____ <input type="checkbox"/> Contact with sharp objects, specify object _____ <input type="checkbox"/> Drowning: Type/Body of Water: Sea River Lake Pool Bath Tub Others: , specify: _____ <input type="checkbox"/> Exposure to forces of nature <input type="checkbox"/> Fall _____ <input type="checkbox"/> Firecracker, specify type/s _____ (with libraries) <input type="checkbox"/> Sexual Assault/ Sexual Abuse/ Rape (Alleged) <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> Gunshot, specify weapon _____ <input type="checkbox"/> Hanging/Strangulation <input type="checkbox"/> Mauling/Assault <input type="checkbox"/> Transport /Vehicular Accident			
(21a) FOR TRANSPORT/VEHICULAR ACCIDENT ONLY: <input type="radio"/> Land <input type="radio"/> Water <input type="radio"/> Air		(21a.1) <input type="radio"/> Collision <input type="radio"/> Non-Collision	
(21a.2) Vehicles Involved: Patient's Vehicle <input type="radio"/> None (Pedestrian) <input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> Bicycle <input type="radio"/> Tricycle <input type="radio"/> Jeepney <input type="radio"/> Truck <input type="radio"/> Others, _____ <input type="radio"/> Unknown Other Vehicle/Object Involved (for COLLISION accident ONLY) <input type="radio"/> None <input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> Bicycle <input type="radio"/> Tricycle <input type="radio"/> Jeepney <input type="radio"/> Truck <input type="radio"/> Others, _____ <input type="radio"/> Unknown		(21a.3) Position of Patient <input type="radio"/> Pedestrian <input type="radio"/> Driver <input type="radio"/> Captain <input type="radio"/> Pilot <input type="radio"/> Front passenger <input type="radio"/> Rear passenger <input type="radio"/> Others, _____ <input type="radio"/> Unknown	
21b Place of Occurrence: <input type="radio"/> Home <input type="radio"/> School <input type="radio"/> Road <input type="radio"/> Videoke Bars <input type="radio"/> Workplace, specify: _____ <input type="radio"/> Others, specify: _____ <input type="radio"/> Unknown			



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(21c) Activity of the Patient at the time of the incident: <input type="checkbox"/> Sports <input type="checkbox"/> Leisure <input type="checkbox"/> Work related <input type="checkbox"/> Others, _____ <input type="checkbox"/> Unknown		(21d) Other risk factors at the time of the incident: (check all that apply) <input type="checkbox"/> Alcohol/liquor <input type="checkbox"/> Using mobile phone <input type="checkbox"/> Sleepy <input type="checkbox"/> Smoking <input type="checkbox"/> Others, specify _____ (e.g. suspected under the influence of substance used)		(21e) Safety: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Childseat <input type="checkbox"/> Life vest/Lifejacket/Floatation device (for drowning) <input type="checkbox"/> Others, _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Airbag <input type="checkbox"/> Seatbelt <input type="checkbox"/> Helmet	
HOSPITAL/FACILITY DATA:					
A. ER/OPD/BHS/RHU					
22 Transferred from another hospital/facility <input type="radio"/> Yes <input type="radio"/> No					
23 Referred by another Hospital /Facility for Laboratory and/or other medical procedures <input type="radio"/> Yes <input type="radio"/> No					
24 Name of Originating Hospital/Physician :					
25 Status upon reaching Facility/Hospital: <input type="radio"/> Dead on Arrival <input type="radio"/> Alive : If alive, please check if: <input type="radio"/> _____ Conscious <input type="radio"/> _____ Unconscious					
26 Mode of transport to the Hospital/Facility: <input type="radio"/> Ambulance <input type="radio"/> Police vehicle <input type="radio"/> Private vehicle <input type="radio"/> Others, specify: _____					
27 Initial Impression:					
28 ICD-10 Code/s: Nature of Injury :			29 ICD-10 Code/s: External cause of Injury:		
30 Disposition <input type="radio"/> Admitted <input type="radio"/> Treated and Sent Home <input type="radio"/> Transferred to another facility/hospital, specify: _____ <input type="radio"/> HAMA <input type="radio"/> Absconded <input type="radio"/> Refused Admission <input type="radio"/> Died					
31 Outcome <input type="radio"/> Improved <input type="radio"/> Unimproved <input type="radio"/> Died					
B. IN-PATIENT (for admitted hospital cases only)					
32 Complete Final Diagnosis: _____					
33 Disposition <input type="radio"/> Discharged <input type="radio"/> HAMA <input type="radio"/> Absconded <input type="radio"/> Others, specify: _____ <input type="radio"/> Refused Admission <input type="radio"/> Died <input type="radio"/> Transferred to another facility/hospital, specify: _____					
34 Outcome <input type="radio"/> Improved <input type="radio"/> Unimproved <input type="radio"/> Died					
35 ICD-10 Code/s: Nature of Injury :			36 ICD-10 Code/s: External cause of Injury:		
37 Comments:					



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Input Instruction Form

No.	Field Name	Instruction
1	Registry No.	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 this box.
2	Name of Reporting Health Facility	Write the name of the Hospital, Center or Clinic who is submitting the report.
3	Hospital Patient ID No.	Write the hospital-based issued I.D. or number to uniquely identify the patient.
4	Hospital Registry No.	Write the hospital-based issued I.D. or number to uniquely identify the patient.
5	Hospital Case No.	Write the hospital-based issued number to uniquely identify each case or incidence.
6	Type of Patient	Check the button for the corresponding type of patient the victim is.
7	Name of Patient	Write the patient's Last name, First name and Middle name in the appropriate spaces provided. Note: Mr. X or None may be written if no informant can provide the information.
8	Sex	Check the appropriate box for the sex of the injured by birth.
9	Birth Date	Write the date of birth of the patient in the format mm/dd/yyyy (eg. July 1, 1970 should be entered as 07/01/1970)
10	If Date of Birth is not available	If date of birth cannot be provided then enter in the space provided the age of the patient in years or months or days.
11	Permanent Address	Write the patient's permanent address - House No. and Street, Barangay, Municipality/City and Province
11a	Temporary Address	Write the patient's temporary address - House No. and Street, Barangay, Municipality/City and Province
12	PhilHealth #	Write the PhilHealth Number if member or dependent.
13	Place of Injury:	Write the location or place where the injury occurred specifically the Street, Barangay, Municipality/City, Province and Region.
14-15	Date and Time of Injury:	Write the date of occurrence of the injury in the format mm/dd/yyyy (eg. July 1, 2007 should be entered as 07/01/2007.)
16	Date of Consultation:	Write the date of consult of the patient in the facility in the format mm/dd/yyyy (eg. July 1, 2007 should be entered as 07/01/2007.)
17	Time:	Write the time of consult of the patient in military time (eg. 8:00 am should be entered as 0800 hr and 8:00 pm as 2000 hr)
18	Injury Intent:	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). 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. VAWC patient: It refers to violence against women and children, like sexual abuse, physical abuse etc. Undetermined: Injury resulting from an unknown or undetermined intent.
19	First Aid Given:	Check the appropriate box to indicate whether first aid was given to the injured at the site of the event. If yes is checked, write the first aid given and by whom.
20	Nature of Injury/ies:	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 written on the space provided opposite each type of injury.
21	External Cause/s of Injury/ies:	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: refer to 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 the external causes such as heat, electricity, chemicals, light, radiation, and friction, severe exposure to flames or heat leading to damage in the skin or places deeper in the body. Note: If this is selected, check the appropriate box for the specific agent that caused the injury. 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: External causes such as 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. Note: If this is selected, check the appropriate box for the specific type/body of water where the drowning occurred. Exposure to forces of nature: refers to exposure to an event or condition of natural or environmental cause such as earthquake, volcanic eruption and other similar natural calamities/disasters. Fall: refers to the abrupt descent of a person due to the force of gravity and strikes a surface at the same or lower level. Note: If this is selected, information as to where the patient fall from/ in/ on into must be indicated (eg. tree, manhole, escalator, stairs). Firecracker: refers to external cause due to any type of firecracker. Note: If this is selected, the specific type of firecracker must be indicated. Gunshot: a penetrating force 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: refers to 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. Does not include sexual assault, there is a separate box for sexual assault. Transport / Vehicular Accident: an external cause of injury involving modes of transportation (land, air and water). Note: If this is selected, answers to section 33a are required. Sexual Assault/Sexual Abuse/Rape (Alleged): an assault of a sexual nature on another person, or any sexual act committed without consent. Others: refer to other external causes of injury that do not fit in any of the above categories (eg. Operating machinery, foreign body, hit by falling objects, etc.). Note: If this is selected, the specific cause of injury must be indicated.
(21a) (21a.1)	FOR TRANSPORT/VEHICULAR ACCIDENT ONLY:	This section is only for cases of transport/vehicular accidents. Check the appropriate box to indicate whether the transport/vehicular accident either land, water or air transport accident. Check the appropriate box to indicate whether the transport/vehicular accident is collision or non collision transport accident.
(21a.2)	Vehicles Involved:	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.



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(21a.3)	Position of Patient	Check the appropriate box for the position of the victim/patient in the vehicle when the accident occurred
(21 a.4)	Victims Involved	Check the appropriate box to indicate whether the victim/patient was alone or with others at the time of the accident. If "with others" is checked, specify the number of other victims involved
(21b)	Place of Occurrence:	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. <i>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 (e.g. Mall, restaurant)</i>
(21c)	Activity of the Patient at the time of the incident:	Check the appropriate box to indicate the activity of the victim/patient at the time of the incident.
(21d)	Other risk factors at the time of the incident:	Check the appropriate box (es) for other risk factors at the time of the incident. (Multiple answers allowed)
(21e)	Safety:	Check the appropriate box (es) for the safety accessories in the vehicle used by the victim / patient when the accident occurred. (Multiple answers allowed)
22	Transferred from another hospital/facility	Check the appropriate box to indicate whether the patient was transferred from another facility/hospital. If "yes" is checked, answer to item no. 24 is required.
23	Referred by another Hospital /Facility for Laboratory and/or other medical procedures	Check the appropriate box to indicate whether the patient was referred by another hospital/ facility for laboratory and other medical procedures. If "yes" is checked, answer to item no. 24 is required.
24	Name of Originating Hospital/Physician	Enter the name of the originating hospital or physician
25	Status upon reaching Facility/Hospital	Check the appropriate box to indicate the status of the patient upon reaching Hospital/facility. If "Alive" , check whether the injured was conscious or unconscious
26	Mode of transport to the Hospital/Facility	Check the appropriate box for the mode of transport of the injured to the hospital or facility.
27	Initial Impression	Enter the initial impression on the patient's condition.
28	ICD-10 Code/s: Nature of Injury :	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, and followed by the codes for the individual injuries.
29	ICD-10 Code/s: External cause of Injury:	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- Y36, Y85-Y87, and Y89). Place of occurrence and activity codes must also be provided if applicable. (Code (s) entered in Item No. 28 may just be copied here).
30	Disposition	Check the appropriate box to indicate the status (disposition) of the patient at the time of release from ER/OPD or BHS/RHU. <i>Note: If admitted, section B. IN-PATIENT must be filled up; otherwise there is no need to fill up said section. . If "transferred" , write the name of hospital/facility where the injured was transferred</i>
31	Outcome	Check the appropriate box to indicate the outcome of the patient's condition at the time of release from ER/OPD or BHS/RHU. If the outcome is either improved or unimproved then proceed to the next items, if the outcome is "died", skip to the item on Comments.
32	Complete Final Diagnosis:	Enter the complete final diagnosis of the patient.
33	Disposition	Check the appropriate box to indicate the status (disposition) of the patient at the time of Discharge.
34	Outcome	Check the appropriate box to indicate the outcome of the patient's condition at the time of discharge.
35	ICD-10 Code/s: Nature of Injury :	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, and followed by the codes for the individual injuries.
36	ICD-10 Code/s: External cause of Injury:	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- Y36, Y85-Y87, Y89). Place of occurrence and activity codes must also be provided if applicable. (Code (s) entered in Item No. 29 may just be copied here).
37	Comments:	Enter other comment (s) regarding the case