



FIREARM-RELATED EMERGENCY DEPARTMENT VISIT INDICATOR

Nonfatal Firearm Discharge-related Emergency Department Visits

Numerator:

- Nonfatal ED visits from the injury ED visit subset with any of the following ICD-10-CM external cause of injury codes in any field.

Codes* for Nonfatal Firearm-related Injuries

W32.0, W32.1, W33.0, W33.1, W34.00, W34.09, W34.10, W34.19	Accidental firearm discharge and malfunction
X72, X73, X74.8, X74.9	Intentional self-harm by firearm
X93, X94, X95.8, X95.9	Assault by firearm
Y38.4	Terrorism involving firearms
Y22, Y23, Y24.8, Y24.9	Firearm discharge of undetermined intent
Y35.00-Y35.03, Y35.09	Legal intervention involving firearm discharge

*7th character of A or missing (reflects initial encounter, active treatment)

Denominator:

- Midyear population for the calendar year under surveillance obtained from the U.S. Census Bureau or suitable alternative.

Measures of frequency:

- Annual number of ED visits, by age group and sex.
- Annual age-adjusted rates, overall and by sex, standardized by the direct method to the year 2000 standard U.S. population.^{2,11}

Period for case definition:

- Calendar year based on date of ED discharge.

Indicator notes:

- The Injury Surveillance Indicator for use with ED data includes cases with either an injury diagnosis code or an external cause of injury code in any field. This broad definition results in the capture of all cases of injury or potential injury seen in the ED.
- This indicator does not include cases that were admitted to the hospital.
- Includes accidental malfunctions of firearms
- Includes rifle pellets (legal intervention)
- Does not include gas, air or spring-operated guns (air gun, BB gun, paintball gun) or rubber bullets
- Excludes war/military operation.

Limitations of data source:

- Injuries that result in ED visits only represent a portion of the overall burden of injury. These injuries should be considered in the context of both less- and more-severe injuries.
- The accuracy of indicators based on codes found in ED data are limited by the completeness and quality of coding. The overall completeness of external-cause-of-injury coding is of particular interest and should be reviewed in conjunction with the indicator.