

SERVICE CHARGES

Level 1 Emergency Service (1st 30 minutes of visit)	_____	68100
additional Level 1, 15 minute segments (total)	X _____	
Level 2 Emergency Service (1st 30 minutes of visit)	_____	68102
additional Level 2, 15 minute segments (total)	X _____	
Level 3 Emergency Service (1st 30 minutes of visit)	_____	68104
additional Level 3, 15 minute segments (total)	X _____	
Level 4 Emergency Service (1st 30 minutes of visit)	_____	68106
additional Level 4, 15 minute segments (total)	X _____	
Level 5 Emergency Service (1st 30 minutes of visit)	_____	68108
additional Level 5, 15 minutes segments (total)	X _____	
Critical Care (encompasses entire visit)	_____	68110
Nurse Transport Charge (ambulance ride-along)	_____	61103
Nurse Transport Charge (second nurse)	_____	61103
Time left: _____ Ronan Ambulance	_____	
Time returned: _____ Mission Ambulance	_____	
(Indicate which ambulance service) Polson Ambulance	_____	
Other: _____	_____	

PROCEDURE CHARGES

Scrub	_____	65229
Minor Dressing	_____	65426
Major Dressing	_____	65427
Laceration Tray - minor	_____	65618
Laceration Tray - major	_____	65614
Hand Instrument Tray	_____	65638
Individual Instrument	_____	65813
Ring Cutter	_____	65637
Speculum Chg (non-disp)	_____	65814
Cast Removal/split	_____	65640
O2-Emergency Room	_____	76407
H.H.Neb. S/U-Nursing only	_____	76100
HHN - Subsequent, nursing	_____	76200
Fetal Heart Monitor	_____	64113
Non-stress Test (all inclusive)	_____	64114
Gastric Lavage	_____	36000
Strep Screen	_____	70522

Orthoglass: 3-4" splint material _____ inches used (65225); 6" material _____ inches used (65252)

PO MEDS (Administered during ER visit)	DOSE	QTY
Acetaminophen tabs	_____mg	x _____ 73100
Acetaminophen elixir	160mg / 5ml	x _____ 73100
ASA	_____mg	x _____ 73100
Ativan	_____mg	x _____ 73100
Atrovent (if added to Albuterol)	UD	x _____ 76927
Benadryl tabs	_____mg	x _____ 73551
Benadryl elixir	12.5mg / 5ml	x _____ 73100
Flexeril	_____mg	x _____ 73100
GI Cocktail w/Reglan	_____cc	x _____ 73226
GI Cocktail w/o Reglan	_____cc	x _____ 73227
Ibuprofen tabs	_____mg	x _____ 73100
Ibuprofen elixir	160mg/5ml	x _____cc 73100
Levaquin	_____mg	x _____ 73100
Lortab	_____mg	x _____ 73100
Naprosyn	_____mg	x _____ 73100
NTG sublingual	_____mg	x _____ 73100
Prednisone elixir	_____mg/_____ml	x _____cc 73100
Percocet	_____mg	x _____ 73100
Phenergan	_____mg	x _____ 73100
Tylenol #3		x _____ 73100
Ultram	_____mg	x _____ 73100
Valium	_____mg	x _____ 73100
Zithromax	_____mg	x _____ 73100

OTHER (Name of drug & dose, mg)	Amount(Qty)
_____	_____
_____	_____
_____	_____

DISPENSED MEDICATIONS (List those not stickered)	
(Name of drug & dose, mg)	Amount(Qty)
_____	_____
_____	_____
_____	_____

INJECTABLE MEDS (Please list individual doses of same drugs)	Dose	IM	IV
Ampicillin	_____mg	_____	IVPB
Ancef	_____mg	_____	IVPB
Ativan	_____mg	_____	_____
Benadryl	_____mg	_____	_____
Demerol	_____mg	_____	_____
Dilaudid	_____mg	_____	_____
Lasix	_____mg	_____	_____
Metoprolol	_____mg	_____	_____
Morphine	_____mg	_____	_____
Phenergan	_____mg	_____	_____
Reglan	_____mg	_____	_____
Rocephin	_____mg	_____	IVPB
Solumedrol	_____mg	_____	_____
Tetanus/Diphtheria Toxoid	0.5cc	_____	_____
Toradol	_____mg	_____	_____
Valium	_____mg	_____	_____
OTHER	_____mg	_____	_____
_____	_____mg	_____	_____
_____	_____mg	_____	_____
_____	_____mg	_____	_____

LOCAL ANESTHETIC			
NaHCO3 8.4%	_____vial	Xylo 1% w/epi	_____cc
Marcaine .25%	_____cc	Xylo 1% w/o	_____cc
Marcaine .5%	_____cc	Xylo 2% w/epi	_____cc
		Xylo 2% w/o	_____cc

INJECTION CHARGES (Totals from above)	IM	IV
IM antibiotic	_____	_____
IM/SQ	_____	_____
IV push	_____	_____
Saline flush	_____	_____

Dispensed Medication Sticker	Dispensed Medication Sticker	Dispensed Medication Sticker	Dispensed Medication Sticker
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