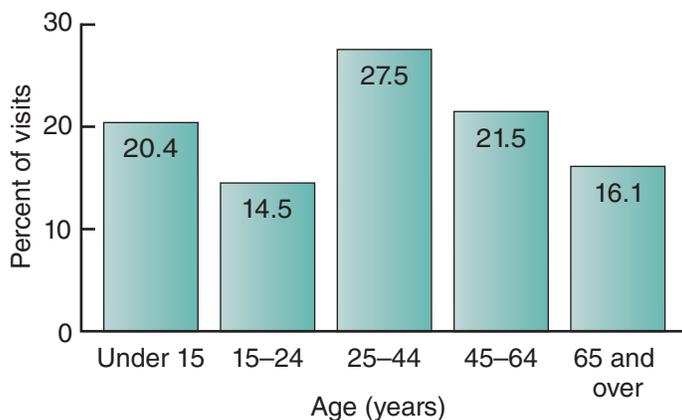


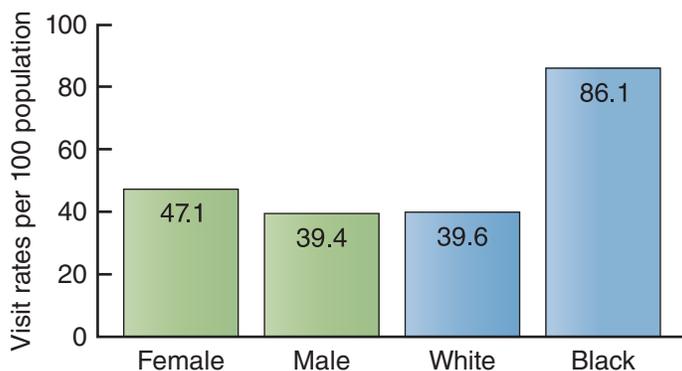


PERCENT DISTRIBUTION OF VISITS BY AGE



In 2017, there were an estimated 138.9 million visits to the emergency departments (EDs) of nonfederal, short-stay, and general hospitals in the United States. The annual visit rate was 43.3 visits per 100 persons. Over one-quarter of all ED visits (28%) were made by patients aged 25 to 44.

ANNUAL VISIT RATE BY SEX AND RACE



Females had a higher visit rate than males. The visit rate was higher for black or African American persons compared with white persons.

Medications were provided or prescribed at 81% of ED visits for a total of 368 million drug mentions.

MEDICATIONS PROVIDED OR PRESCRIBED AT VISITS

| | |
|---------------------------------------|--------------|
| Analgesics | 98.4 million |
| Antiemetic or antivertigo agents | 39.7 million |
| Minerals and electrolytes | 36.7 million |
| Miscellaneous respiratory agents | 29.3 million |
| Anxiolytics, sedatives, and hypnotics | 15.4 million |
| Bronchodilators | 14.3 million |
| Adrenal cortical steroids | 12.7 million |
| Antihistamines | 11.6 million |
| Anticonvulsants | 10.5 million |
| Cephalosporins | 10.3 million |
| Penicillins | 9.2 million |
| Dermatological agents | 8.4 million |

TOP 10 PRINCIPAL REASONS FOR VISITS

| | |
|----------------------------------------------------|--------------|
| Stomach and abdominal pain, cramps, and spasms | 12.2 million |
| Chest pain and related symptoms | 6.5 million |
| Fever | 5.5 million |
| Cough | 5.0 million |
| Shortness of breath | 3.9 million |
| Pain, site not referable to a specific body system | 3.6 million |
| Headache, pain in head | 3.5 million |
| Back symptoms | 3.2 million |
| Vomiting | 2.9 million |
| Symptoms referable to throat | 2.7 million |

EXPECTED SOURCE(S) OF PAYMENT

| | |
|------------------------|-------|
| Private insurance | 31.2% |
| Medicare | 18.5% |
| Medicaid or CHIP/SCHIP | 40.3% |
| No insurance | 8.0% |
| Other | 4.4% |
| Workers compensation | 0.9% |
| Unknown or blank | 9.8% |

NOTE: Combined total exceeds 100% because more than one source of payment may be reported per visit.



PRIMARY DIAGNOSIS AT VISITS*

| | |
|------------------------------------------------------------------------------------------|--------------|
| Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified | 32.6 million |
| Injury, poisoning, and certain other consequences of external causes | 26.2 million |
| Diseases of the respiratory system | 14.7 million |
| Diseases of the musculoskeletal system and connective tissue | 11.2 million |
| Diseases of the digestive system | 8.3 million |
| Diseases of the genitourinary system | 6.9 million |
| Diseases of the skin and subcutaneous tissue | 5.2 million |
| Mental, behavioral, and neurodevelopmental disorders | 4.8 million |
| Diseases of the circulatory system | 4.7 million |

LEADING HOSPITAL DISCHARGE*

| | |
|------------------------------------------------------------------------------------------|-------------|
| Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified | 2.2 million |
| Diseases of the circulatory system | 1.9 million |
| Diseases of the digestive system | 1.7 million |
| Diseases of the respiratory system | 1.6 million |
| Injury, poisoning, and certain other consequences of external causes | 1.4 million |

*By major disease category and *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)* code range.

IMPORTANCE OF NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY (NHAMCS) DATA

NHAMCS data are widely used in research studies and are published in nationally recognized health and medical journals, including JAMA, Annals of Emergency Medicine, and Academic Emergency Medicine. Here are a few recent publications:

Dennis JA. **Racial/ethnic disparities in triage scores among pediatric emergency department fever patients.** *Pediatr Emerg Care.* 2020.

Udoetuk S, Dongarwar D, Salihi HM. **Racial and gender disparities in diagnosis of malingering in clinical settings.** *J Racial Ethn Health Disparities.* 2020.

Chou SC, Baker O, Schuur JD. **Changes in emergency department care intensity from 2007–16: Analysis of the National Hospital Ambulatory Medical Care Survey.** *West J of Emerg Med* 21(2):209–16. 2020.

Lemke KW, Pham K, Ravert DM, Weiner JP. **A revised classification algorithm for assessing emergency department visit severity of populations.** *Am J Manag Care* 26(3):119–25. 2020.

Tebo C, Mazer-Amirshahi M, Zocchi MS, Gibson C, Rosenwohl-Mack S, Hsia RY, et al. **The rising cost of commonly used emergency department medications (2006–15).** *Am J Emerg Med.* 2020.

Olatosi B, Siddiqi KA, Conserve DF. **Towards ending the human immunodeficiency virus epidemic in the U.S.: State of human immunodeficiency virus screening during physician and emergency department visits, 2009 to 2014.** *Medicine* 99(2):e18525. 2020.

Mahmood A, Wyant DK, Kedia S, Ahn S, Powell MP, Jiang Y, Bhuyan SS. **Self-check-in kiosks utilization and their association with wait times in emergency departments in the United States.** *J Emerg Med* 58(5):829–40. 2020.

Qin X, Zahran HS, Malilay J. **Asthma-related emergency department (ED) visits and post-ED visit hospital and critical care admissions, National Hospital Ambulatory Medical Care Survey, 2010–2015.** *J Asthma.* 23(1):1–8. 2020.



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