

**Patient Information**

Element	Data
Name	Coded Pseudo-Name to ensure anonymity
Sex	Male
Race1	White
Race2	American Indian or Alaska Native
Race3	Other race
Ethnic Group	Not Hispanic or Latino
City	Oklahoma City
State	Oklahoma
Zip Code	74852
Country	UNITED STATES
County/Parish Code	40125
Patient Death Date and Time	
Patient Death Indicator	

**Visit Information**

Element	Data
Admit or Encounter Reason	
Admit Date and Time	02/01/2010 7:30 AM
Patient Class	Emergency
Discharge Disposition	Admitted as an inpatient to this hospital
Discharge Date/Time	02/01/2010 8:25 AM
Diagnosis Type	Final
Diagnosis	Accidental exposure to carbon monoxide

**Observations[\*]****Observation Results Information**

Element	Data
Observation Identifier	Facility / Visit Type
Observation Value	Emergency Care
Units	
Observation Results Status	Final results; Can only be changed with a corrected result.

**Observation Results Information**

Element	Data
Observation Identifier	Age Time Patient Reported
Observation Value	70
Units	year
Observation Results Status	Final results; Can only be changed with a corrected result.

**Observation Results Information**

Element	Data
Observation Identifier	Chief complaint:Find:Pt:Patient:Nom:Reported
Observation Value	A headache, nausea, and dizziness
Units	
Observation Results Status	Final results; Can only be changed with a corrected result.

#### Observation Results Information

Element	Data
Observation Identifier	Height
Observation Value	65
Units	inch
Observation Results Status	Final results; Can only be changed with a corrected result.

#### Observation Results Information

Element	Data
Observation Identifier	Weight
Observation Value	170
Units	pound
Observation Results Status	Final results; Can only be changed with a corrected result.

#### Observation Results Information

Element	Data
Observation Identifier	Tobacco Smoking Status
Observation Value	Current Light tobacco smoker
Units	
Observation Results Status	Final results; Can only be changed with a corrected result.