**2024 Trauma Data Dictionary**

**2024 ADMISSION YEAR** This dictionary serves as the required data fields and definition requirements referred to as GQIP Trauma Data Standard for use by a Georgia designated trauma center with 2024 admitted trauma patients.

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**General Information**

This data dictionary primarily includes data fields outside of the

ITDX + NTDB + TQIP data points. GQIP's data model includes ITDX

+ NTDB + TQIP plus the data fields noted in this dictionary. For the NTDS and TQIP data fields, please refer to the [2024 NTDS Data](https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/) [Dictionary. For ITDX data fields, please refer to the 2024 ESO ITDX Data Dictionary. New fields are highlighted in table of contents &](https://www.eso.com/resources/2024-itdx-data-dictionary/) data field pages. Required fields are bold in table of contents.

Below are tables that list the NTDB + TQIP and ITDX Fields

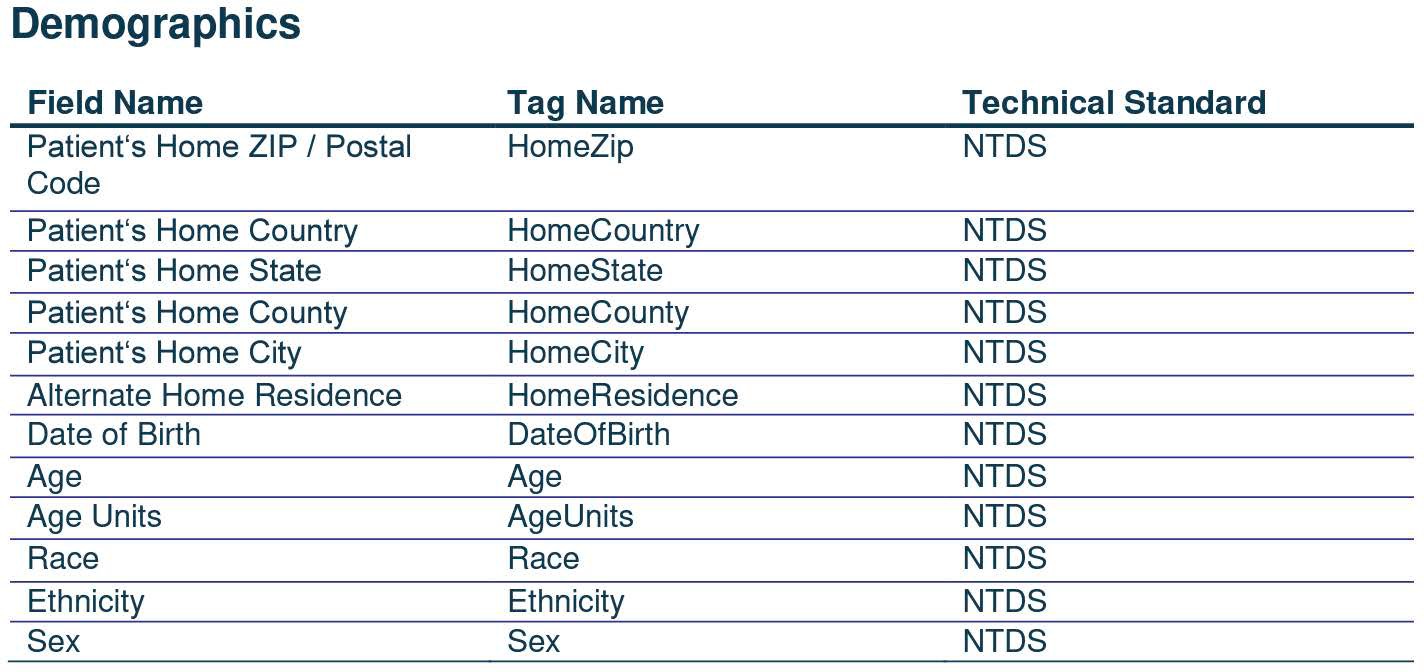
(Courtesy of ESO). The ITDX fields are noted in green. ITDX fields are **required** except for:

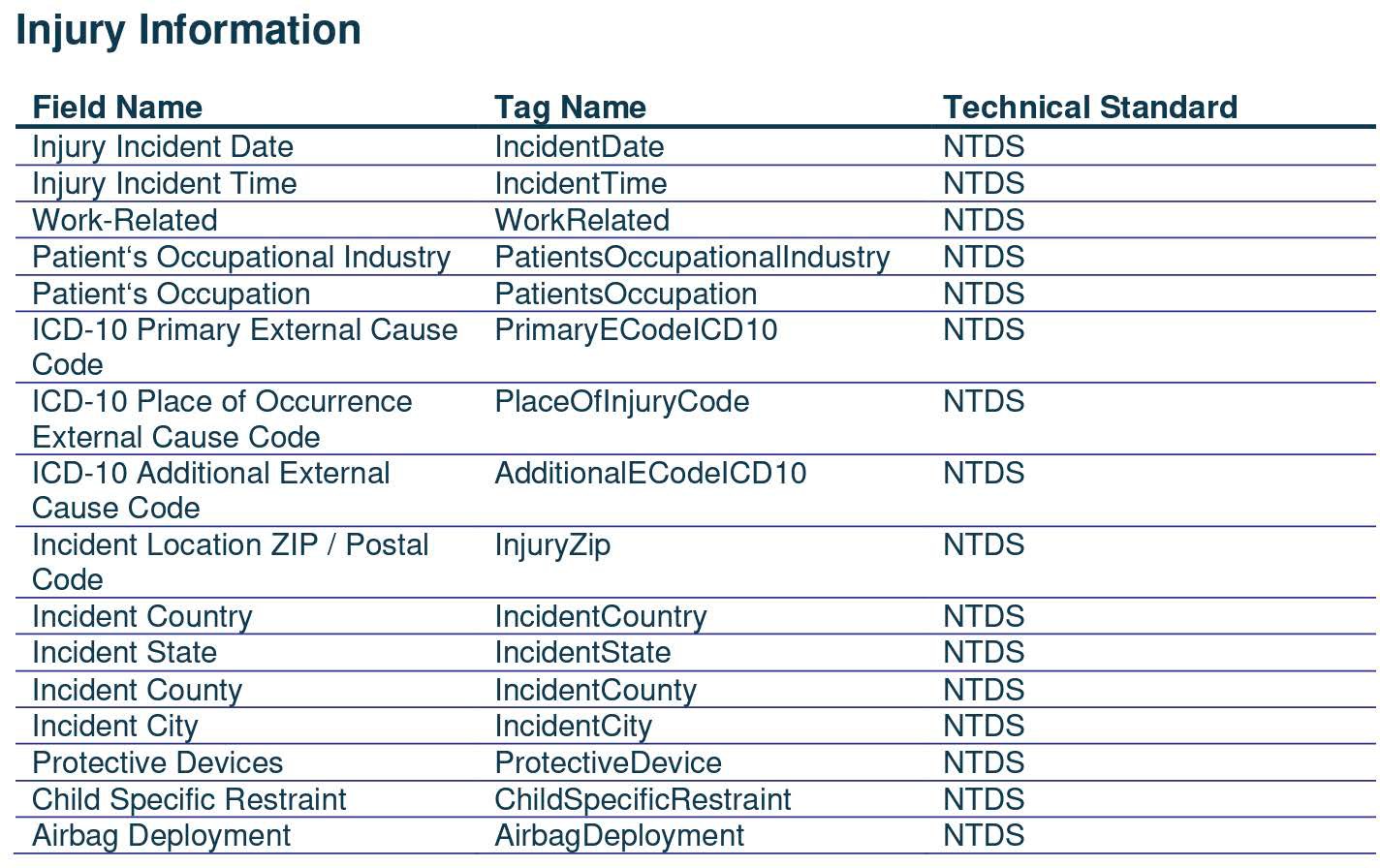
* State Trauma Number
* Regional Trauma Number
* Hospital System Trauma Number
* Transporting EMS Agency NPI Number
* EMS Incident Number
* Lowest ED/Hospital SBP

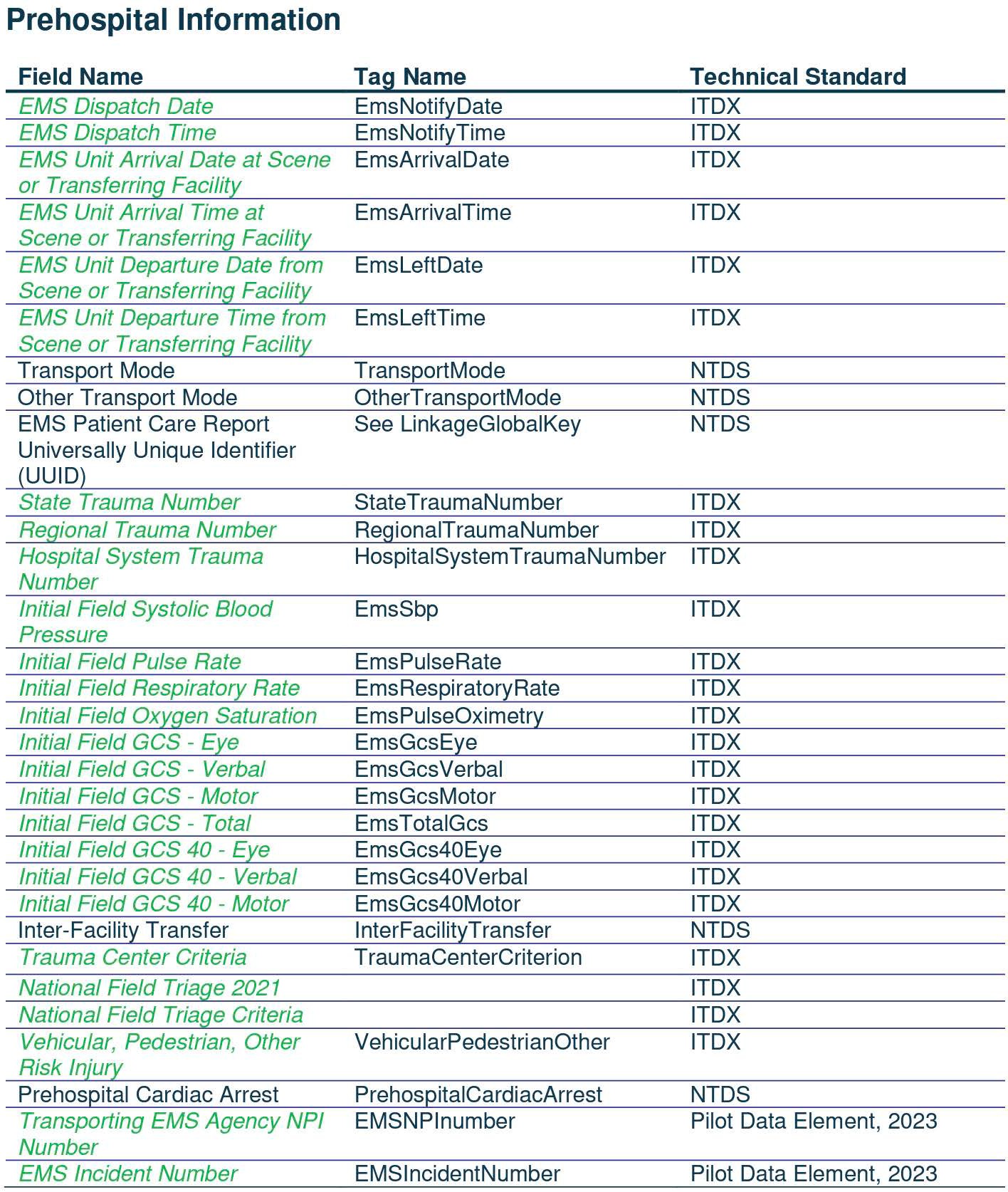
These fields are currently optional.

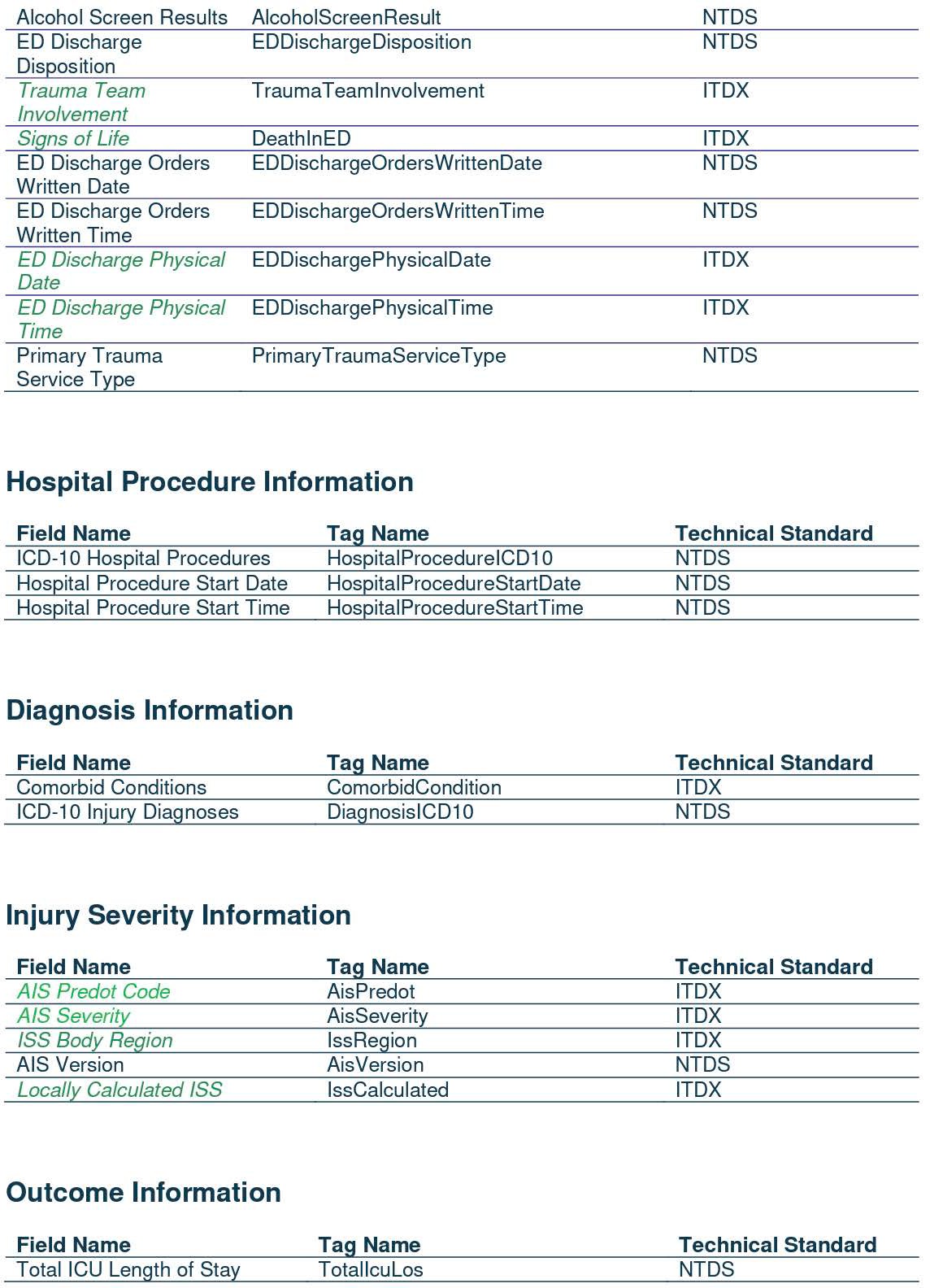
Data Sources listed for data points are suggestions on where these might be located except for the EMS data points which should be obtained from the EMS patient care record.

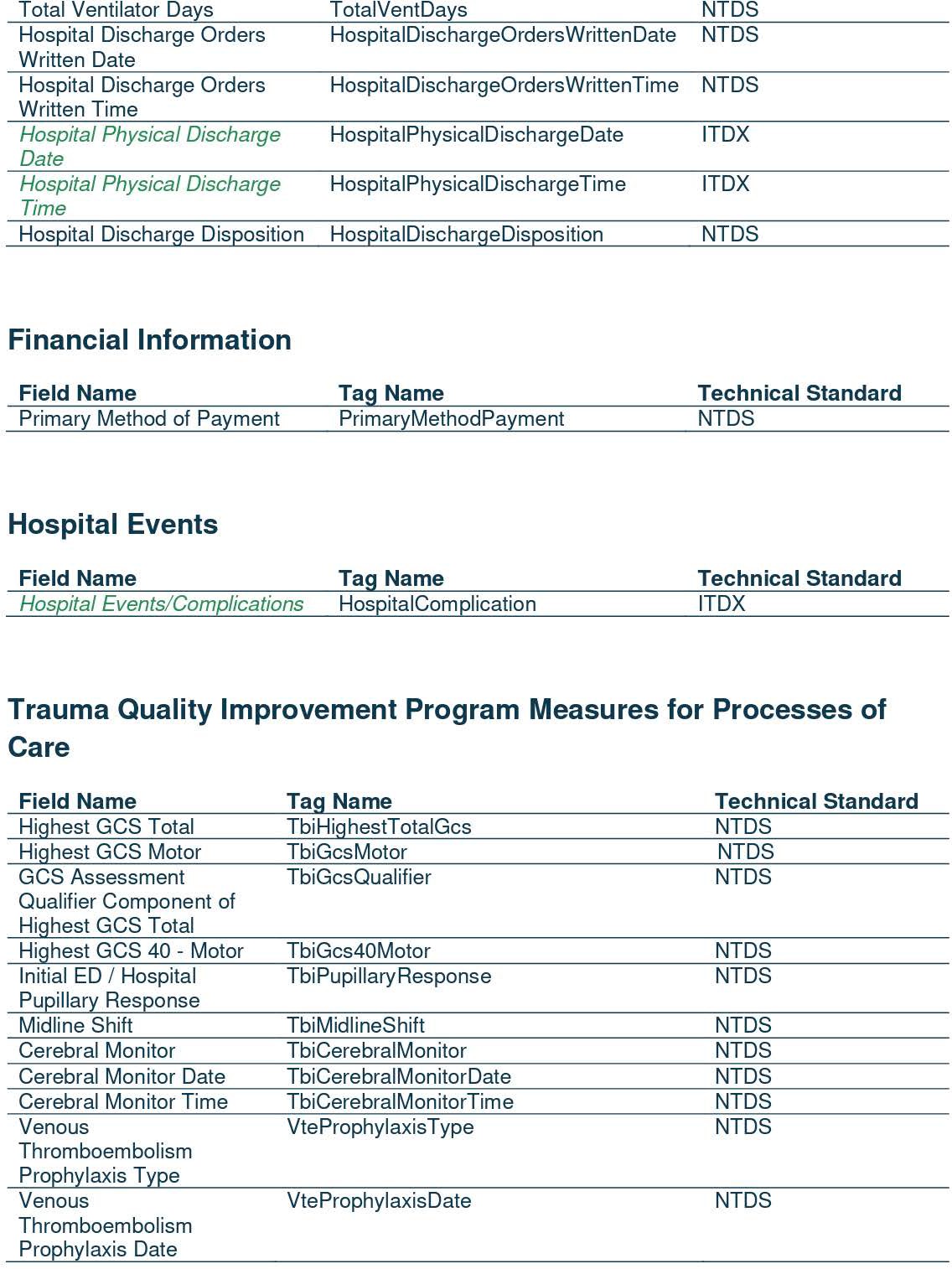
**NTDB and ITDX Fields**

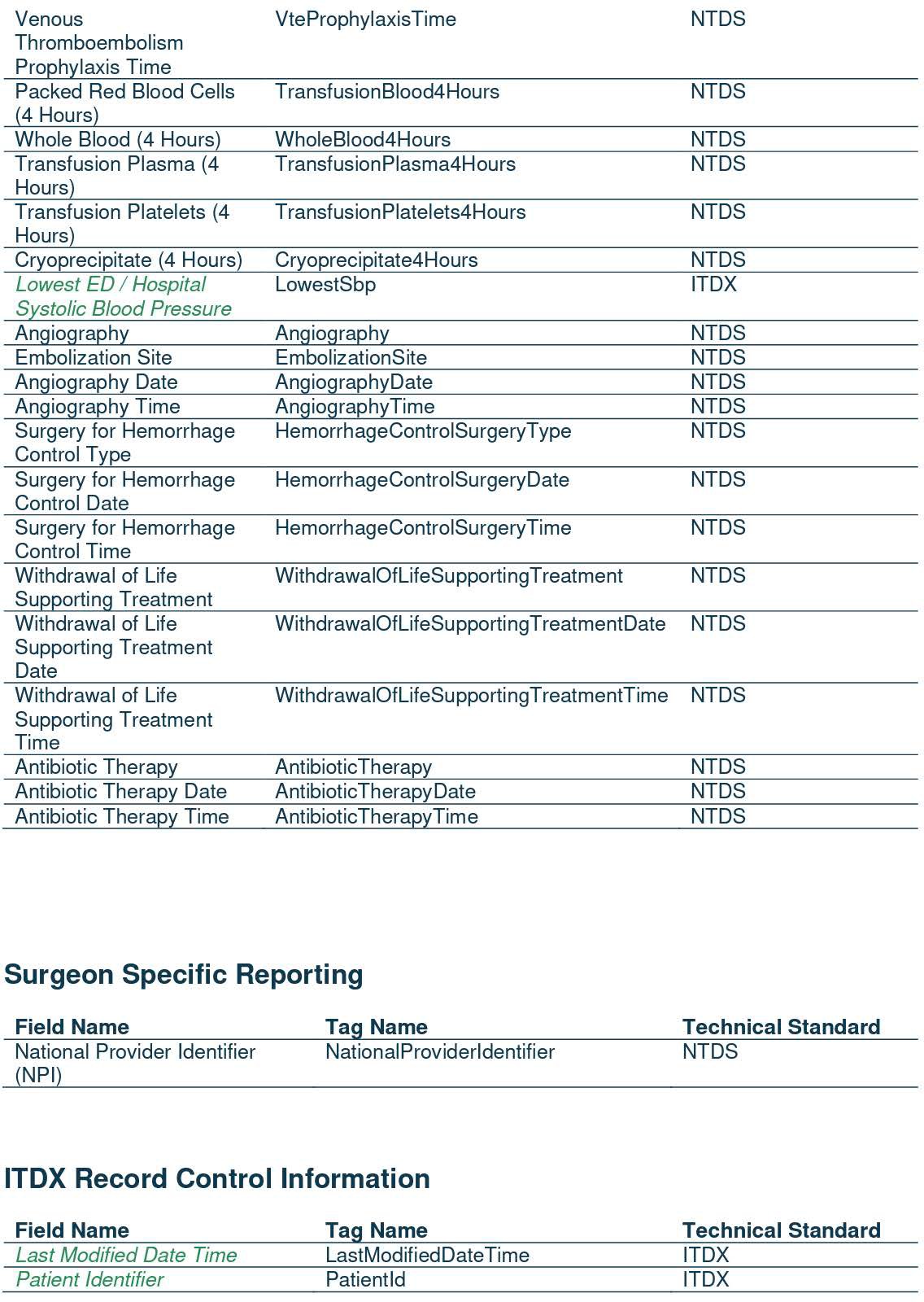


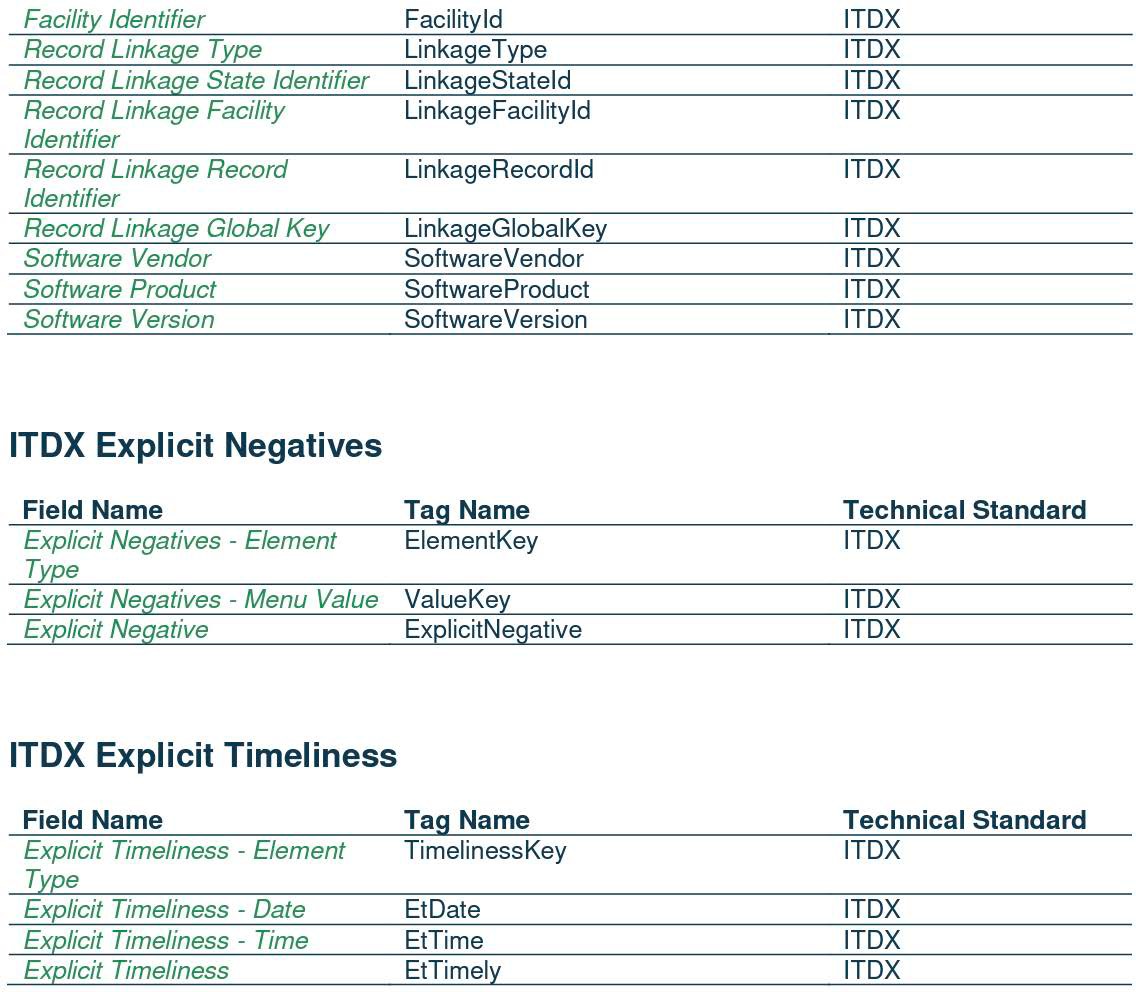












# 2024 Georgia Trauma Registry Inclusion Criteria

Office of EMS/Trauma

* **Include patients presenting with a traumatic injury occurring within 14 days of initial hospital visit and with an ICD-10\_CM diagnosis code below:**
  + S00-S99 w/ 7th character modifiers of A, B, or C ONLY. Injuries to specific body parts – initial encounter (see exclusions below)
  + T07 (unspecified multiple injuries)
  + T14 (injury of unspecified body region)
  + T20-T28 with 7th character A only or T30-T32 ***(only with a non-burn trauma dx meeting inclusion criteria*)**
  + T79.A1 – T79.A9 w/ 7th character modifier A ONLY (Traumatic Compartment Syndrome – initial encounter)
* **EXCLUDING:**
  + Patients with isolated superficial injuries- Diagnosis codes of ICD-10-CM superficial injuries: S00, S10, S20,

S30, S40, S50, S60, S70, S80, S90

* + Late effect codes w/ the 7th character modifier of D through S
  + Patients w/ **isolated** burn injuries T20-T28 w/7th modifier A or T30-T32 (NTDS 2021)
  + Patients admitted to a medical or social service w/ a minor trauma injury that would not have been otherwise admitted for their injury. Inclusion decisions are at the discretion of each facility. **\*** (GA 2023)
  + Patients w/ injuries older than 14 days from first ED/hospital arrival date. (NTDS 2021)
  + Patients admitted for elective and/or planned surgical intervention. (NTDS 2022)
  + Patients w/ an In-House trauma injury sustained after the initial ED/Hospital arrival and before ED/Hospital discharge. This exclusion involves all data related to the In-House injury. (NTDS 2022)
* **AND must include one of the following in addition to a valid trauma diagnosis code from the listed above**
  + Admitted to the hospital after discharge from the ED or directly admitted to the hospital, regardless of length of stay
  + Transferred to or from another acute care facility\*\*
  + Died, regardless of length of stay
  + DOA: defined as a patient that died from a traumatic injury before hospital arrival and was pronounced dead by a physician in the emergency department.
* **Additional criteria/notes:**
  + The Georgia data collection standard for blood utilization includes data for any blood products administered within the first 4 hours from the patient arrival time.
  + Unplanned readmissions must be associated with the initial trauma injury, have a trauma diagnosis, ISS total, and be readmitted within 72 hours of discharge from the first visit.
  + Dictionary ***Data Sources*** are simply a guide; Centers should use the most reliable source at their center.

\* Indicates a difference between the Georgia Criteria and the NTDS Criteria

\*\* Per the Centers for Medicare and Medicaid Services, Acute Care Hospital is defined as a hospital capable of providing

inpatient medical care with services for surgery, acute medical conditions, or injuries. “CMS Data Navigator Glossary of

**GQIP Data Field Definitions**

# Demographic: Record Created Date/Time

**TAB NAME: Demographic - Record Info ALLOW N/A?** NO

### V5 REP WRITER NAME:

**DEFINITION:**

The date and time the record was created.

### V5 OPTIONS:

Auto-created

**REQUIRED?** YES

**ALLOW UNK?** NO

# Demographic: Medical Record Number

### TAB NAME:

#### Demographic, Record Info

**REQUIRED?** YES

### ALLOW N/A? NO

**V5 REP WRITER NAME:** PAT\_REC\_NUM

**ALLOW UNK?** NO

### DEFINITION:

The unique identification number assigned as the patient identifier.

### ADDITIONAL INFORMATION:

* In some instances, patients are assigned a new medical record number (MRN) when they already have one from a previous encounter. Typically, all the patient’s records will be merged under the latest medical record number. Check with your facility’s Medical Records / Health Information Management Department to determine the standard of practice and use the final MRN assigned to the patient.

### DATA SOURCE:

Billing/Registration Form, Admission Form

# Demographic: Account Number

**TAB NAME:** Demographic - Record Info **REQUIRED?** NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PAT\_ACCOUNT

**DEFINITION:**

Unique alphanumeric number assigned to the patient's account.

### ADDITIONAL INFORMATION:

None

### DATA SOURCE:

Billing/registration information, Admission form

# Demographic: LongID (part 1 of 2)

#### TAB NAME: Demographic, Record Info ALLOW N/A? YES

**REQUIRED?** YES

### ALLOW UNK? NO

**V5 REP WRITER NAME:** LINK\_NUM

**DEFINITION:** The LongID is a variable that will help registry records link with other state data sources. The variable, LONGID, is alphanumeric and has a 15-digit length.

1. To create the variable, record the following data in the order listed:
   1. the first two letters of the first name,
   2. the first and last two letters of the last name,
   3. the birth date (date of birth – DOB) in an eight-digit MM/DD/YYYY format and
   4. sex as “M” for male, “F” for female, and “U” for unknown or if the patient does not identify as a male or

female,

1. No symbols such as apostrophes as in names like O’Connor or slashes (“/”) like those in birth dates separating

the month, day and year should be included in the values of LONGID.

1. Suffixes such as “Jr.”, “Sr.”, “II” or “III” shall not be considered when creating the values for LONGID.
2. Some names have few letters, e.g., Ray, Coe or Li. In such circumstances, letters will be used repeatedly but in the same order as described above.
3. Some names have two parts separated by space or a hyphen, e.g., Di Napoli, Ramirez-Martinez, Jones Smith. Regardless of the separator between the two parts, always use the first two letters of the first part and the last two letters of the last part of the compound names.
4. If the name and date of birth are unknown, use the names Jane Doe for a female or John Doe for a male and the date of birth January 1, 1900.
5. If the sex is unknown or the patient does not identify as a male or female, use “U” for unknown as the sex.

### ADDITIONAL INFORMATION:

* + Applies to all patients.
  + Not applicable should not be used.

### DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

# Demographic: LongID (part 2 of 2)

Examples:

* + Subject’s first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:

o MI + TH + ON + 05091924 + M = “**MITHON05091924M”**

* + Subject’s first name is D'Arcy and last name is O'Brien, DOB: 04/15/1932 then the LONGID will be

o DA + OB + EN + 04151932 + F = “**DAOBEN04151932F**”

* + Subject’s first name is William, the last name is Ray, DOB: February 23, 1940 then the LONGID will be

o WI + RA + AY + 02231940 + M = “**WIRAAY02231940M**”

* + Subject’s first name is Edward, last name is Li, born on December 6, 1946 then the LONGID will be

o ED + LI + LI + 12061946 + M = “**EDLILI12061946M**”

* + Subject’s first name is Anthony, last name is De Virgilio, born on September 15, 1956 then the LONGID will be

o AN + DE + IO + 09151956 + M = “**ANDEIO09151956M**”

* + If the first name is Paula, the last name is Ramirez-Martinez, DOB: January 9, 1960 then the LONGID will be

o PA + RA + EZ + 01091960 + F = **“PARAEZ01091960F”**

* + Subject’s first name is John, the last name is Jones-Smith, DOB: May 29, 1955 then the LONGID will be JO + JO + TH + 0529195 + M = **“JOJOTH05291955M”**
  + Subject’s first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be

JA + DO + OE + 01011900 + F = **“JADOOE01011900F”**

* + Subject’s first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be JO + DO + OE + 01011900 + M = **“JODOOE01011900M”**
  + Subject’s sex is unknown, first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:

o MI + TH + ON + 05091924 + U = “**MITHON05091924U”**

* + Subject’s sex is unknown, first name is Michelle, last name is Thompson, DOB: May 9, 1924 the LONGID will be:

o MI + TH + ON + 05091924 + U = “**MITHON05091924U”**

* + Subject’s first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be JA + DO + OE + 01011900 + U = **“JADOOE01011900U”**
  + Subject’s first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be

JO + DO + OE + 01011900 + U = **“JODOOE01011900U”**

# Demographic: Arrived From

### TAB NAME:

#### Demographic - Record Info

**REQUIRED?** YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

**REP WRITER NAME:** PAT\_ORIGIN

### DEFINITION:

Patient’s immediate location before arriving at your facility. Answer choices include:

Scene

Referring Hospital Home

Other

? Unknown

### ADDITIONAL INFORMATION:

* + Applies to all patients.
  + Not applicable should not be used.

### DATA SOURCE:

ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR, Referring Hospital records

# Demographic: Armband Number

### TAB NAME: ALLOW N/A?

#### Demographic - Patient

YES (*until implemented statewide)*

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** TRAUMA\_BAND

**DEFINITION:** The armband identification number is printed on a colored armband provided by the state to providers.

### ADDITIONAL INFORMATION:

* + **Enter value - N/A until armband is IN USE.**
  + The purpose of the armband number is to represent a Key Patient Identification Number that can be used to link multiple local, state, and national databases.
  + The DPH Office of EMS Trauma plans to distribute armbands to providers and provide education in the near future on the purpose and use statewide.
  + The armband will be placed on the patient by the first care provider. The first provider may be a public health agency, EMS, police, or hospital ED.
  + The armband should remain on the patient from initial contact by the first provider through rehabilitation

or the patient’s final destination of care.

* + The armband number will be useful in local, state, and national emergencies.

### DATA SOURCES:

EMS PCR, ED/Trauma EMR or flowsheet

# Demographic: Inclusion Information - NTDB

**TAB NAME: Demographic - Record Info ALLOW N/A?** NO

**V5 REP WRITER NAME**: REGINC\_YN01**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

**DEFINITION:**

Indication if the record meets NTDB inclusion criteria.

#### V5 Options:

Yes No

### ADDITIONAL INFORMATION:

* + - Choosing No blocks record from being sent to NTDB/TQIP

### DATA SOURCE:

N/A

**REQUIRED?** YES

**ALLOW UNK?** NO

# Demographic: State Download Inclusion

### TAB NAME: ALLOW N/A?

#### Demographic - Patient

NO

**REQUIRED?** YES

**ALLOW UNK?** N O

**REP WRITER NAME:** REGINC\_YN02**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

**DEFINITION:** Does the registry record meet the Georgia Trauma Registry Criteria? Answer choices include: Yes No

### ADDITIONAL INFORMATION:

* Selecting Yes causes the registry software to include the record in the download file sent to the Georgia Trauma Registry central site.
* All records marked Yes must meet the Georgia Trauma Registry Criteria, be “Validated” and “CLOSED”

to be included in the download file.

* Selecting No, blocks the record from being downloaded to the Georgia Trauma Registry central site, regardless of the Closed record status.
* Selecting No does not block the record from being downloaded to the GQIP central site.

# Injury: Chief Complaint

#### TAB NAME: Injury, Mechanism of Injury, ICD10 ALLOW N/A? NO

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME: INJ\_MECH01\_AS\_TEXT

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

A general, simplified description of the ICD 10 cause of injury code. Answer choices include:

MVC

Fall Under 1m Fall 1m - 6 m Fall over 6m Fall - NFS Assault Motorcycle Pedestrian Bicycle

Other Blunt Mechanism Knife

Handgun Shotgun

### ADDITIONAL INFORMATION:

Other Gun Glass Biting

Other Penetrating Chemical Burn Inhalation Burn Thermal Burn Electrical Burn

Other Burn Mechanism Other Motorized Vehicle

? Unknown

* The first chief complaint value captured should reflect the primary reason the patient is admitted to the hospital and should directly reflect the ICD-10 Primary External Cause Code (the mechanism causing the injury—e.g., gun, knife, MVC, fall, etc.).
* In cases of assault or abuse**,** “Assault” should be captured as the SECOND complaint. Assault should only be captured as the first chief complaint if no other mechanism applies (e.g., bodily force, fist fight without weapon).
* Other chief complaints:

Golf cart/ATV/Go Kart/Segway = 23. Other Motorized Vehicle Dirt bike/Motor Scooter/Moped = Motorcycle

Unknown type gun/BB gun/Pellet Gun = Other Gun

### DATA SOURCE:

EMS Patient Care Report (PCR), Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes

# Prehospital Provider: POV/Walk in

### TAB NAME: ALLOW N/A?

#### Prehospital, Scene/Transport

NO

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** PH\_POV\_YN **\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Identification if patient arrived by private means, privately owned vehicle (POV) or walked in to first hospital.

Answer choices include:

Yes No

### ADDITIONAL INFORMATION

* If the patient arrives to the ED via any type of Emergency Medical Services transport, answer NO.
* If the patient arrives to the ED via law enforcement/police, answer NO.
* If the patient arrives to the ED via any OTHER type of transport answer YES.

### DATA SOURCE:

Triage/Trauma Flowsheet, History & Physical/Progress/Nurse Notes, Registration notes, EMS Patient Care Record (PCR)

# Prehospital: Was Patient Extricated?

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PH\_EXT\_YN

**DEFINITION:**

Was the patient removed/released from the vehicle by emergency response team?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* + May be in narrative of PCR or extrication section

### DATA SOURCE:

EMS Patient Care Record

# Prehospital: Time Required/Minutes

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PH\_EXT\_MINS

**DEFINITION:**

If the patient was extricated, the time in minutes to complete the extrication.

### V5 OPTIONS: N/A

**ADDITIONAL INFORMATION:**

* + May be in narrative of PCR or extrication section

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Agency [state ID & name]

YES YES

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **Prehospital, Scene/Transport** | **REQUIRED?** |
| **ALLOW N/A?** | YES | **ALLOW UNK?** |

**REP WRITER NAME:** PHP\_AGNCLNKS\_L**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Identification of the emergency medical services (EMS) agency providing prehospital care and transport from the scene to a facility. Answer choices are contained in a drop-down menu but are not displayed due to space constraints.

### ADDITIONAL INFORMATION:

* All EMS Agencies are listed in a pick list in the registry program. Start typing the name to find the correct agency. The state ID number will auto populate when an agency name is chosen.
* The null value “Not Applicable” is used only for patients who were not transported by EMS.
* The value “Unknown” is used if the EMS Agency number is not available in the medical record.
* If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at [trauma@dph.ga.gov](mailto:trauma@dph.ga.gov) .
* EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

|  |  |  |
| --- | --- | --- |
| **If EMS agency name not available** | **Agency #** | **Agency Name** |
| Georgia | 2020999 | Georgia EMS generic |
| Out of state EMS agency? Alabama | 50100 | Alabama EMS generic |
| Florida | 51200 | Florida EMS generic |
| Louisiana | 54900 | Louisiana EMS generic |
| Mississippi | 54800 | Mississippi EMS generic |
| North Carolina | 53700 | North Carolina EMS generic |
| South Carolina | 54500 | South Carolina EMS generic |
| Tennessee | 54700 | Tennessee generic |

**DATA SOURCE:** EMS PCR, Trauma Flowsheet,

# Prehospital Provider: Transport Role

#### TAB NAME: Prehospital, Scene/Transport ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** PHP\_ROLES**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Identification of the emergency medical services (EMS) agency role to provide transport to first facility. Answers choices include:

Non-Transport

Transport from Scene to Facility Transport from Scene to Rendezvous Transport from Rendezvous to Facility Transport to Other

Transport from Non-Scene Location

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* This field applies to all patients who arrive by EMS and should not be left blank.
* The null value “not applicable” is reported for patients who were not transported by EMS**.**

### DATA SOURCE:

Triage/Trauma Flowsheet, ED EMR, Nursing notes, hospital registration information, EMS Patient Care Record (PCR)

# Prehospital Provider: Scene EMS Report

#### TAB NAME: Prehospital, Scene/Transport ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** PHP\_RP\_DETAILS **\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Availability of the EMS patient care report (PCR) access through the Georgia EMS Information System (GEMSIS) Hospital Hub or provided by the EMS service. Answers may include:

Complete Incomplete Missing Unreadable

? Unknown

/ Not Applicable

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS.
* N/A only used if patient was not transported by EMS

### DATA SOURCE:

EMS Patient Care Record (PCR)

# Prehospital Provider: PCR Number (#)

### TAB NAME: ALLOW N/A?

YES

#### Prehospital, Scene/Transport

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** PHP\_PCR\_NUMS

### DEFINITION:

EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS.
* The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
* The null value "Not Known/Not Recorded" should be reported if PCR is missing.
* The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number cannot be located.

### DATA SOURCE:

EMS Patient Care Record (PCR)

***NEW FIELD***

***Prehospital Provider: Call Received Date/Time***

***TAB NAME:***

**ALLOW N/A?**

**Prehospital, Scene/Transport**

YES

**REQUIRED?** NO

**ALLOW UNK?** YES

#### Report Writer Name:

TBD

**Definition:** The date/time the 911 or PSAP call was received.

#### Additional Information:

* Applies to all patients transported by EMS.
* Reported as MM-DD-YYYY and HH:MM (military) for time.
* The null value “Not Applicable” is reported for patients who were NOT transported by EMS to the first facility.

#### Data source:

EMS Patient Care Record (PCR)

# Prehospital Provider: Call En Route Date/Time

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: TBD

**DEFINITION:**

The date the unit is en route to the reported scene of injury.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Reported as MM-DD-YYYY and HH:MM (military) for time
  + The null value Not Applicable is reported for patients who were NOT transported by EMS to the first facility.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Arrived at Patient Date/Time

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: TBD

**DEFINITION:**

The date the unit arrived to the patient.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Reported as MM-DD-YYYY and HH:MM (military) for time
* The null value “Not Applicable” is reported for patients who were NOT transported by EMS to the first facility.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Scene Time Lapsed

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHP\_ELAPSEDSC

**DEFINITION:**

The elapsed amount of time from when the unit arrived at the location to when they departed the scene.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto calculated from scene arrival and scene depart fields

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Transport Time Lapsed

#### TAB NAME: Prehospital: Scene/Transport REQUIRED? YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHP\_ELAPSED2SC

**DEFINITION:**

The elapsed amount of time from when the unit arrived at the location to when they departed the scene.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto calculated from scene depart and arrived at destination fields

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Paralytic Agents?

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_PAR\_YNS

**DEFINITION:**

Were paralytic agents in place for the patient when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* The null value Not Applicable is reported for patients who were NOT transported by EMS.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Sedated?

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_SED\_YNS

**DEFINITION:**

Was patient sedated when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* The null value Not Applicable is reported for patients who were NOT transported by EMS.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Eye Obstruction?

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_E\_OB\_YNS

**DEFINITION:**

Were the patient's eyes obstructed when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* The null value Not Applicable is reported for patients who were NOT transported by EMS.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Intubated?

**TAB NAME: Prehospital: Treatment ALLOW N/A? YES**

### V5 REP WRITER NAME: PHAS\_INTUB\_YNS

**DEFINITION:**

Was the patient intubated when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### REQUIRED? NO ALLOW UNK? YES

**ADDITIONAL INFORMATION:**

* The null value Not Applicable is reported for patients who were NOT transported by EMS.

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Intubation Method?

**TAB NAME: Prehospital: Treatment ALLOW N/A?** YES

### V5 REP WRITER NAME: PHAS\_INTUB\_M01S

**DEFINITION:**

If the patient was intubated, what method was used?

### V5 OPTIONS:

Combitube Cricothyrotomy Cricothyrotomy-Needle Endotracheal Tube

Nasal Endotracheal Tube Oral Endotracheal Tube Route NFS

Esophageal Obturator Airway

Laryngeal Mask Airway

LT Blind Insertion Airway Device Tracheostomy

? Unknown

### ADDITIONAL INFORMATION:

* Opens only if Intubated Y

### DATA SOURCE:

EMS Patient Care Record

**REQUIRED?** NO

**ALLOW UNK?** YES

# Prehospital Vitals: Respirations Assisted?

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_ARR\_YNS

**DEFINITION:**

Was the patient's respiration assisted when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* Use N/A for those not transported by EMS

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Respirations Assisted - Type?

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_ARR\_TYPES

**DEFINITION:**

If patient's respiration was assisted, what type was used?

### V5 OPTIONS:

Bag Valve Mask Nasal Airway Oral Airway Ventilator

? Unknown

### ADDITIONAL INFORMATION:

* Opens only if resp assisted Y

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Provider: Diastolic Blood Pressure

### TAB NAME:

***NTDB FIELD?***

#### Prehospital, Scene/Transport

Accepted

### REQUIRED?

**ALLOW UNK?** YES

YES

**ALLOW N/A?** YES

**REP WRITER NAME:** PHAS\_DBPS

### DEFINITION:

Diastolic Blood Pressure recorded by prehospital providers.

### ADDITIONAL INFORMATION:

* Direct entry. First recorded DBP by the Prehospital Provider.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)

***DRAF***

* The null value “Not Applicable” is reported for patients who were NOT transported by EMS.
* Even if *Prehospital Provider: Transport Role* is 8 (Transport from Non-Scene Location), enter ALL pre- hospital vitals.

### DATA SOURCE:

EMS Provider Patient Care Report

# Prehospital Vitals: RTS

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_RTS\_WSC

**DEFINITION:**

The Revised Trauma Score based on vitals measured at the scene of injury. Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto-calculated field

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Vitals: Triage RTS

#### TAB NAME: Prehospital: Treatment REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: PHAS\_RTS\_USC

**DEFINITION:**

The Revised Trauma Score based on vitals measured at the scene of injury. Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto-calculated field

### DATA SOURCE:

EMS Patient Care Record

# Prehospital Procedure: Procedure

**TAB NAME: Prehospital: Treatment ALLOW N/A?** YES

### V5 REP WRITER NAME: PH\_INTS\_L\_AS\_TEXT

**DEFINITION:**

The procedures performed on the patient at the scene of injury.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS Patient Care Record

**REQUIRED?** NO

**ALLOW UNK?** YES

# Prehospital Medication: Medication

**TAB NAME: Prehospital: Treatment ALLOW N/A?** YES

### V5 REP WRITER NAME: PH\_MEDS\_L\_AS\_TEXT

**DEFINITION:**

The medications administered to the patient at the scene of injury.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS Patient Care Record

**REQUIRED?** NO

**ALLOW UNK?** YES

# Prehospital Medication: Medication Date/Time

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **Prehospital: Treatment** | **REQUIRED?** NO |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |

### V5 REP WRITER NAME:

**DEFINITION:**

The date and time the medications were administered to the patient at the scene of injury.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS Patient Care Record

# Immediate Referring Facility: Referring Facility & Additional Referring Facility: Referring Facility

### TAB NAME: ALLOW N/A?

#### Referring Facility, Referral History

YES

**REQUIRED?** YES

### ALLOW UNK?

**REP WRITER NAME:** RFS\_FACLNK**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Acute care facility where patient received care immediately before transfer.

### ADDITIONAL INFORMATION:

* Hospital providers are listed in the registry program. Start typing the name to find the correct hospital. The state ID number will auto populate when a hospital name is chosen.
* The null value “Not Applicable” is used only for patients who were not received from another facility.
* If you are unable to locate a Georgia hospital in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at [trauma@dph.ga.gov.](mailto:trauma@dph.ga.gov) Facilities change names periodically for various reasons and the name may have changed in the registry program. New facilities must be added to the registry program. If a facility is not available as a choice, use one of the following (as applies):

|  |  |  |
| --- | --- | --- |
| **If facility name not available** | **Facility #** | **Facility Name** |
| Georgia (not designated) | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| Georgia (designated trauma center) | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state? Alabama | 16000 | Alabama Hospital |
| Florida | 15000 | Florida Hospital |
| North Carolina | 13000 | North Carolina Hospital |
| South Carolina | 19010 | South Carolina Hospital |
| Tennessee | 19020 | Tennessee Hospital |
| Texas | 91900 | Texas Hospital |
| Other States | 17000 | Other state specified |
| Unspecified state | 40000 | Unspecified state |
| Air Force Hospital | 14010 | Moody |
| 14015 | Warner Robins |
| U.S. Naval Services | 14030 | U.S.N.S. Comfort |
| U.S. Penitentiary | 15090 | Penitentiary Hospital |
| U.S. Virgin Islands | 14040 | Virgin Islands Hospital |

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# Immediate Referring Facility: If Other & Additional Referring Facility

#### TAB NAME: Referring Facility: Referral History REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFS\_FAC\_S

**DEFINITION:**

Free text to specify name of referring hospital that is not listed in referring facility menu.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + If specific name of hospital is not available pick appropriate option per referring facility data dictionary page (i.e Alabama Hospital) then type facility name in If Other.

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# Immediate Referring Facility: Admit Date/Time & Additional Referring Facility: Admit Date/Time

### TAB NAME: ALLOW N/A?

#### Referring Facility, Referral History

YES

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** RFS\_A\_DATE

RFS\_A\_TIME

RFS\_A\_EVENT (list date/time together)

### DEFINITION:

The date and time the patient arrived at the Acute care facility where the patient received care immediately before transfer.

### ADDITIONAL INFORMATION:

* Report as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the patient arrived at the referring facility prior to being transferred to your facility.
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P)

# Immediate Referring Facility: Discharge Date/Time &

**Additional Referring Facility: Discharge Date/Time**

### TAB NAME: ALLOW N/A?

#### Referring Facility, Referral History

YES

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** RFS\_DIS\_DATE

RFS\_DIS\_TIME

RFS\_DIS\_EVENT (list date/time together)

### DEFINITION:

The date and time the patient departed from the Acute care facility where the patient received care immediately before transfer.

### ADDITIONAL INFORMATION:

* Report as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the patient departed from the referring facility prior to being transferred to your facility.
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P)

# Immediate Referring Facility: Length of Stay & Additional Referring Facility: Length of Stay

#### TAB NAME: Referring Facility: Referral History REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFS\_LOS

**DEFINITION:**

The length of time the patient was hospitalized at the immediate referring facility.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto populates from referring facility arrival and discharge time.

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), EMTALA Form, Outside facility documentation

# Immediate Referring Facility: Transfer Rationale

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** NO

**REP WRITER NAME:** RFS\_XFR\_RATS

### DEFINITION:

The transfer rationale is the trauma system related reason the trauma patient was transferred to the receiving facility. For example, if the trauma patient required a Hand specialty service and one was not available at the referring hospital, the transfer rationale recorded by the receiving facility is Specialty – Hand.

Specialty Resource Center Hospital of Choice Insurance/Health Plan Repatriation

Specialty Care/Higher Level of Care

Resources Unavailable (Beds, Equipment, Staff, MD) Patient Request

Lower Level of Care Economic

Managed Care Patient System Protocol Physician/Services Available Other

Specialty-Pediatrics Specialty-Hand Specialty-Spine

Specialty-Pelvic Ring/Acetabular Fxs

Specialty-Orthopedics-Soft Tissue Coverage

Specialty-Other Orthopedics Specialty-Neurosurgery Specialty-Replantation

Specialty-Vascular/Aortic Injuries Specialty-Cardiac Bypass

Specialty-Facial Trauma

Specialty-Burns

Ear, Nose and Throat Ophthalmology

Plastic Surgery Orthopedic-Spine

/ Not Applicable

? Unknown

**ADDITIONAL INFORMATION:**

* For inter-facility transfer patients, this is the trauma system related reason for the transfer to your facility.
* If the reason for the transfer is unknown by the receiving facility, choose 4. Specialty Care/ Higher Level of Care
* The null value “Not Applicable” is used only for patients who were not received from another facility.

**DATA SOURCE:**

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# Immediate Referring Facility: Temperature Value

**TAB NAME: Referring Facility: Assessments ALLOW N/A?** NO

### V5 REP WRITER NAME: RFAS\_TEMP

**DEFINITION:**

Recorded temperature by referring facility.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

**REQUIRED?** NO

**ALLOW UNK?** YES

# Immediate Referring Facility: Temperature Unit

**TAB NAME: Referring Facility: Assessments ALLOW N/A? NO**

### V5 REP WRITER NAME: RFAS\_TEMP\_UT

**DEFINITION:**

The unit used to record temperature, Fahrenheit or Celsius.

### V5 OPTIONS:

F. or C.

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

**REQUIRED?** NO

**ALLOW UNK?** YES

# Immediate Referring Facility: Temperature Route

#### TAB NAME: Referring Facility: Assessments REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFAS\_TEMP\_R

**DEFINITION:**

The method used to measure the patient's temperature.

### V5 OPTIONS:

Oral Tympanic Rectal Axillary Core Other Temporal

? Unknown

### ADDITIONAL INFORMATION:

* + - None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Immediate Referring Facility: Respirations Assisted?

**TAB NAME: Referring Facility: Assessments ALLOW N/A?** NO

### V5 REP WRITER NAME: RFAS\_ARR\_YN

**DEFINITION:**

Was the patient's respiration assisted when vitals were taken?

### V5 OPTIONS:

Yes No

? Unknown

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

**REQUIRED?** NO

**ALLOW UNK?** YES

# Immediate Referring Facility: Respirations Assisted-Type

#### TAB NAME: Referring Facility: Assessments REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFAS\_ARR\_TYPE

**DEFINITION:**

If patient's respiration was assisted, what type was used?

### V5 OPTIONS:

Bag Valve Mask Nasal Airway Oral Airway Ventilator

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Immediate Referring Facility: O2 Saturation

#### TAB NAME: Referring Facility: Assessments REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFAS\_SAO2

**DEFINITION:**

Recorded oxygen saturation measured at the referring facility (expressed as a percentage).

### V5 OPTIONS:

**ADDITIONAL INFORMATION:**

* None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Immediate Referring Facility: Supplemental O2

**TAB NAME: Referring Facility: Assessments ALLOW N/A?** NO

### V5 REP WRITER NAME: RFAS\_SO2\_YN

**DEFINITION:**

Was supplemental oxygen in place when vitals were taken?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

**REQUIRED?** NO

**ALLOW UNK?** YES

# Immediate Referring Facility: Systolic Blood Pressure

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** RFAS\_SBP

### DEFINITION:

Recorded systolic blood pressure measured at the referring facility.

### ADDITIONAL INFORMATION:

* Direct entry. First recorded SBP by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Diastolic Blood Pressure

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_DBP

**ALLOW UNK?** YES

### DEFINITION:

Recorded dystolic blood pressure measured at the referring facility.

### ADDITIONAL INFORMATION:

* Direct entry. First recorded DBP by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Pulse Rate

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** RFAS\_PULSE

### DEFINITION:

Recorded pulse measured at the referring facility (palpated or auscultated), expressed as a number per minute.

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Pulse Rate by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Unassisted Respiratory Rate

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** RFAS\_URR

### DEFINITION:

Recorded respiratory rate unassisted measured at the referring facility (expressed as a number per minute).

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Unassisted Respiratory Rate by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Eye Response on GCS

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS\_EO

**ALLOW UNK?** YES

### DEFINITION:

The Glasgow Coma Scale for Eye Opening 4 = Spontaneous

3 = To Voice 2 = To Pain

1 = No Response

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Eye GCS recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Verbal Response on GCS

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** RFAS\_GCS\_VR

### DEFINITION:

The Glasgow Coma Scale for Verbal Response 5 = Oriented

4 = Confused

3 = Inappropriate words

2 = Incomprehensible words 1 = None

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Verbal GCS recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: Motor Response on GCS

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** YES

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS\_MR

**ALLOW UNK?** YES

### DEFINITION:

The Glasgow Coma Scale for Motor Response 6 = Obeys commands

5 = Localizes pain

4 = Withdraw (pain) 3 = Flexion (pain)

2 = Extension (pain) 1 = None

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Motor GCS recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult note

# Immediate Referring Facility: GCS Total

### TAB NAME:

**Referring Facility, Referral History**

### REQUIRED?

YES

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS

**ALLOW UNK?** YES

### DEFINITION:

The Glasgow Coma Scale Total. The total is the sum of the GCS Eye, Verbal, and Motor scores (number between 3 and 15) at the referring facility.

### ADDITIONAL INFORMATION:

* Direct entry. First recorded Total GCS recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult notes

# Immediate Referring Facility: GCS 40 Eye

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** NO

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS

**ALLOW UNK?** YES

### DEFINITION:

The first recorded Glasgow Coma Scale 40 (Eye) response measured at the referring hospital. 4 = Spontaneous

3 = To Sound

2 = To Pressure 1 = None

0 = Not Testable

### ADDITIONAL INFORMATION:

* Direct entry. First recorded GCS 40 Eye recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.
* The null value “not known/not recorded” is reported if GCS Eye is reported.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult notes

# Immediate Referring Facility: GCS 40 Verbal

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** NO

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS40\_VR

**ALLOW UNK?** YES

### DEFINITION:

The first recorded Glasgow Coma Scale 40 (Verbal) response measured at the referring hospital. 5 = Oriented

4 = Confused

3 = Words

2 = Sounds

1 = None

0 = Not Testable

### ADDITIONAL INFORMATION:

* Direct entry. First recorded GCS 40 Verbal recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.
* The null value “not known/not recorded” is reported if GCS Verbal is reported.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult notes

# Immediate Referring Facility: GCS 40 Motor

### TAB NAME:

#### Referring Facility, Referral History

**REQUIRED?** NO

**ALLOW N/A?** YES

**REP WRITER NAME:** RFAS\_GCS40\_MR

**ALLOW UNK?** YES

### DEFINITION:

The first recorded Glasgow Coma Scale 40 (Motor) response measured at the referring hospital. 6 = Obeys Commands

5 = Localizing

4 = Normal Flexion

3 = Abnormal Flexion 2 = Extension

1 = None

0 = Not Testable

### ADDITIONAL INFORMATION:

* Direct entry. First recorded GCS 40 Motor recorded by the Referring Hospital.
* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* :-4 = Not Recorded (V5)
* :-5 = Not Available (V5)
* The null value “Not Applicable” is used only for patients who were not received from another facility.
* The null value “not known/not recorded” is reported if GCS Motor is reported.

### DATA SOURCE:

Referring Hospital Medical Record, Referring Hospital ER nursing notes, Referring Hospital ER MD documentation, Referring Hospital History & Physical (H&P), Referring Hospital Consult notes

# Immediate Referring Facility: Alcohol Use Indicator

#### TAB NAME: Referring Facility: Assessments REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFS\_IND\_ALC

**DEFINITION:**

Use of alcohol by the patient. Was a blood alcohol concentration (BAC) test was performed on the patient at the referring facility.

### V5 OPTIONS:

No (Not Tested)

No (Confirmed by test)

Yes (Confirmed by test(trace levels)

Yes (Confirmed by test(beyond legal limit)

? Unknown

/ Not Applicable

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

**Immediate Referring Facility: Drug Use Indicator**

**TAB NAME: Referring Facility: Assessments**

**ALLOW N/A?** YES

### V5 REP WRITER NAME: RFS\_IND\_DRGS

**REQUIRED?** NO

**ALLOW UNK?** YES

#### Definition:

Use of drugs by the patient. Was a drug screen preformed at the referring facility.

#### Options:

No (Not Tested)

No (Confirmed by Test)

Yes (Confirmed by Test [Prescription Drug]) Yes (Confirmed by Test [Illegal Drug])

Yes (Confirmed by Test [Unknown if Prescribed]) Not Applicable

Unknown

#### Additional Information:

None

#### Data Source:

Outside facility medical records

# Immediate Referring Facility: Drug Screen

#### TAB NAME: Referring Facility: Assessments REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFS\_RF\_DRGCS

**DEFINITION:**

**Use of drugs by the patient. Tested at referring facility.**

### V5 OPTIONS:

AMP (Amphetamine) BAR (Barbiturate)

BEO (Benzodiazepines) COC (Cocaine)

mAMP (Methamphetamine) MDMA (Ecstasy)

MTD (Methadone) OPI (Opioid)

OXY (Oxycodone) PCP (Phencyclidine)

TCA (Tricyclic Antidepressant) THC (Cannabinoid)

Other None

Not Tested

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Additional Vitals: ALL

#### TAB NAME: Referring Facility: Vitals/Medication REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME:

**DEFINITION:**

Additional vitals from referring facility as defined previously in Immediate Referring Facility

### V5 OPTIONS:

**ADDITIONAL INFORMATION:**

* See Immediate Referring Facility Temperature, Respirations Assisted, SBP,DBP, Pulse, Unassisted Resp Rate, O2 saturation and GCS for definitions and options.

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Referring Facility Medications: Medications

**TAB NAME: Referring Facility: Vitals/Medication ALLOW N/A?** YES

### V5 REP WRITER NAME: RF\_MEDS\_L\_AS\_TEXT

**DEFINITION:**

The medications administered to the patient at the referring facility.

### V5 OPTIONS:

150 medication options

**REQUIRED?** NO

**ALLOW UNK?** YES

### ADDITIONAL INFORMATION:

* TPMs can identify what medications from referring the facility would like to capture

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Referring Facility Procedures: Procedures-ICD10 Code

#### TAB NAME: Referring Facility: Procedures/ICD10 REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: RFPR\_ICD10\_S\_L\_AS\_TEXT

**DEFINITION:**

The procedures performed on the patient at the referring facility.

**V5 OPTIONS:**

**N/A**

**ADDITIONAL INFORMATION:**

* + Can add multiple ICD 10 procedure codes.

### DATA SOURCE:

Referring Hospital Medical Record, Outside facility documentation

# Interfacility Transport: Referring Facility

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITP\_FACLNKS\_L\_AS\_TEXT

**DEFINITION:**

The Facility ID and Description of the hospital from which the patient was referred.

### V5 OPTIONS:

Hospital List

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

EMS PCR, Referring facility records

# Immediate Referring Facility: Interfacility Transport Mode

### TAB NAME:

#### Referring Facility, Providers/Vitals

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_MODES

### DEFINITION:

The transportation mode used to transport the patient from the referring facility to the receiving facility.

#### V5 Options:

Ground Ambulance Helicopter Ambulance Fixed-Wing Ambulance

Private/Public Vehicle/Walk-In Police

Other

Not Applicable Unknown

## Additional Information:

* Referring Hospital is defined as: The hospital where the patient was given care before reaching your hospital; admission to the referring hospital is not necessary.
* The null value “Not Applicable” is used only for patients who were not transferred from a referring facility

to another facility.

* Corresponds with NTDS Transport Mode element.

### DATA SOURCE:

Referring Hospital Medical Record, EMS Patient Care Report (PCR), ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Trauma Nurse Flowsheet

# Inter-Facility Transport: Agency [state ID & name]

#### TAB NAME: Referring Facility, Inter-Facility Transport ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_AGNCLNKS**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Identification of the emergency medical services (EMS) agency providing transport from the referring facility to your hospital. Answer choices are contained in a drop-down menu but are not displayed due to space constraints.

### ADDITIONAL INFORMATION:

* All EMS Agencies are listed in a pick list in the registry program. Start typing the name to find the correct agency. The state ID number will auto populate when an agency name is chosen.
* The null value “Not Applicable” is used for patients who were not transported by EMS from a referring

facility to your hospital.

* The value “Unknown” is used if the EMS Agency number is not available in the medical record.
* If you are unable to locate a Georgia EMS agency in the pick list, use the generic code listed below and notify the State Trauma Registrar or Office of EMS Trauma at [trauma@dph.ga.gov](mailto:trauma@dph.ga.gov) .
* EMS Agencies outside of Georgia are not listed in the registry software. If an out of state EMS Agency brings a patient to a Georgia trauma center, use the applicable generic state EMS Agency number listed in the pick list. The surrounding Georgia generic state EMS Agency codes in the pick list are as follows:

|  |  |  |
| --- | --- | --- |
| **If EMS agency name not available** | **Agency #** | **Agency Name** |
| Georgia | 2020999 | Georgia EMS generic |
| Out of state EMS agency? Alabama | 50100 | Alabama EMS generic |
| Florida | 51200 | Florida EMS generic |
| Louisiana | 54900 | Louisiana EMS generic |
| Mississippi | 54800 | Mississippi EMS generic |
| North Carolina | 53700 | North Carolina EMS generic |
| South Carolina | 54500 | South Carolina EMS generic |
| Tennessee | 54700 | Tennessee generic |

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: Transport Role

#### TAB NAME: Referring Facility, Inter-Facility Transport ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_ROLES**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Identification of the emergency medical services (EMS) agency role to provide transport from the referring facility to your hospital. Answers choices include:

#### V5 Options:

Non-Transport

Transport from Facility to Your Facility Transport from Facility to Rendezvous Transport from Rendezvous to Your Facility Transport Other

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

### DATA SOURCE:

Nursing notes, H&P, Progress notes, hospital registration information, EMS Patient Care Record

# Inter-Facility Transport: EMS Report

### TAB NAME: ALLOW N/A?

#### Referring Facility, Inter-Facility Transport

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME: ITP\_RP\_DETAILS\_AS\_TEXT

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Availability of the EMS patient care report (PCR) access through the Georgia EMS Information System (GEMSIS) Hospital Hub or provided by the EMS service. Answers may include:

Complete Incomplete Missing Unreadable Not Applicable Unknown

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: PCR Number (#)

### TAB NAME: ALLOW N/A?

#### Referring Facility, Inter-Facility Transport

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_PCR\_NUMS

### DEFINITION:

EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

* The null value "Not Known/Not Recorded" should be reported if PCR is missing.
* The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number cannot be located.

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: EMS Call Dispatched Date/Time

### TAB NAME:

#### Referring Facility, Inter-Facility Transport

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_D\_EVENTS

### DEFINITION:

The date/time the unit transporting from the referring hospital to your facility was notified by dispatch.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* Reported as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not transferred from a referring facility.

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: EMS Arrived Location Date/Time

### TAB NAME:

#### Referring Facility, Inter-Facility Transport

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_A\_EVENTS

### DEFINITION:

The date and time the unit transporting to your hospital arrived at the transferring facility.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* Reported as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: EMS Depart Location Date/Time

### TAB NAME:

#### Referring Facility, Inter-Facility Transport

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_L\_EVENTS

### DEFINITION:

The date and time the unit transporting to your hospital departed from the transferring facility.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* Reported as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the unit transporting the patient to your facility departed from the referring hospital (departure is defined as date/time when the vehicle started moving).
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

### DATA SOURCE:

EMS Patient Care Record

# Inter-Facility Transport: EMS Arrived Destination Date/Time

### TAB NAME: ALLOW N/A?

#### Referring Facility, Inter-Facility Transport

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ITP\_AD\_EVENTS

### DEFINITION:

The date/time the unit transporting patient from the referring facility arrived at your hospital.

### ADDITIONAL INFORMATION:

* Applies to all patients transported by EMS from a referring facility to your hospital.
* Reported as MM-DD-YYYY and HH:MM (military) for time.
* This is the date/time on which the unit transporting the patient to your facility arrived at your facility.
* The null value “Not Applicable” is reported for patients who were not transported by EMS or were not

transferred from a referring facility.

### DATA SOURCE:

EMS Patient Care Record

# Interfacility Transport: Transport Time Lapsed

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITP\_ELAPSEDSC\_MINSSC\_L

**DEFINITION:**

The elapsed amount of time from when the unit left the location to when they arrived at the destination**.**

**V5 OPTIONS:**

N/A

### ADDITIONAL INFORMATION:

* + Auto populated based on depart location date/time and arrived at destination date/time.

### DATA SOURCE:

EMS PCR, Referring facility records

# Interfacility Provider/Vitals: Referring Facility

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITAS\_FACLNKS\_L\_AS\_TEXT

**DEFINITION:**

The Facility ID and Description of the hospital from which the patient was referred.

### V5 OPTIONS:

Facility List

### ADDITIONAL INFORMATION:

* See Referring facility

### DATA SOURCE:

EMS PCR, Referring facility records

# Interfacility Provider/Vitals: Agency

**TAB NAME: Referring Facility: Interfacility Transport ALLOW N/A?** NO

### V5 REP WRITER NAME: ITAS\_AGNCLNKS\_L\_AS\_TEXT

**DEFINITION:**

The Agency transporting the patient to the referred facility.

### V5 OPTIONS:

EMS Agency List

### ADDITIONAL INFORMATION:

* See interfacility transport:agency

### DATA SOURCE:

EMS PCR, Referring facility record**s**

**REQUIRED?** NO

**ALLOW UNK?** YES

# Interfacility Provider/Vitals: SBP

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITAS\_SBPS

**DEFINITION:**

Recorded systolic blood pressure measured during interfacility transport.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS PCR

# Interfacility Provider/Vitals: Pulse

**TAB NAME: Referring Facility: Interfacility Transport ALLOW N/A?** NO

### V5 REP WRITER NAME: ITAS\_PULSES

**REQUIRED?** NO

**ALLOW UNK?** YES

### DEFINITION:

Recorded pulse measured at the during interfacility transport (palpated or auscultated), expressed as a number per minute.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS PCR

# Interfacility Provider/Vitals: Unassisted Resp Rate

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITAS\_ARRS

**DEFINITION:**

Recorded unassisted respiratory rate measured during the interfacility transport (expressed as a number per minute).

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS PCR

# Interfacility Provider/Vitals: O2 Saturation

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITAS\_SAO2S

**DEFINITION:**

Recorded oxygen saturation measured during the interfacility transport (expressed as a percentage).

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

EMS PCR

# Interfacility Provider/Vitals: GCS Total

#### TAB NAME: Referring Facility: Interfacility Transport REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ITAS\_GCSSC

**DEFINITION:**

Recorded Glasgow Coma Score (Total) measured during interfacility transport.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

**DATA SOURCE**: EMS PCR

# ED/Resus: ED Arrival Date/Time

**TAB NAME: ED/RESUS: Arrival/Admission REQUIRED?** YES

**ALLOW N/A?** NO **ALLOW UNK?** NO

**V5 REP WRITER NAME:** EDA\_EVENT

**DEFINITION:**

The date/time the patient arrived to the ED/hospital.

**V5 OPTIONS:**

**N/A**

**ADDITIONAL INFORMATION:**

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.
* Auto populates from arrival date/time on record tab

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Direct Admit

### TAB NAME: ALLOW N/A?

#### ED/Resus, Arrival/Admission

NO

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** ED\_BYPASS\_YN**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

The patient bypasses care in the Trauma Bay and/or Emergency Department AND proceeds directly to another location (ICU, Operating Room, Interventional Procedure Unit) for care/admission.

#### V5 Options:

Yes No

### ADDITIONAL INFORMATION:

* This field applies to all patients and should not be left blank or answered N/A.
* If the patient is a DIRECT ADMIT (to Special Procedures, Operating Room, etc.) and has surgery, procedure or admitted AND meets Georgia Registry Inclusion Criteria, the patient should be included in the registry.
* There are no ACS assessment criteria regarding direct admits. The Verification Review Committee (VRC) recommends patients who have been transferred in with a full work up at another facility be assessed in your Emergency Department (ED) for the opportunity to identify additional injuries. Should patients be directly admitted (bypass an ED assessment), you must track and monitor patients through the PIPS process.

### DATA SOURCE:

History & Physical (H&P), Consult note, Referring facility documentation, Admission sheet, Nurses Notes

# ED/Resus: Admitting Service

### TAB NAME: ALLOW N/A?

#### ED/Resus, Arrival/Admission

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ADM\_SVC**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Admitting physician’s specialty.

**V5 Options:**

Trauma Other Surgical

Neurosurgery Other Non-surgical

Orthopedics Intensivist

General Surgery Endocrinology

Pediatric Surgery Geriatrics Cardiothoracic Surgery Hand Surgery

Burn Services Interventional Radiology Emergency Medicine

Pediatric

### ADDITIONAL INFORMATION:

* In some facilities, Emergency Medicine physicians do have privileges to oversee care after admission.

Check with your Trauma Program Manager to determine your facility’s practice.

* If the patient dies in the ED without admission orders the Admitting Service will be N/A.
* If the patient dies in the ED with admission orders, the patient’s admitting physician specialty answer will

equal the specialty of the provider who wrote the admission order.

### DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Admission Orders

**ED/Resus: Signs of Life**

**TAB NAME:** ED/RESUS: ARRIVAL/ADMISSION **REQUIRED:** YES

**ITDX FIELD:** YES **ALLOW UNK?** YES

**ALLOW N/A?** NO

**Report Writer Name:** LIFE\_SIGNS

**Definition:**

Indication of whether patient arrived at ED/Hospital with signs of life. Answer choices include:

Arrived with NO signs of life

Arrived with signs of life

Unknown

Not Applicable

# Additional Information:

# A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.

# Field utilized in outcomes analytics.

# Data Sources: EMR, Trauma Flowsheet, Code Blue documentation, Physician notes

# ED/Resus: Mode of Arrival

**TAB NAME: ED/Resus, Arrival/Admission**

### ALLOW N/A? NO

**REQUIRED** YES

### ALLOW UNK? NO

**REP WRITER NAME:** PAT\_A\_MODE**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Transportation type used by patient to reach facility. Answer choices include:

Ground Ambulance

Helicopter Ambulance

Fixed-Wing Ambulance

Private/Public Vehicle/Walk-In

Police

Other

### ADDITIONAL INFORMATION:

* Applies to all patients.
* This field is the ED Resus screen equivalent of the NTDB field Prehospital Info/Transport Mode.

### DATA SOURCE:

EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Referring facility documentation

# ED/Resus: Revised Response Level

#### TAB NAME: ED/Resus, Arrival/Admission NTDB FIELD? YES

**ALLOW N/A?** YES

**REP WRITER NAME:** ED\_TTA\_TYPE02

**REQUIRED?** NO

### ALLOW UNK? NO

**DEFINITION:**

The new trauma activation level applied after the initial (paged) activation level. Answer choices include:

Full Partial Consult

No Trauma Activation

/ Not Applicable

### ADDITIONAL INFORMATION:

* If there is no change to the original trauma activation level, enter N/A.
* Unknown should NOT be used.

### DATA SOURCE:

Trauma Nurse Flowsheet, EMS Run Report, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# ED/Resus: Response Activation Date/Time

### TAB NAME: ALLOW N/A?

#### ED/Resus, Arrival/Admission

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ED\_TTA\_DATE01 Date

ED\_TTA\_TIME01 Time

ED\_TTA\_EVENT01 Date/Time

### DEFINITION:

The date/time trauma response level first activated (paged) to alert the team.

### ADDITIONAL INFORMATION:

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.

### DATA SOURCE:

Trauma Flowsheet, EMS PCR, ER nursing notes, ER EMS log, EMR

# ED/Resus: Revised Response Activation Date & Time

### TAB NAME: ALLOW N/A?

#### ED/Resus, ED Arrival/Admission

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ED\_TTA\_DATE01 Date

ED\_TTA\_TIME01 Time

ED\_TTA\_EVENT01 Date/Time

### DEFINITION:

The date/time the trauma activation level was changed or paged out.

### ADDITIONAL INFORMATION:

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.
* If activation level not upgraded or changed, date and time will be Not Applicable.

### DATA SOURCE:

Trauma Nurse Flowsheet, EMS PCR, ER nursing notes, ER EMS log, EMR

# ED/Resus: Time in ED

**TAB NAME: ED/RESUS: Arrival/Admission REQUIRED?** YES

**ALLOW N/A?** NO **ALLOW UNK?** NO

**V5 REP WRITER NAME:** ED\_LOS

**DEFINITION:**

The time spent from the ED Arrival to the ED Departure.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto populates based on arrival date/time and ED departure date/time.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED Arrival/Admission: OR Disposition

#### TAB NAME: ED/Resus, ED Arrival/Admission ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** OR\_DISP**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

If patient’s ED disposition is Operating Room (OR), then record where the patient was sent after leaving the OR.

**V5 Options:**

Emergency Department Operating Room Intensive Care Unit Step-Down Unit

Floor Telemetry Unit

Observation Unit Burn Unit Radiology

Post Anesthesia Care Unit Special Procedure Unit Labor and Delivery Neonatal/Pediatric Care Unit Left AMA

Morgue

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* If patient ED disposition was not the OR, then enter Not Applicable.
* If patient was discharged from the OR, without going to the ICU/Floor/Observation, report “11. Post Anesthesia Care Unit”.

### DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), OP note, Intraoperative documentation, Anesthesia documentation, Nursing notes, Consult note

# ED/Resus: Trauma Alert Called in by EMS Date/Time

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: TAC\_IN\_EVENT

**DEFINITION:**

Date and time EMS called in trauma alert

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Utilize MM/DD/YYYY and military time format

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Response Activation Date/Time

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_TTA\_EVENT01

**DEFINITION:**

Date and time trauma team activated.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Utilize MM/DD/YYYY and military time format

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Response Activation Time Lapsed

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_TTA\_ELAPSED01

**DEFINITION:**

The time between patient’s arrival at your facility and initial trauma team activation notification time.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto calculated from response activation date/time and arrival date/time

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Revised Response Activation Date/Time

**TAB NAME: ED/RESUS: Arrival/Admission ALLOW N/A?** NO

### V5 REP WRITER NAME: ED\_TTA\_EVENT02

**DEFINITION:**

The date/time of the revised trauma team activation

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Utilize MM/DD/YYYY and military time format

**REQUIRED?** NO

**ALLOW UNK?** YES

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Revised Response Activation Time Lapsed

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_TTA\_ELAPSED02

**DEFINITION:**

Calculated time between patient’s arrival at your facility and the revised trauma team activation notification time

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto calculates based on revised response activation date/time and patients arrival at your facility

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission sheet

# ED/Resus: Temperature Unit (measurement scale)

### TAB NAME: ALLOW N/A?

#### ED/Resus, Initial Assessment

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** EDAS\_TEMP\_UT

Temperature unit/scale

### DEFINITION:

Scale used to record temperature. Answers choices include:

 / Not Applicable ? Unknown

### ADDITIONAL INFORMATION:

* If this field is left blank or marked Unknown, the actual patient temperature is considered missing by NTDS.
* NTDS only accepts temperature results on the Celsius scale. The V5 software converts Fahrenheit temperatures to Celsius for upload to NTDB.

### DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

# ED/Resus: Temperature Route

#### TAB NAME: ED/Resus, Initial Assessment ALLOW N/A? YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** EDAS\_TEMP\_R**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Body area used to measure temperature. V5 options:

Oral Tympanic Rectal Axillary Core Other Temporal

Not Applicable Unknown

### ADDITIONAL INFORMATION:

**DATA SOURCE:**

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), patient assessment forms

# ED/Resus: Initial Vitals- BMI

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME:EDAS\_BMI\_C

**DEFINITION:**

BMI is a person's weight in kilograms (kg) divided by his or her height in meters.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto calculates based on documented height and weight.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record, Anesthesia records, Nursing notes

# ED/Resus: Intubation Method

### TAB NAME: ALLOW N/A?

#### ED/Resus, Initial Assessment

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** EDAS\_INTUB\_M01**\_AS\_TEXT**

Intubation Method

**To read answer as text, add “\_AS\_TEXT”**

**Otherwise, field info returns as a number**

### DEFINITION:

If the patient was intubated, what method was used? Answer choices include:

Combitube Cricothyrotomy Cricothyrotomy-Needle Endotracheal Tube-Nasal Endotracheal Tube- Oral

Endotracheal Tube - Route NFS Esophageal Obturator Airway Laryngeal Mask Airway

LT Blind Insertion Airway Device Tracheostomy

Unknown

### ADDITIONAL INFORMATION:

* Report the Intubation Method that coincides with the Initial ED/Hospital vital signs.

### DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, EMS PCR, Respiratory Therapy documentation

# ED/Resus: Respiratory Assist Method

### TAB NAME: ALLOW N/A?

#### ED/Resus, Initial Assessment

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** EDAS\_ARR\_TYPE**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

### DEFINITION:

Respiratory Assistance Method used to effectively provide air (oxygen) to the lungs and assist with breathing. Answer choices include:

Bag Valve Mask Nasal Airway Oral Airway Ventilator Unknown

### ADDITIONAL INFORMATION:

* Report the Respiratory Assistance Method that coincides with the Initial ED/Hospital Respiratory Rate.

### DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, EMS PCR, Respiratory Therapy documentation

# ED/Resus: Diastolic Blood Pressure (DBP)

### TAB NAME:

#### ED/Resus, Initial Assessment

**REQUIRED?** YES

**ALLOW N/A?** YES

**REP WRITER NAME:** EDAS\_DBP

**ALLOW UNK?** YES

### DEFINITION:

Recorded diastolic blood pressure measured on admission.

### ADDITIONAL INFORMATION:

* Report first Diastolic Blood Pressure recorded within 30 minutes upon arrival to your hospital.

***DRAF***

* Diastolic Blood Pressure is the bottom/second number when blood pressure is recorded.
* A normal diastolic blood pressure is < 80 but can often be much higher.

### DATA SOURCE:

ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, Vital Signs flowsheet

# ED/Resus: Initial Vitals- RTS

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_RTS\_W

**DEFINITION:**

The Revised Trauma Score based on vitals measured at the scene of injury. Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Auto calculates based on documented GCS, SBP, and RR.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record, Anesthesia records, Nursing notes

# ED/Resus: Initial Vitals- Triage RTS

#### TAB NAME: ED/RESUS: Arrival/Admission REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_RTS\_U

**DEFINITION:**

The Revised Trauma Score based on vitals measured at the scene of injury. Consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto calculates based on documented GCS, SBP, and RR.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record, Anesthesia records, Nursing notes

**ED/Resus: Pediatric Trauma Score - Weight**

#### TAB NAME: ED/RESUS: Initial Assessment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_PTS\_WT

**DEFINITION:**

Pediatric Trauma Score for Weight component measured at the scene of injury.

### V5 OPTIONS:

2.Greater than 20kg (44 lbs)

1. Between 10kg and 20kg (22-44 ibs)

-1 Less than 10kg (22 lbs)

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record,

# ED/Resus: Pediatric Trauma Score - Airway

#### TAB NAME: ED/RESUS: Initial Assessment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_PTS\_AIR

**DEFINITION:**

Pediatric Trauma Score for Airway component measured at the scene of injury.

### V5 OPTIONS:

1. Normal 1.Maintainable

-1 Unmaintainable or Intubated

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

**DATA SOURCE:**

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record

# ED/Resus: Pediatric Trauma Score – Cutaneous

#### TAB NAME: ED/RESUS: Initial Assessment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_PTS\_CUT

**DEFINITION:**

Pediatric Trauma Score for Cutaneous component measured at the scene of injury.

### V5 OPTIONS:

2.No open wounds

1. Minor open wounds

-1 Major or penetrating open wounds

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

**DATA SOURCE:**

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record,

# ED/Resus: Pediatric Trauma Score – CNS

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **ED/RESUS: Initial Assessment** | **REQUIRED?** NO |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |

### V5 REP WRITER NAME: EDAS\_PTS\_CNS

**DEFINITION:**

Pediatric Trauma Score for CNS component measured at the scene of injury.

### V5 OPTIONS:

2.Awake

1. Altered mental status or obtunded

-1 Coma or Abnormal Flexion

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

**DATA SOURCE:**

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record,

# ED/Resus: Pediatric Trauma Score – Pulse Palp

#### TAB NAME: ED/RESUS: Initial Assessment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_PTS\_PLP

**DEFINITION:**

Pediatric Trauma Score for Pulse Palp component measured at the scene of injury

### V5 OPTIONS:

1. Pulse palpable at wrist (SBP over 90 mmHg)
2. Pulse palpable at groin (SBP btwn 50 and 90 mmHg)

-1 Coma or Abnormal Flexion

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

**DATA SOURCE:**

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record,

# ED/Resus: Pediatric Trauma Score – Total

#### TAB NAME: ED/RESUS: Initial Assessment REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDAS\_PTS\_PTS

**DEFINITION:**

The total Pediatric Trauma Score measured at the scene of injury.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto-calculates based on pediatric trauma score components

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Admission record,

# ED/Resus: ABGs Drawn

#### TAB NAME: ED/RESUS: Labs/Toxicology REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_ABG\_DRAWN

**DEFINITION:**

Was arterial blood gas (ABG) tested?

### V5 OPTIONS:

Yes No

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* + First ABG result. Must be in first 24 hours after patient arrival.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: pH

#### TAB NAME: ED/RESUS: Labs/Toxicology REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_ABG\_PH

**DEFINITION:**

Potential hydrogen, a scale representing the relative acidity (or alkalinity) in your blood.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Number recorded as whole number with decimal point.

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: PaO2

#### TAB NAME: ED/RESUS: Labs/Toxicology REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_ABG\_PAO2

**DEFINITION:**

The partial pressure of oxygen, also known as PaO2, is a measurement of oxygen pressure in arterial blood.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Number recorded as whole number

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: PaCO2

**TAB NAME: ED/RESUS: Labs/Toxicology ALLOW N/A?** YES

### V5 REP WRITER NAME: ED\_ABG\_PACO2

**DEFINITION:**

Partial pressure of carbon dioxide in arterial blood**.**

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

Number recorded as whole number

**REQUIRED?** NO

**ALLOW UNK?** YES

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: Hematocrit

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **ED/RESUS: Labs/Toxicology** | **REQUIRED?** NO |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |

### V5 REP WRITER NAME: ED\_LAB\_HCT

**DEFINITION:**

The patient’s initial hematocrit value obtained at your facility drawn within 30 minutes of patient arrival.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: INR

#### TAB NAME: ED/RESUS: Labs/Toxicology REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: ED\_LAB\_INR

**DEFINITION:**

The international normalized ratio (INR) is a laboratory measurement of how long it takes blood to form a clot.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

None

### DATA SOURCE:

ER nursing notes, ER MD documentation, Trauma/ED Flowsheet, Lab results

# ED/Resus: Base Deficit

### TAB NAME:

#### ED/Resus/Initial Assessment/ED Vitals

**REQUIRED?** YES

**ALLOW N/A?** YES **ALLOW UNK?** YES

**REP WRITER NAME:** ED\_ABG\_BASE

### DEFINITION:

This number is reported as a component of arterial or venous blood gasses. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value.

### ADDITIONAL INFORMATION:

* First recorded Base Excess/Base Deficit within 24 hours of arrival to index hospital.
* Base Deficit - Arterial blood gas component showing the degree of acid/base imbalance with a normal range being +/- 2 Meq./L. A valid Base Deficit value range is +/- 80.
* -81 = Not Available
* -83 = Pending

### DATA SOURCE:

Laboratory results, ER nursing notes, Trauma Nurse Flowsheet, ER MD documentation, History & Physical (H&P), Patient assessment forms, Vital Signs flowsheet

# ED/Resus: Drug Use Indicators

### TAB NAME: ALLOW N/A?

#### ED/Resus, Initial Assessment

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME:

ED\_IND\_DRG01**\_AS\_TEXT** Drug Use Indicator01 ED\_IND\_DRG02**\_AS\_TEXT** Drug Use Indicator02

**To read answer as text, add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Was the patient tested for drug use at outside facility OR your facility? Answer choices include:

No (Not Tested)

No (Confirmed by Test)

Yes (Confirmed by Test [Prescription Drug]) Yes (Confirmed by Test [Illegal Use Drug])

Yes (Confirmed by Test [Unknown if Prescribed or Illegal]) Not Applicable

Unknown

### ADDITIONAL INFORMATION:

* More than one answer may be needed if the patient tested positive for prescription and illegal drug use.
* Information from a referring facility may be used.

### DATA SOURCE:

Lab results, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation

# ED/Resus: CPR

### TAB NAME: ALLOW N/A?

#### ED/Resus, Vitals

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME: ED\_CPR\_AS\_TEXT

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Was CPR initiated in the ED by hospital personnel?

Not Performed Performed

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* If patient is a Direct Admit, answer should be Not Applicable.

#### Excludes CPR initiated by EMS.

* If the patient had CPR in progress on arrival and the patient had return of spontaneous circulation (ROSC) and then had to have CPR re-initiated, the field value will be Performed.

### DATA SOURCE:

Trauma Nurse Flowsheet, Code sheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# ED/Resus: Mass Blood Protocol

### TAB NAME: ALLOW N/A?

#### ED/Resus, Vitals

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ED\_MBP\_YN**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Was Massive Blood Protocol (MBP) or Massive Transfusion Protocol (MTP) activated in the first 4 hours after patient arrival?



### ADDITIONAL INFORMATION:

* Applies to all patients.
* If MBP or MTP not used in first 4 hours of patient arrival, answer NO.
* Protocol use is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.

### DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Lab and/or Blood Bank documentation

# ED/Resus: Mass Blood Protocol Date/Time

### TAB NAME: ALLOW N/A?

**REP WRITER NAME:** ED\_MBP\_DATE ED\_MBP\_TIME ED\_MBP\_EVENT

#### ED/Resus, Vitals

YES

Mass Blood Protocol Date Mass Blood Protocol Time

Mass Blood Protocol Date/Time

**REQUIRED?** YES

**ALLOW UNK?** YES

### DEFINITION:

Date and time the Massive Blood Protocol was activated (ordered).

### ADDITIONAL INFORMATION:

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.
* If activated (ordered), enter date and time even if blood was not administered i.e., patient died.
* Date and time protocol started is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.

### DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Blood Bank documentation

# ED/Resus: Mass Blood Protocol Administered

### TAB NAME: ALLOW N/A?

#### ED/Resus, Vitals

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME:

ED\_MBP\_ADMIN\_DATE Mass Blood Protocol Administration Date

ED\_MBP\_ADMIN\_TIME Mass Blood Protocol Administration Time

ED\_MBP\_ADMIN\_EVENT Mass Blood Protocol Administration Date/Time

### DEFINITION:

Date and time the first blood product administered for Massive Blood Protocol.

### ADDITIONAL INFORMATION:

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.
* Date and time blood product administration is not dependent on the patient location as long as protocol activated in first 4 hours after arrival.
* If activated (ordered) but blood was not administered i.e., patient died, enter N/A.

### DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Blood Bank documentation

# Patient Tracking: Stepdown/IMC Days

#### TAB NAME: Patient Tracking: Location/Service REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: STEP\_DAYS

**DEFINITION:**

Stepdown/IMC Days length of stay

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Nursing notes, Physician Progress Notes, Hospital Bed Tracking

# Patient Tracking: Blood Product

#### TAB NAME: Patient Tracking: Ventilator/Blood REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: BLOOD\_TYPES\_L\_AS\_TEXT

**DEFINITION:**

The type of blood product given to the patient during the initial visit at your facility.

### V5 OPTIONS:

Packed Red Blood Cells Plasma

Platelets

Other Blood Substitute Cryoprecipitate Normal Saline 0.9% Hartmans

Hypertonic 0.9 Normal Saline + Glucose Saline 3%

Crystalloids Whole Blood

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Nursing notes, Lab documentation, Intake documentation

# Patient Tracking: Volume

#### TAB NAME: Patient Tracking: Ventilator/Blood REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: BLOOD\_UNITS\_L

**DEFINITION:**

The total number of units given per event to the patient within the first 24 hours

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Nursing notes, Lab documentation, Intake documentation

# Patient Tracking: Units

#### TAB NAME: Patient Tracking: Ventilator/Blood REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: BLOOD\_UNITS\_MEASS\_L\_AS\_TEXT

**DEFINITION:**

The unit of measure of the product per event within the first 24 hours.

### V5 OPTIONS:

L

mL Units

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Nursing notes, Lab documentation, Intake documentation

# Patient Tracking: Location

#### TAB NAME: Patient Tracking: Ventilator/Blood REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: BLOOD\_LOCS\_L\_AS\_TEXT

**DEFINITION:**

The location blood products given.

### V5 OPTIONS:

Resuscitation Room Emergency Department Operating Room Intensive Care Unit

Step Down Unit Floor Telemetry Unit

Observation Unit Burn Unit Radiology

### ADDITIONAL INFORMATION:

* None

Post Anesthesia Care Unit Special Procedure Unit

Labor and Delivery Neonatal/Pediatric Care Unit Prehospital

Referring Facility

/ Not Applicable

? Unknown

### DATA SOURCE:

Nursing notes, Lab documentation, Intake documentation

# Patient Tracking: Time Period

#### TAB NAME: Patient Tracking: Ventilator/Blood REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: BLOOD\_TIME\_PDS\_L\_AS\_TEXT

**DEFINITION:**

The time range during which the blood products were given per event within the 1st 24 hours.

### V5 OPTIONS:

Prior to Facility Arrival

First 4 hours after facility arrival

Between 4 and 24 hours after facility arrival Between 24 and 48 hours after facility arrival More than 48 hours after facility arrival

/ Not applicable

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Nursing notes, Lab documentation, Intake documentation

# Providers/Resus Team: Trauma Provider Specialty

### TAB NAME: ALLOW N/A?

#### Providers, Resus Team

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME:

EDP\_TYPE01**\_AS\_TEXT** Trauma Provider Specialty # EDP\_MD\_LNK01 Trauma Provider ID #

**To read answer as text, add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

The physician/provider specialty delivering trauma care in any level of team activation.

### ADDITIONAL INFORMATION:

* Only Trauma specialty information is required. Check with your Trauma Program Manager if the name of the Trauma Physician should also be included. Usually, the physician’s name is collected by the facility for program reporting purposes.
* If teaching facility, enter Attending Physician’s name/number.
* If patient has response level answer, 4 No Response, the trauma provider # and name should be Not Applicable.
* If the physician’s name is included, it is not downloaded by the state.
* Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or the In-House Consults tab (at the discretion of each facility).

### DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P)

# Providers/Resus Team: Trauma Called Date/Time

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_C\_EVENT01

\*Change # to correspond with provider

**DEFINITION:**

The date the Trauma Provider was notified of trauma activation.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* + Record answer MM/DD/YYYY for date and HH:MM (military) for time.

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Trauma Arrived Date/Time

### TAB NAME:

***SEND TO NTDB?***

#### Providers, Resus Team

YES, 2022 NTDB DD

**REQUIRED?** YES

**ALLOW UNK?** YES

**ALLOW N/A?** YES

**REP WRITER NAME:** EDP\_A\_DATE01 Trauma Arrival Date

EDP\_A\_TIME01 Trauma Arrival Time EDP\_A\_EVENT01 Trauma Arrival Date/Time

### DEFINITION:

First documented date and time Trauma Physician/Attending arrives at the patient bedside for team activation.

### ADDITIONAL INFORMATION:

* Record answer MM/DD/YYYY for date and HH:MM (military) for time.
* Response time is for the Trauma/General Surgeon or Emergency Physician(Level IVs) providing care/ oversight of team resuscitation.
* For Level 1 and 2 trauma centers, the maximum acceptable response time for the highest activation level is 15 minutes. Response time is tracked from patient arrival
* For Level III and Level IV trauma centers, the maximum acceptable response time for the highest activation level is 30 minutes. Response time is tracked from patient arrival
* An 80 percent attendance threshold must be met for the highest-level activations (CD 2–8).

### DATA SOURCE:

Trauma Nursing Flowsheet, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note

# Providers/Resus Team: Provider Type

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_TYPE01\_AS\_TEXT

\*change number to correspond with provider

**DEFINITION:**

Resus Team Provider Type Service.

### V5 OPTIONS:

### Trauma Internal Medicine Respiratory Therapist Surgical ICU

### Neurosurgery Intensivist Social Worker Wound Care/Soft Tissue

### Orthopedics Nephrology Speech Therapy Other Surgical

### General Surgery Neurology Thoracic Surgery Other Non-Surgical

### Pediatric Surgery Nursing Trauma Resuscitation Nurse ? Unknown

### Cardiothoracic Surgery Nutrition Triage Nurse

### Burn Services OB-GYN Urology

### Emergency Medicine Occupational Therapy Vascular Surgery

### Pediatrics Ophthalmology Interventional Radiology

### Anesthesiology Oral Surgery Advanced Practice Provider

### Cardiology Oral Maxillofacial Surgery CCA

### Critical Care Ortho-spine CRNA

### Documentation Recorder Physician Assistant Craniofacial

### ENT Physiatry Emergency Airway Team

### Family Medicine Plastic Surgery Emergency Airway Team Lead

### GI Pulmonary Mental Health

### Hospitalist Psychiatry Otolaryngology

### Infectious Disease Radiology Pain Management

### Nurse Practitioner Rehab Scribe

### 

### ADDITIONAL INFORMATION:

* + Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Called Date/Time

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_C\_EVENT0#

\*use # that corresponds to provider recorded in registry

**DEFINITION:**

The date and time the Provider was notified of trauma activation.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Responded Date/Time

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_R\_EVENT0#

\*use # that corresponds with provider recorded in registry

**DEFINITION:**

Resus Team Provider Responded Date and Time.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Arrived Date/Time

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_A\_EVENT0#

\*use number that corresponds with provider in registry

**DEFINITION:**

The date and time the Provider arrived at the patient’s bedside.

**V5 OPTIONS:**

**N/A**

**ADDITIONAL INFORMATION:**

* Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Timeliness

**TAB NAME: Providers: Resus Team ALLOW N/A? YES**

### V5 REP WRITER NAME: EDP\_TMLY01. \*use number that corresponds to provider in registry

**DEFINITION:**

The timeliness of the Provider's arrival at the patient’s bedside.

### V5 OPTIONS:

**REQUIRED?** NO

**ALLOW UNK?** YES

Timely

Not Timely Absent

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

# Providers/Resus Team: Provider Elapsed Time

#### TAB NAME: Providers: Resus Team REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: EDP\_ELAPSED01

**DEFINITION:**

The timeliness of the Provider's arrival at the patient’s bedside.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Other types of providers that respond to trauma activations beside Trauma, Ortho, Neurosurgery, Anesthesiology, Emergency Medicine

### DATA SOURCE:

Nursing notes, Trauma Flowsheet, EMR, Physician Notes

**Providers: In-House Consults: Type (part 1 of 2)**

### TAB NAME: ALLOW N/A?

#### Providers, In-House Consults

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME:

A\_CS\_TYPE**\_AS\_TEXT** Consult Specialty as text CS\_MD\_LNKS List of all Consults as ID Link CS\_MD\_LNKS**\_AS\_TEXT** List of all Consultants as text

**To read answer as text, add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Providers giving recommendations and/or care to a trauma patient during hospitalization.

**Note:** Capture of in-house consults for trauma, neurosurgery, orthopedics and interventional radiology are essential for documenting ACS standards and are required when appropriate.

#### V5 Options:

Trauma Neurosurgery Orthopedics General Surgery Pediatric Surgery

Cardiothoracic Surgery

Burn Services

Emergency Medicine Pediatrics

Anesthesiology

Cardiology

Chaplain

Child Protective Team Critical Care

Discharge Planner

Documentation Recorder Drug/Alcohol Counselor ENT

Family Medicine GI

Home Health

Hospitalist

Infectious Disease

Internal Medicine

Laboratory

Nephrology

Neurology

Nurse Practitioner

Nursing

Nutrition

Ob-Gyn

Occupational Therapy

Oncology Ophthalmology Oral Surgery

Oral Maxillofacial Surgery Ortho-Spine

Palliative Care Pharmacy Physiatry

Physical Therapy Plastic Surgery Psychiatry Pulmonary Radiology

Rehab

Respiratory Therapist Social Services

Social Worker

Speech Therapy

Thoracic Surgery

Trauma Resuscitation Nurse Triage Nurse

Urology Vascular Surgery Intensivist

Physician Assistant Endocrinology Geriatrics

Hand Surgery

Interventional Radiology Other Surgical

Other Non-Surgical

Not Applicable Unknown

Advanced Practice Provider CCA

Craniofacial CRNA

Emergency Airway Team Emergency Airway Team Lead Mental Health Otolaryngology

Pain Management Scribe

Surgical ICU

Wound Care/Soft Tissue

**Providers: In-House Consults: Type (part 2 of 2)**

### ADDITIONAL INFORMATION:

* Essential specialties listed have Performance Improvement and Patient Safety (PIPS) metrics for response timeliness, therefore only 4 specialties are listed.
* All other non-essential specialties are collected at the discretion of each facility.
* If there is no trauma team activation but there is a trauma consult, enter Trauma consult information in this field.
* Only the consultant specialty is required. Check with your Trauma Program Manager if the name of the consultant should also be included.
* Do not list two consultants from the same specialty. Due to call coverage, often several providers from the

same specialty may see the patient to maintain 24/7 coverage during the patient’s stay.

* Provider consults for Emergency Medicine, Anesthesiology, Neurosurgery, Orthopedics may be entered on this tab or on the Resus Team tab (at the discretion of each facility).

### DATA SOURCE:

Consult notes, Procedure notes, Operative Reports, MD documentation, History & Physical (H&P), Trauma flowsheet, EMR

# Providers/Consults: Called Date

**TAB NAME: Providers: In-House Consults ALLOW N/A?** YES

### V5 REP WRITER NAME: CS\_C\_EVENT01

**DEFINITION:**

The date the consulting service was notified.

**V5 OPTIONS:**

**N/A**

**ADDITIONAL INFORMATION:**

* + In-house consults not collected in resus team.

### DATA SOURCE:

Nursing notes, Consult notes, Progress Notes, EMR

**REQUIRED?** NO

**ALLOW UNK?** YES

# Providers/Consults: Arrived Date

#### TAB NAME: Providers: In-House Consults REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: CS\_EVENT01

**DEFINITION:**

The earliest (first) date and time the consulting service saw the patient

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* In-house consults not collected in resus team.

### DATA SOURCE:

Nursing notes, Consult Notes, Progress Notes, EMR

# Providers/Consults: Timeliness

#### TAB NAME: Providers: In-House Consults REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: CS\_TMLY01

**DEFINITION:**

In-house Consults Provider Timeliness.

### V5 OPTIONS:

Timely

Not Timely Absent

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* In-house consults not collected in resus team.

### DATA SOURCE:

Nursing notes, Consult Notes, Progress Notes, EMR

# Procedures: Location Code & Description

**TAB NAME: Procedures, ICD 10**

### ALLOW N/A? NO

**REP WRITER NAME:** A\_PR\_LOC**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

**REQUIRED?** YES

### ALLOW UNK? NO

**DEFINITION:**

Patient location where procedure performed. Procedures performed in the ED, OR and ICU are essential. V5 options:

Emergency Department

Operating Room Intensive Care Unit Step-Down Unit Floor

Observation Unit Burn Unit Radiology

Post Anesthesia Care Unit Special Procedure Unit Labor and Delivery Neonatal/Pediatric Care Unit Interventional Radiology Computed Tomography(CT) Point of Care Ultrasound

Magnetic Resonance Imaging(MRI)

### ADDITIONAL INFORMATION:

* If procedure is performed in the Interventional Radiology Procedures area of Radiology, choose the answer Radiology.
* If the procedure was performed in a special procedure unit such as Endoscopy, Vascular Lab, Hyperbaric chamber, etc., chose Specialty.
* Check with your TPM on areas that fall into the category Special Procedure Unit.

### DATA SOURCE:

ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Operative reports, Procedure notes, ICU notes

# Procedures: Operation #

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **Procedures** | **REQUIRED?** NO |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |

### V5 REP WRITER NAME: PR\_OP\_NUMS\_L

**DEFINITION:**

A sequential number given to each visit to the operating room.

**V5 OPTIONS:**

**N/A**

**ADDITIONAL INFORMATION:**

* + None

### DATA SOURCE:

OR notes, Anesthesia records, EMR

# Procedures: Stop Date and Time

#### TAB NAME: Procedures REQUIRED? NO

**ALLOW N/A?** YES **ALLOW UNK?** YES

### V5 REP WRITER NAME: PR\_STP\_EVENTS\_L

**DEFINITION:**

The date the operative and selected non-operative procedures were completed.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

OR notes, Anesthesia records, EMR

# Diagnosis: NISS

**TAB NAME: Diagnosis: Injury Coding REQUIRED?** YES

**ALLOW N/A? NO ALLOW UNK?** YES

**V5 REP WRITER NAME:** NISS

**DEFINITION:**

The New Injury Severity Score is the sum of the squares of the three highest AIS in any ISS body region. This score is used as a predictor of mortality.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto-calculated

### DATA SOURCE:

N/A

# Diagnosis: TRISS

#### TAB NAME: Diagnosis: Injury Coding REQUIRED? YES

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: TRISS

**DEFINITION:**

Trauma and Injury Severity Score determines the probability of survival of a patient. TRISS is based upon the ISS, RTS (Revised Trauma Score), age, and injury type (blunt/penetrating).

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto-calculated

### DATA SOURCE:

N/A

# Outcome: Discharge Status

### TAB NAME: ALLOW N/A?

#### Outcome, Initial Discharge

NO

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** DIS\_STATUS**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”,**

**otherwise, field info returns as a number**

### DEFINITION:

Patient status at end of hospital visit. Answer choices include:

Alive Dead

### ADDITIONAL INFORMATION:

* Mark according to patient outcome regardless of death location.
* Do not use n/a or unknown.
* For brain death, enter Dead.

### DATA SOURCE:

Discharge/death records, Nursing notes, MD documentation, History & Physical (H&P), Consult note, ADT/ Hospital Timestamp

# Initial Discharge: Patient Directive Applied

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **Outcomes: Initial Discharge** | **REQUIRED?** NO |
| **ALLOW N/A?** | YES | **ALLOW UNK?** YES |

### V5 REP WRITER NAME: CARE\_DIRECTIVE

**DEFINITION:**

A legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

### V5 OPTIONS:

Care Directive Applied Care Directive Not Applied No Care Directive Provided Not Applicable

Unknown

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Palliative Care Notes, Physician Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Total Days; Hospital

**TAB NAME: Outcomes: Initial Discharge ALLOW N/A?** YES

### V5 REP WRITER NAME: HOSP\_DAYS

**DEFINITION:**

The total cumulative number of days the patient spent in your facility.

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto-Calculated

### DATA SOURCE:

N/A

**REQUIRED?** YES

**ALLOW UNK?** NO

# Outcome: Discharged to Alternate Caregiver

### TAB NAME: ALLOW N/A?

#### Outcome, Initial Discharge

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** DIS\_TO\_ALT\_CGVR\_YN

### DEFINITION:

This field is opened for completion if Report of Physical Abuse on Injury, Injury Information tab is answered YES. Answer choices include:



### ADDITIONAL INFORMATION:

* Only report when Report of Physical Abuse is “Yes”.
* Only report for minors as determined by state/local definition, excluding emancipated minors.
* The null value "Not Applicable" should be reported for patients where Report of Physical Abuse is “No” or

were older than the state/local age definition of a minor.

* The null value “Not Applicable” should be reported if the patient expires prior to discharge.

### DATA SOURCE:

Nursing notes, Discharge Planner notes, Discharge Summary, Social Work / Case Worker notes

# Outcome: Hospital Disposition

**TAB NAME: *NTDB FIELD?* ALLOW N/A?**

#### Outcome, Initial Discharge

YES

YES, if ED discharge without orders

**REQUIRED?** YES

### ALLOW UNK? NO

**DEFINITION:**

This field is a NTDS data required element. The disposition of the patient after hospital discharge. V5

options:

Discharged Home with No Home Services

Discharged/Transferred to Home Under Care of Organized Home Health Services

Left Against Medical Advice or Discontinued Care

Discharged/Transferred to Court/Law Enforcement

Expired

Discharged/Transferred to a Short-Term General Hospital for Inpatient Care

Discharged/Transferred to an Intermediate Care Facility (ICF)

Discharged/Transferred to Skilled Nursing Facility (SNF)

Discharged/Transferred to Inpatient Rehab or Designated Unit Discharged/Transferred to Long Term Care Hospital (LTCH)

Discharged/Transferred to Hospice Care

Discharged/Transferred to a Psychiatric Hospital or Distinct Part Unit of a Hospital

D. ischarged/Transferred to another Type of Institution not Defined Elsewhere

Burn Center

SCI Rehabilitation TBI Rehabilitation

Musculoskeletal Rehabilitation

Not Applicable

### ADDITIONAL INFORMATION:

* Short-Term General Hospital for Inpatient Care: an acute care hospital capable of providing inpatient medical care with services for surgery, acute medical conditions, or injuries.
* Skilled Nursing Facility (SNF): a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services. A level of care that requires the daily involvement of skilled nursing or rehabilitation staff.
* Intermediate care facility (ICF): a long-term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis and provide custodial care for those who are unable to care for themselves because of mental disability or declining health.
* For patients discharged from the ED without admit orders, report the null value “Not Applicable”.
* Will need to initially populate field for ED transfers in order to capture facility transferred to then go back and change to N/A - see Outcome:If Transferred, Facility

**DATA SOURCE:** Nursing notes, D/C summary, Consult note, Discharge planner notes

# Outcome: If Transferred, Facility

### TAB NAME: ALLOW N/A?

#### Outcome, Initial Discharge

YES

### REQUIRED?

**ALLOW UNK?**

YES

Y

**REP WRITER NAME:** DIS\_FAC\_LINK**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

### DEFINITION:

The name of the Intermediate Care facility, Acute Care hospital, Skilled Nursing facility (SNF), Inpatient Rehab, or Long-term Care facility where the patient is discharged.

### ADDITIONAL INFORMATION:

* This data field is also used for patients transferred from the ED to another facility.
  + In the “Discharge To” field, choose “70. Discharged/Transferred to a Short-Term General Hospital for Inpatient Care”.
  + In the “If Transferred, Facility” field, start typing the name of the receiving facility to find the hospital the patient was transferred to. The state ID number will auto populate when a hospital name is chosen.
  + Go back to the “Discharge To” field and change it back to “Not Applicable”.
* Facilities are listed in the registry program. Start typing the name to find the correct facility. The state ID number will auto populate (if available) when a name is chosen.
* The null value “Not Applicable” is used only for patients who were not discharged to another facility.
* If you are unable to locate a Georgia facility in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at [trauma@dph.ga.gov.](mailto:trauma@dph.ga.gov) If a facility is not available as a choice, use one of the following (as applies):

|  |  |  |
| --- | --- | --- |
| **If facility name not available** | **Facility #** | **Facility Name** |
| Georgia (not designated) | 10000 | Acute Care Hospital, Non-Desgd, Unsp (GA) |
| Georgia (designated trauma center) | 20000 | Acute Care Hospital, trauma hospital, Unsp (GA) |
| Georgia (not further specified) Georgia | 99999 | Georgia Hospital (unspecified) |
| Out of state: Alabama | 16000 | Alabama Hospital |
| Florida | 15000 | Florida Hospital |
| North Carolina | 13000 | NC Hospital |
| South Carolina | 19010 | SC Hospital |
| Tennessee | 19020 | Tennessee Hospital |
| Texas | 91900 | Texas Hospital |
| Other States | 17000 | Other state specified |
| Unspecified state | 40000 | Unspecified state |
| Air Force Hospital | 14010 | Moody |
| 14015 | Warner Robins |
| U.S. Naval Services | 14030 | U.S.N.S. Comfort |
| U.S. Penitentiary | 15090 | Penitentiary Hospital |
| U.S. Virgin Islands | 14040 | Virgin Islands Hospital |
| Other: Rehab Facility, Unspecified | 40000 | Rehab Facility, Unspecified |
| Intermediate Care Facility, Unspecified | 70000 | Intermediate Care Facility, Unspecified |
| Skilled Nursing Facility, Unspecified | 60000 | Skilled Nursing Facility, Unspecified |

**DATA SOURCE:** Nursing notes, Discharge Summary, Discharge Orders, Discharge planner notes

# Outcome: Discharged To- Specify

## (Data field is currently a request from the Rehab Subcommittee)

### TAB NAME: ALLOW N/A?

### REP WRITER NAME:

#### Outcome, Initial Discharge

YES

### DIS\_DEST\_S

**REQUIRED?** YES

**ALLOW UNK?** YES

### DEFINITION:

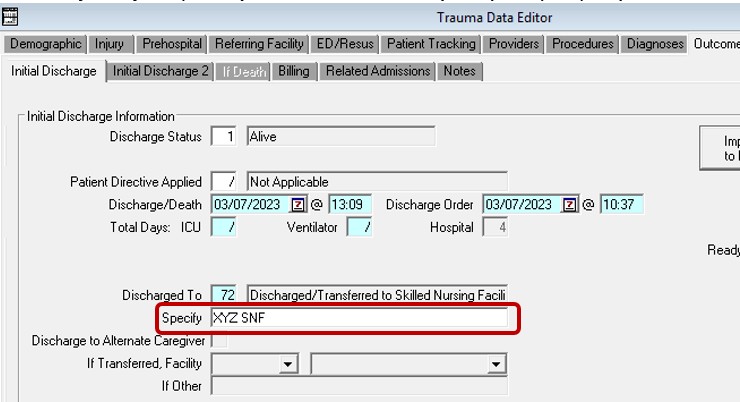
The name of the facility the patient was discharged to, if choice is not available in the “If Transferred, Facility”

pick list.

### ADDITIONAL INFORMATION:

* This is a free text field for facilities not listed in the “If Transferred, Facility” pick list.
* Applies to Skilled Nursing facilities (SNF), Inpatient Rehab facilities, Long-term Care facilities, Intermediate Care facilities, and Acute Care hospitals.

***DRAF***

* This data field is also used for patients discharged from the ED to another facility. See “ED/Resus: If Transferred, Facility” for instructions (page 74).
* The null value “Not Applicable” is used only for patients who were not discharged to another facility.
* See example below:

**DATA SOURCE:** Nursing notes, Discharge Summary, Discharge Orders, Discharge planner notes

# Outcome: Transfer Rationale

**TAB NAME: Outcome, Initial Discharge**

### REQUIRED?

YES

**ALLOW N/A?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** DIS\_RS01**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

### DEFINITION:

The reason the facility was chosen as the next destination for the patient. V5 options:

Specialty Resource Center

Hospital of Choice

Insurance/Health Plan

Repatriation

Specialty Care/Higher Level of Care

Specialty-Other Orthopedics Specialty-Neurosurgery Specialty-Replantation

Specialty-Vascular/Aortic Injuries

Resources Unavailable (Beds, Equipment, Staff, MD) Specialty-Cardiac Bypass

Patient Request

Lower Level of Care Economic

Managed Care Patient

System Protocol Physician/Services Available Other

Specialty-Pediatrics Specialty-Hand Specialty-Spine

Specialty-Pelvic Ring/Acetabular Fxs

Specialty-Orthopedics-Soft Tissue Coverage

Specialty-Facial Trauma Specialty-Burns Ear, Nose and Throat Ophthalmology

Plastic Surgery Orthopedic-Spine Orthopedic-Spine

/ Not Applicable

? Unknown

* + **ADDITIONAL INFORMATION**:

If the reason for the transfer is unknown by the sending facility, choose 4. Specialty Care/ Higher Level of Care The null value “Not Applicable” is used only for patients who were not transferred out from the ED or after hospital admission to another facility.

### :DATA SOURCE:

D/C Summary,, Nursing notes, Progress Notes, Discharge planning notes

# Initial Discharge: Impediments to Discharge

#### TAB NAME: Outcomes: Initial Discharge REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: IMP\_DISS\_L\_AS\_TEXT

**DEFINITION:**

Reasons for delay in discharge

### V5 OPTIONS:

None

Delay in Discharge Plan Financial

Homeless Legal

Non-Availability of Transfer Facility Psychiatric

Social Other

? Unknown

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Physician progress notes, Case Management Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Ready to Discharge Date

#### TAB NAME: Outcomes: Initial Discharge REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: DIS\_READY\_DATE

**DEFINITION:**

Date patient is ready for discharge

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Physician progress notes, Case Management Notes, Social Work Notes, Nursing Notes, EMR

# Initial Discharge: Delay Days

#### TAB NAME: Outcomes: Initial Discharge REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: DELAY\_DAYS

**DEFINITION:**

Number of days patient’s discharge was delayed

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Auto-calculates

### DATA SOURCE:

N/A

# Outcome: If death: Location (of death)

### TAB NAME: ALLOW N/A?

#### Outcome, If Death

YES

**REQUIRED?** YES

### ALLOW UNK? NO

**REP WRITER NAME:** DTH\_LOC\_S**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**Otherwise, field info returns as a number**

### DEFINITION:

Location in facility when patient died (brain death declared, if applies). V5 options:

Emergency Department Operating Room Intensive Care Unit

Step-Down Unit

Floor

Observation Unit Burn Unit Radiology

Post Anesthesia Care Unit Special Procedure Unit

Labor and Delivery Neonatal/Pediatric Care Unit

/ Not Applicable

? Unknown

### ADDITIONAL INFORMATION:

* If patient died, do not use Unknown.
* If patient did not die, software will not open this section to allow data entry.

### DATA SOURCE:

D/C Summary, Death Note, Nursing notes, Progress Notes, Patient location data field in EMR

# Outcome: Circumstances of Death

### TAB NAME: ALLOW N/A?

#### Outcome, Circumstances of Death

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME: DTH\_CIRC\_AS\_TEXT

**To read answer as text, add “\_AS\_TEXT”**

**otherwise, field info returns as a number**

### DEFINITION:

What caused the patient to die?

#### V5 Options:

Burn Shock Burn Wound

Cardiovascular Failure

Multiple Organ (Metabolic) Failure Pre-Existing Illness

Pulmonary Failure Sepsis

Trauma Shock Trauma Wound Other

Not Applicable Unknown

### ADDITIONAL INFORMATION:

* Applies to all patient deaths.
* Autopsy findings/ ME reports often provide information regarding the cause of death and may add

information about the patient’s medical status and/or injuries that may be unknown at the time of death.

### DATA SOURCE:

MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy Report/ME findings

# If Death: Withdrawal of Care

#### TAB NAME: Outcomes: If Death REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: WITHDRAW\_CARE\_YN

**DEFINITION:**

Did patient have withdrawal of care

### V5 OPTIONS:

Yes No

? Unknown

### ADDITIONAL INFORMATION:

* + None

### DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes

# Outcome: If death: Was autopsy performed?

### TAB NAME: ALLOW N/A?

#### Outcome, If Death

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

### REP WRITER NAME: AUT\_YN\_AS\_TEXT

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

Was an autopsy performed on patient (private or by state medical examiner)

#### V5 options:

Yes No / Not Applicable ? Unknown

### ADDITIONAL INFORMATION:

* Applies to all patient deaths
* Report “Yes” for Forensic/Full autopsies and External/View Only autopsies. An external autopsy refers to a detailed examination of the patient without dissection. A forensic autopsy refers to detailed examination including dissection. Both types of autopsy qualifies for this field.

### DATA SOURCE:

MD documentation, History & Physical (H&P), Discharge summary, Death note, Autopsy report

***New Field***

# Outcome: If death: Was Organ Donation Referral Made to LifeLink?

### TAB NAME:

#### Outcome, If Death

**REQUIRED?** YES

**ALLOW N/A?** YES

**ALLOW UNK?** YES

#### Rep Writer Name:

**TBD**

**Definition:**

Was referral made to LifeLink organ procurement organization upon death?

#### V5 Options:

Yes No

/ N/A

? Unknown

#### Additional Information:

* + Applies to all deaths

#### Data Sources:

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/ Death summary, Nursing notes, MD documentation, Provider Progress notes

**New Field**

**Outcome: If Death: Did the Patient Qualify as an Organ Donor?**

#### TAB NAME: Outcome, If Death ALLOW N/A? YES

Yes

**REQUIRED?** YES

**ALLOW UNK?** YES

#### Rep Writer Name:

**TBD**

**Definition:**

Did patient meet qualifications to become organ donor through after referral call to LifeLink organ procurement organization?

#### V5 Options:

Yes No / N/A ? Unknown

#### Additional information:

* Applies to all deaths

#### Data Sources:

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/ Death summary, Nursing notes, MD documentation, Provider Progress notes

# Outcome: If death: Organ Donor?

### TAB NAME: ALLOW N/A?

#### Outcome, If Death

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ORG\_DONOR\_YN**\_AS\_TEXT**

**To read answer as text, add “\_AS\_TEXT”**

**Otherwise, field info returns as a number**

### DEFINITION:

Was the patient a qualified organ/tissue donor? Answers for this field includes:



### ADDITIONAL INFORMATION:

* Applies to all patient deaths
* **If organs were donated, answer “Yes” to all three organ donation fields.**

### DATA SOURCE:

Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary, Nursing notes, MD documentation, Provider Progress notes

# Outcome: If death: Was organ donation requested?

### TAB NAME: ALLOW N/A?

#### Outcome, If Death

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ORG\_STAT\_YN**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

If the patient qualified as an organ/tissue donor, was permission for donation request? Answers for this field includes:



### ADDITIONAL INFORMATION:

* Applies to all patient deaths
* **If organs were donated, answer “Yes” to all three organ donation fields.**

### DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

# Outcome: If death: Was request granted?

### TAB NAME: ALLOW N/A?

#### Outcome, If Death

YES

**REQUIRED?** YES

**ALLOW UNK?** YES

**REP WRITER NAME:** ORG\_GR\_YN**\_AS\_TEXT**

**To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

If the patient qualified as an organ/tissue donor and donation permission requested, was request for donation granted / agreed to by legal next of kin? Answer choices include:



### ADDITIONAL INFORMATION:

* Applies to all patient deaths.
* **If organs were donated, answer “Yes” to all three organ donation fields.**

### DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary

# Outcome: If death: Organs Procured

#### TAB NAME: Outcome, If Death

**REQUIRED?** YES

### ALLOW N/A?

YES

**ALLOW UNK?** YES

#### REP WRITER NAME: ORG\_DNR01 through ORG\_DNR20

**AS\_TEXT To read answer as text,**

**add “\_AS\_TEXT”, otherwise field info returns as a number**

### DEFINITION:

If the patient qualified as an organ/tissue donor and donation was granted, report the organ(s) procured

#### V5 Options:

None

Adrenal Glands Bone

Bone Marrow Cartlidge Corneas

Dura Mater Fascialata Heart

Heart Valves

Intestine Kidney Liver Lungs Nerves Pancreas Skin Stomach Tendons

Whole Eyes

Other

? Unknown

### ADDITIONAL INFORMATION:

* Applies to all patient deaths.
* Must answer “Yes” to Outcome: If Death: Organ Donor.

### DATA SOURCE:

Nursing notes, MD documentation, Provider Progress note, Life Link/ Organ Procurement Agency documentation, Social Services, Palliative Care or Chaplin notes, Discharge/Death summary, Operative reports for organ procurement

# If Death:Donor Status

#### TAB NAME: Outcomes: If Death REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: DNR\_STAT

**DEFINITION:**

The status of the patient at the time the organs were donated at your facility.

### V5 OPTIONS:

Brain Death

Non-Beating Heart

? Unknown

### ADDITIONAL INFORMATION:

* + Only opens when organs procured section completed

### DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes, OR records

# If Death: Date and Time Organs Procured

|  |  |  |
| --- | --- | --- |
| **TAB NAME:** | **Outcomes: If Death** | **REQUIRED?** NO |
| **ALLOW N/A?** | NO | **ALLOW UNK?** YES |

### V5 REP WRITER NAME: ORG\_PROCURE\_EVENT

**DEFINITION:**

The date and time the organs were donated at your facility

### V5 OPTIONS:

N/A

### ADDITIONAL INFORMATION:

* Only opens if organs procured section is populated.

### DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes, OR records

# QA Items: ACS Questions

#### TAB NAME: QA Tracking: QA Items REQUIRED? NO

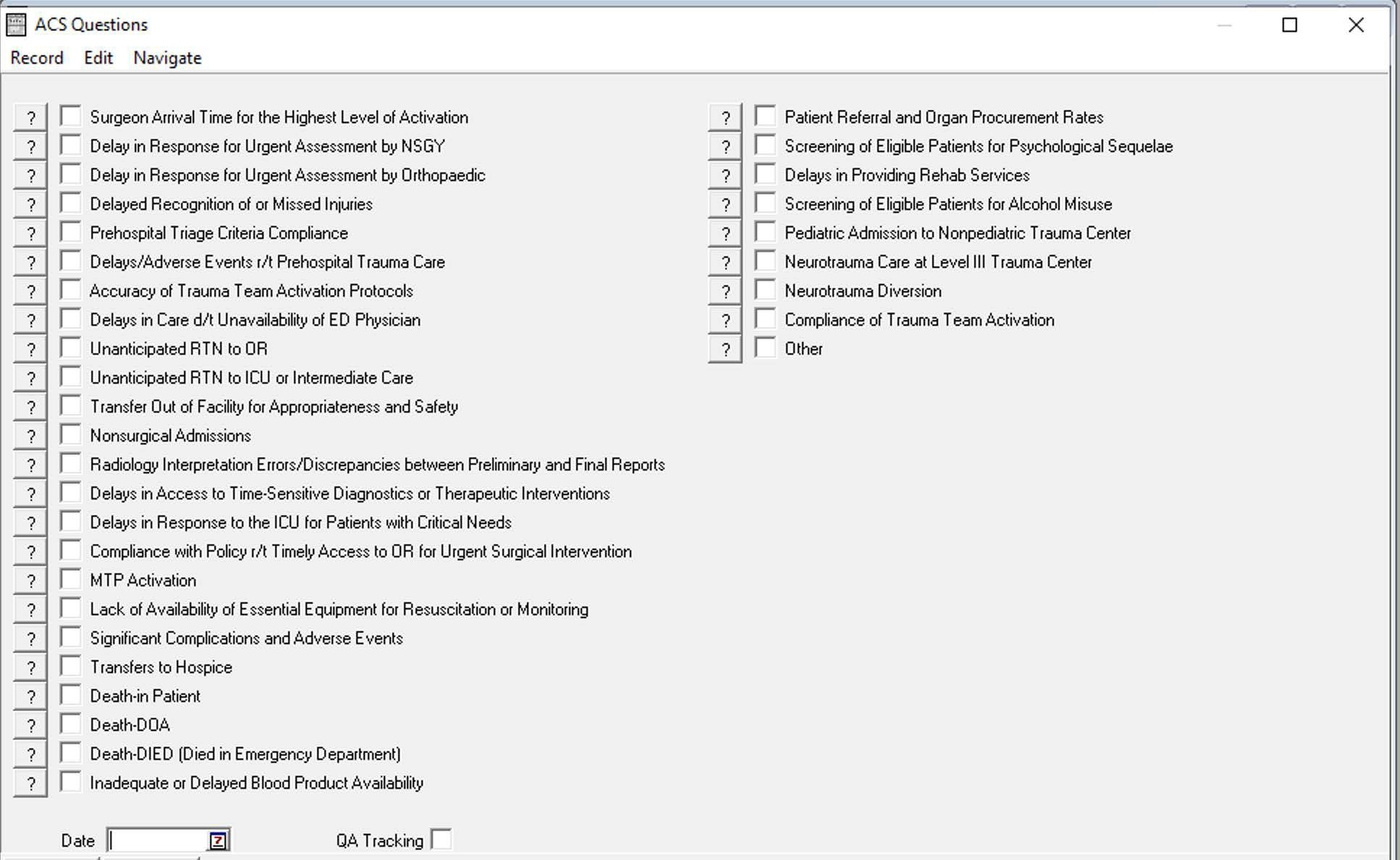
**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: FLT\_QA\_YNS\_L\_AS\_TEXT

**DEFINITION:**

Legacy defined QA Item questions defined by ACS prior to the ITDX/TQIP standard. NOTE: These are optional and not required.

### V5 OPTIONS:



**ADDITIONAL INFORMATION:**

* None

### DATA SOURCE:

Physician Progress Notes, Nursing Notes, EMR

# QA: QA Items

#### TAB NAME: QA Tracking: QA Items REQUIRED? NO

**ALLOW N/A?** NO **ALLOW UNK?** YES

### V5 REP WRITER NAME: FLT\_CODES\_L\_AS\_TEXT

**DEFINITION:**

Any defined hospital event (complication, occurrence, filter, outlier) that occurred after injury including prehospital, transfer to and during the patient's stay at your hospital that is not part of the ITDX/TQIP defined standard. This includes any user-defined filters.

### V5 OPTIONS:

\*Multiple items available to pick or users can add their own options

### ADDITIONAL INFORMATION:

* None

### DATA SOURCE:

Death charting, Physician Progress Notes, Nursing Notes, OR records