Ideal Trauma Center Coverage

The yellow shaded areas denote the trauma center coverage that is within a 30 air mile radius of a potential trauma center. Designation of these potential trauma centers would complete the statewide trauma system.
INTRODUCTION

This Data Dictionary contains structured trauma data element definitions, inclusion and exclusion registry criteria, and an overview of South Carolina’s trauma system. This manual is to be used as a guide by users of Collector or NTRACS in Level I, II, and III trauma centers in South Carolina. The Data Dictionary serves to provide “help” to trauma professionals to better understand data elements, as well as the data functions and features.

USER MANUAL CONTENTS

The Data Dictionary is segmented into logical sections allowing the user to locate information quickly and easily. The sequence of documentation is also similar to that of Collector and NTRCS software screens.

The Data Dictionary provides the following:

- SC Trauma System history
- Trauma Centers and telephone numbers
- Registry inclusion and exclusion criteria
- Data element definitions and options
- Illustrations of Collector screens
DATA DICTIONARY

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HISTORY OF SOUTH CAROLINA’S TRAUMA SYSTEM

Using the authority granted to DHEC in Act 1118 of 1974 for "categorization of hospitals and emergency room facilities", the EMS division, with the assistance of the state medical director and the four regional medical directors, developed criteria for designation of Level I trauma centers in 1984. Letters soliciting applications were mailed and Richland Memorial Hospital (now Palmetto Richland Hospital), Greenville Memorial Medical Center and the Medical University of South Carolina (MUSC) were subsequently designated as Level I hospitals.

In 1987, the Medical Control Committee adopted modified ACS guidelines as criterion for designation of Level I trauma centers. In 1988, the three Level I trauma centers were again designated, but under the ACS criteria.

The EMS division began receiving federal grant funding in the early 1990’s to designated trauma centers and began the development of a trauma system. In 1990 the new ACS guidelines were adopted as criteria for designation of Level I, II and III trauma centers. It was determined that out-of-state site review teams would be required for Levels I and II trauma centers and in-state volunteer teams would review Level III trauma centers.

By the end of 1991, with funding provided by a DOT grant, one Level I, one Level II and 14 Level III trauma centers had been designated. These new designations were added to the original three Level I trauma centers totaling designations of 19 trauma centers.

In 1992, EMS division received grant funding from the Department of Trauma and EMS to develop a state trauma plan based on the federal model trauma plan. At that time a 37-member Trauma System Committee, a subcommittee of the Medical Control Committee, was formed to meet federal requirements for a multidisciplinary trauma committee. The committee was responsible for formulating policy recommendations for inclusion in the state plan. These policies addressed issues ranging from public education, regional planning, evaluation, and designation criteria. Finally, in 1995, a state trauma plan was developed and approved in a public meeting. Shortly after the approval of the state plan, four regional trauma plans were developed through a process of regional meetings and public hearings, spearheaded by the four EMS regional offices.

In the early 2000’s, the Trauma System Committee (an 18-member subcommittee of the Medical Control Committee) recognized that the state’s trauma system was in a “state of emergency”. Dr. E. Douglas Norcross, Medical Director for Trauma Services at MUSC, stated, “If we do not act now to preserve and enhance the statewide trauma system, the citizens of South Carolina will be denied the standard of care available nationally and in our neighboring Southeastern states. Our legislature must decide
whether or not South Carolina should have an organized and coordinated trauma care system.”

A coalition led by the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Hospital Association (SCHA) prepared draft legislation designed to help avoid a crisis in the state’s trauma system. This report offered solutions to the crisis that would serve to not only preserve this essential public service, but also enhance the system’s ability to save lives and avoid long-term disability. The Trauma Association of South Carolina was involved in this legislative process from its inception. The bill was introduced in the House on May 21, 2003 and the state’s Trauma Care System Act was signed by Governor Mark Sanford May 11, 2004.

Components of the Trauma Care System Act include:

Creation of an organized statewide system to provide personnel, facilities and equipment for coordinated trauma care from the time of injury until return to the best possible functional outcome and economic potential. (Injury prevention, trauma education, EMS pre-hospital care, hospital care and rehabilitation services)

Formalized structure with a single Division of Trauma and EMS within DHEC, responsible for creating, implementing and managing the statewide trauma system. DHEC has the authority and responsibility to establish standards for levels of trauma center designation, based on national standards for levels of trauma center designation. Hospitals are required to submit applications for trauma center designation and review of performance. Periodic reviews are to be conducted to ensure compliance and support of an ongoing quality improvement system.

Establishment of a trauma system fund intended to support emergency medical services, trauma care services, system maintenance, rehabilitative services, research, injury prevention and education, planning and development of related services. DHEC oversees disbursement of the legislature’s approved annual funding to designated trauma centers, physicians providing trauma care within these facilities and to EMS.

The State Trauma Advisory Council that is composed of trauma surgeons, physicians and nurses; hospital administrators; as well as representatives from DHEC and EMS, a rehabilitation center, the insurance industry and the general public supports DHEC. Its role is to advise DHEC on the state’s trauma needs and policies, and make recommendations. The Council advises DHEC on trauma system funding.
Description of a Trauma System

“Essential to the development of a trauma care system is the designation of definitive trauma care facilities. The trauma system is a network of definitive care facilities and services that provide a spectrum of care for all injured patients.”¹ This system includes:

- Emergency Medical Services (EMS)
- Trauma centers and medical teams
- Rehabilitation services
- Injury prevention and education
- Research (trauma)

A combination of levels of trauma centers exist in South Carolina and are interdependent on each other to maximize services to the injured. To be a designated trauma center, the hospital must meet specific criteria set forth by the Trauma Advisory Council and assessed via South Carolina Department of Health and Environmental Control (DHEC).

There are Level I, Level II and Level III trauma centers in South Carolina. Descriptions follow:

**Level I** trauma center is a regional resource trauma center that is tertiary care facility with capability of providing leadership; education, research, system planning, and total care for every aspect of injury, from prevention through rehabilitation. In its central role, the Level I center has adequate depth of resources and personnel. Medical education programs include residency program support and postgraduate training in trauma. Currently, South Carolina has four Level I trauma centers.

**Level II** trauma center is a hospital that is also expected to provide initial definitive trauma care, regardless of the severity of injury. Depending on geographic location,
patient volume, personnel, and resources, a Level II trauma center may not be able to provide the same comprehensive care as a Level I trauma center. Therefore, patients with more complex injuries may require transfer to a Level I center. South Carolina has one Level II trauma center.

**Level III** trauma center serves communities that do not have immediate access to a Level I or II facility. The Level III trauma center can provide prompt assessment, resuscitation, emergency procedures, and stabilization and arrange for transfer to a higher-level facility that can provide definitive trauma care. South Carolina has fourteen (14) Level III trauma centers.
# Trauma Centers in South Carolina

| LEVEL I |  |
|---------|  |
| Greenville Hospital System | Medical University of South Carolina |
| University Medical Center | 171 Ashley Avenue |
| 900 W. Faris Road | Charleston, SC 29425 |
| Greenville, SC 29605 | 843-792-2300 |
| 864-455-7000 |  |
| Palmetto Health Richland | Spartanburg Regional Health System |
| Five Richland Medical Park | 101 East Wood Street |
| Columbia, SC 29203 | Spartanburg, SC 29303 |
| 803-434-7000 | 964-560-6000 |

| LEVEL II |  |
|----------|  |
| AnMed |  |
| 800 N. Fant Street |  |
| Anderson, SC 29621 |  |
| 864-512-1000 |  |

<p>| LEVEL III |  |
|-----------|  |
| Greer Memorial Hospital | Beaufort Memorial Hospital |
| South Buncombe | 955 Ribault Road |
| Greer, SC 29650 | Beaufort, SC 29902 |
| 864-848-8200 | 843-522-5200 |
| Carolina Pines | Carolinas Hospital System |
| 1304 W. Bobo Newsome Highway | 805 Pamplico Highway |
| Hartsville, SC 29550 | Florence, SC 29501 |
| 843-339-2100 | 843-674-5000 |
| Conway Medical Center | East Cooper Regional Medical Center |
| 300 Singleton Ridge Road | 1200 Johnnie Dodds Blvd |
| Conway, SC 29526 | Mt Pleasant, SC 29464 |
| 843-347-7111 | 843-881-0100 |</p>
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<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Strand Regional Medical Center</td>
<td>809 82nd Parkway, Myrtle Beach, SC 29572</td>
<td>843-692-1000</td>
</tr>
<tr>
<td>Lexington Medical Center</td>
<td>2720 Sunset Boulevard, West Columbia, SC 29169</td>
<td>803-791-2000</td>
</tr>
<tr>
<td>McLeod Regional Medical Center</td>
<td>555 East Cheves Street, Florence, SC 29501</td>
<td>803-667-2000</td>
</tr>
<tr>
<td>Piedmont Medical Center</td>
<td>222 S. Herlong Avenue, Rock Hill, SC 29732</td>
<td>803-329-1234</td>
</tr>
<tr>
<td>the Regional Medical Center of Orangeburg &amp; Calhoun Counties</td>
<td>3000 Saint Matthews Road, Orangeburg, SC 29118</td>
<td>803-395-2200</td>
</tr>
<tr>
<td>Roper St Francis Health Care</td>
<td>Roper Hospital, 316 Calhoun Street, Charleston, SC 29401</td>
<td></td>
</tr>
<tr>
<td>St. Francis Healthcare System/Bon Secours Hospital</td>
<td>2095 Henry Tecklenburg Drive, Charleston, SC 29414</td>
<td>803-402-1000</td>
</tr>
<tr>
<td>Self Regional Healthcare</td>
<td>1325 Spring Street, Greenwood, SC 29646</td>
<td>864-725-4111</td>
</tr>
<tr>
<td>Trident Medical Center</td>
<td>9330 Medical Plaza Drive, Charleston, SC 29406</td>
<td>843-797-7000</td>
</tr>
</tbody>
</table>
**Definition of Trauma Patient**

A trauma patient is defined as a patient who sustains a traumatic injury and meets the inclusion/exclusion criteria approved by the Trauma Advisory Council and included in this data dictionary.
South Carolina Department of Health & Environmental Control

Division of Emergency Medical Services

Trauma Registry Inclusion Criteria

- At least one injury ICD-9 diagnosis code between 800.00 and 959.9.
  - Excluding 905-909 (late effects of injuries).
- Any patient admitted to hospital, except those who are admitted and discharged with no documented injury or an AIS score less than two (i.e. observation, small laceration).
- Inclusions outside of ICD-9 codes 800-959.9
  - Burns
- All trauma admissions to the hospital, regardless of the length of time of admission.
- All trauma patients transferred out from your facility to an acute care facility.
- Patients who arrive at the ED and died due to trauma.
- All initial injuries that are found within 14 days should be considered for entry in the trauma registry by the individual hospital.
- Drownings

Trauma Registry Exclusion Criteria

- Persons over 65 falling from same heights, all isolated hip fractures, or single bone orthopedic injuries admitted for medical reasons (minor lacerations, contusions, and abrasions do not count as second injury).
- Poisonings, suffocation
- Patients for whom trauma alerts are called, but who after evaluation are found not to need admission are not included in the registry.
- Patients who’s OR disposition is home.
- Re-admission records for the same injury. Only the initial episode of care is required. Exception: If a patient is discharged home from the ED and is
subsequently admitted for a missed diagnosis of the same injury, information from both records should be included.

- Hangings with no physical injuries.

- ICD-9 codes of 905 – 909.0
  - Late effects of injuries, poisonings, toxic effects, and other external causes.

- ICD-9 codes of 910 – 919.0
  - Superficial injury and 920 – 924, Contusion with intact skin surface (blisters, contusions, abrasion, and insect bites).

- ICD9 Codes of 930 – 939.0
  - Effects of foreign body entering through orifices, unless there is a resulting injury from the foreign body. In these cases, the resulting injury should be coded in addition to the foreign body. (Do not create a new record).

- 910-924.9
  - Superficial injuries including blisters, contusions, abrasions, and insect bites.

**Trauma Registry Data Submission Schedule**

| January – March | Due: July 1 |
| April – June    | Due: October 1 |
| July – September| Due: January 1 |
| October – December| Due: April 1 |
Common Null Values

Definition

These values are to be used with each of the National Trauma Registry Data Elements described in this document which have been defined to accept the Null Values.

- Inappropriate: At the time the patient was hospitalized, the information requested was “Inappropriate” to the hospitalization or the patient care event. For example, variables documenting EMS care would be “Inappropriate” if a patient self-transported to the hospital.

- Unknown: At the time of the hospital patient care report documentation, information was “Not Known” to the patient, family, or health care provider. This documents that there was an attempt to obtain information but it was unknown by all parties involved at the time of hospitalization. For example, injury date and time may be documented in the hospital patient care report as “Unknown”.

- Other: If hospital documentation or an information system has information that is not listed in the selection menu, “Other” should be inserted into the database for that data element. This null value signifies that the hospital patient care record provides an “other” selection not specific to the data element. For example, a hospital patient care record may state a patient was carried to the ED on a camel and not EMS personnel. That would be reported as “Other.”
Data Elements
### Reportable Hospital Trauma Registry Data Set

#### Demographic Data Element Page Print-Outs

**SECTION I: DEMOGRAPHIC DATA**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Trauma Number</td>
<td>25</td>
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<tr>
<td>MR:Admit Number</td>
<td>25101010</td>
</tr>
<tr>
<td>Data Entry Date</td>
<td>07/04/2007</td>
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<td>01</td>
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<td>If Other</td>
<td></td>
</tr>
<tr>
<td>Admitting MD</td>
<td></td>
</tr>
<tr>
<td>ED Physician</td>
<td></td>
</tr>
<tr>
<td>Patient Name:</td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td></td>
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<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Age</td>
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<td>In</td>
<td></td>
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**SECTION I: DEMOGRAPHIC DATA**

<table>
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<tr>
<td>Patient Address:</td>
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<td>Street</td>
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</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Other county, state, or country</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>If Other</td>
<td></td>
</tr>
</tbody>
</table>
Reportable Hospital Trauma Registry Data Set
Demographic Data Element Definitions

Data Element Name: Institution Number

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: XXXX

Definition: The unique hospital code assigned by DHEC that identifies the trauma care facility and its reporting data. This number may be pre-loaded with your organizations software.

Menu Selections: None

Data Element Name: Trauma Number

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: Up to eight numbers

Definition: Indicates a unique number assigned to each trauma patient per visit at time of admission. This number may not be assigned to another trauma patient.

Menu Selections: None

Data Element Name: MR: Admit Number

Window Location: Demographic

Required: No (Currently is yellow in Collector)

Type of Field: Numeric

Length: Up to 11 numbers
Definition: Designated and unique medical record given by each facility for trauma patient.

Menu Selections: None

Data Element Name: Internal Use 1

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: Up to 14 numbers

Definition: Determined by institution.

Menu Selections: None

Data Element Name: Internal Use 2

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: Up to 14 numbers

Definition: Determined by institution.

Menu Selections: None

Data Element Name: Data Entry Date

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: MMDDYYYY
Definition: Date the record was started in Collector. The field is automatically filled in by Collector and cannot be manually changed.

Menu Selections: None

Data Element Name: SSN (Social Security Number)

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: XXX-XX-XXXX

Definition: Indicates patients SSN.

Menu Selections: None

Data Element Name: Arrival at this Facility (Date)

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Date patient arrived at facility as either a direct admission or ED admission.

Menu Selections: Yes (Years only go to 2010)

Data Element Name: Arrival at this Facility (Time)

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: XX:XX

Definition: Indicates time admitted to facility as either a direct admission or ED admission (military time).
Menu Selections: Yes

Data Element Name: Admitting Service

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: XX

Definition: The service, to which the patient is designated upon admission to your hospital or, in the case of death in the ED, the service, which gives the patient primary care in the ED.

Menu Selections:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>00</td>
<td>None</td>
<td>10</td>
<td>Pediatrics</td>
<td>20</td>
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<tr>
<td>01</td>
<td>Neurosurgery</td>
<td>12</td>
<td>OB/GYN</td>
<td>21</td>
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<tr>
<td>02</td>
<td>Orthopedics</td>
<td>13</td>
<td>Critical Care Specialist</td>
<td>22</td>
</tr>
<tr>
<td>03</td>
<td>Plastics</td>
<td>14</td>
<td>Anesthesia</td>
<td>23</td>
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<tr>
<td>04</td>
<td>Cardiac/Thoracic</td>
<td>15</td>
<td>General Surgery</td>
<td>24</td>
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<td>06</td>
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<td>16</td>
<td>Ophthalmology</td>
<td>25</td>
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<td>07</td>
<td>Urology</td>
<td>17</td>
<td>Trauma Surgery</td>
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<td>08</td>
<td>ENT</td>
<td>18</td>
<td>Radiology</td>
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<td>09</td>
<td>Pediatric Surgery</td>
<td>19</td>
<td>Family Practice</td>
<td>28</td>
</tr>
</tbody>
</table>

Please Note: Options 05 (Medicine) and 11 (Multiple Unknown) can no longer be used.

Data Element Name: If Other

Window Location: Demographic

Required: Yes, if necessary

Type of Field: Alpha/Numeric

Length: Type what is needed

Definition: This question pertains to the answer in the previous question. If # 23 was selected, please describe/list the service, to which the patient is designated upon admission to your hospital or, in the case of death in the ED, the service, which gives the patient primary care in the ED

Menu Selections: None
**Data Element Name:** Admitting MD

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** Type what is needed

**Definition:** First and last name of Admitting Physician or an ID number. This field is recommended to have a drop down menu list added for query purposes.

**Menu Selections:** None

**Data Element Name:** ED Physician

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** Type what is needed

**Definition:** First and last name of ED Physician or an ID number. This field is recommended to have a drop down menu list added for query purposes.

**Menu Selections:** None

**Data Element Name:** Patient Last Name

**Window Location:** Demographic

**Required:** No (Currently yellow in Collector)

**Type of Field:** Alpha

**Length:** Type what is needed

**Definition:** Trauma patients last (family) name.

**Menu Selections:** None
**Data Element Name:** Patient First Name

**Window Location:** Demographic

**Required:** No (Currently yellow in Collector)

**Type of Field:** Alpha

**Length:** Type what is needed.

**Definition:** Trauma patient’s first (given) name

**Menu Selections:** None

**Data Element Name:** Patient M I

**Window Location:** Demographic

**Required:** No (Currently yellow in Collector)

**Type of Field:** Alpha

**Length:** X

**Definition:** Trauma patient’s middle initial. If there is no middle initial, leave this field blank.

**Menu Selections:** None

**Data Element Name:** DOB

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** MMDDYYYY

**Definition:** Trauma patient’s date of birth.

**Menu Selections:** Yes for month and day only. If the trauma patients DOB is not known or N/A, please select one of the following:

/- Not applicable
U- Unknown
Data Element Name: Age

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: XX

Definition: Age of trauma patient at time of accident. If unknown, type unknown. This field is automatically calculated by Collector based on the DOB that was entered.

Menu Selections: None

Data Element Name: Age In

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates how the patient’s age was determined. Field is automatically calculated by Collector according to DOB entry.

Menu Selections: Yes
1- Years
2- Months
3- Days
4- Estimated in years
U- Unknown
/- Not applicable

Data Element Name: Patient Street

Window Location: Demographic

Required: No

Type of Field: Alpha/Numeric

Length: 20+ characters
**Definition:** Indicates home street address of trauma patient’s primary residence.

**Menu Selections:** None

**Data Element Name:** Patient Zip Code

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Alpha/Numeric

**Length:** XXXXX-XXXX

**Definition:** Indicates trauma patient’s home postal code of primary residence. 4-digit extension is not needed. If the patient lives outside of the US, place “unknown” in the selection box.

**Please Note**
After entering the patients Zip Code, the following fields will auto fill by Collector:

- City
- County
- Country

**Menu Selections:** None (You can create a menu list at your facility by updating Frequently Used Zip Codes under Customize then Popup Menus)

**Data Element Name:** Patient City

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha

**Length:** 20+ characters

**Definition:** Indicates home city of trauma patient’s primary residence.

**Menu Selections:** None (You can create a menu list at your facility by updating Frequently Used Cities under Customize then Popup Menus)
Data Element Name: Patient State

Window Location: Demographic

Required: Yes

Type of Field: Alpha

Length: XX

Definition: Indicates home state of trauma patient’s primary address. The two digit postal code for U.S. states will be used.

Menu Selections: Yes

<table>
<thead>
<tr>
<th>State Abbreviations</th>
<th>State Name</th>
<th>Postal Code</th>
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</thead>
<tbody>
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<td>AL</td>
<td>New York</td>
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<td>Minnesota</td>
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<td>Northern Mariana Islands</td>
</tr>
<tr>
<td>Mississippi</td>
<td>MS</td>
<td>Palau</td>
</tr>
<tr>
<td>Missouri</td>
<td>MO</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Montana</td>
<td>MT</td>
<td>Virgin Islands</td>
</tr>
<tr>
<td>Nebraska</td>
<td>NE</td>
<td>Other</td>
</tr>
<tr>
<td>Nevada</td>
<td>NV</td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>NH</td>
<td>Unknown</td>
</tr>
<tr>
<td>New Jersey</td>
<td>NJ</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>New Mexico</td>
<td>NM</td>
<td></td>
</tr>
</tbody>
</table>
Data Element Name: County of Injury

Window Location: Demographic

Required: No

Type of Field: Alpha/Numeric

Length: XX

Definition: Indicates county or state trauma patient was injured in.

Menu Selections: Yes - Comprehensive list of all counties in each state. Select the appropriate state and then the correct county. If injury occurred outside the United States, select other.

Data Element Name: Country

Window Location: Demographic

Required: No

Type of Field: Alpha/Numeric

Length: XXX

Definition: Indicates trauma patient’s home Country of residence.

Menu Selections: None

Most Popular Uses: United States USA
                        Canada    CAN
                        Mexico    MEX
                        Other     OTH

Please note that not every country in the world is listed in this list, but the countries listed above are the most commonly used and appear at the top of the list. Other countries are listed below. Select the appropriate country or other if no further distinction is desired.

Data Element Name: If Other

Window Location: Demographic

Required: No
**Type of Field:** Alpha/Numeric

**Length:** 39 character field

**Definition:** Indicates trauma patient’s home Country of residence, if not listed in the drop down menu.

**Menu Selections:** None (You can create a menu list at your facility by updating Other Cities under Customize then Popup Menus)

**Data Element Name:** Sex

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Gender of the trauma patient.

**Menu Selections:** Yes
1- Male  2- Female  /- Not applicable  U- Unknown

**Data Element Name:** Race

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates race/ethnic background of trauma patient.

**Menu Selections:** Yes
1- Caucasian  6- Native American
2- African-American  7- Native Hawaiian or Other
3- Hispanic  Pacific Islander
4- Asian  U- Unknown
5- Other  /- Not Applicable
Data Element Name: If Other

Window Location: Demographic

Required: Yes, if necessary

Type of Field: Alpha/Numeric

Length: 10 characters

Definition: Provide a race/ethnic background of trauma patient that is not listed in the previous question selection list.

Menu Selections: None

Data Element Name: Injury Date

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Date (month, date, and year) injury occurred. If the actual injury date is unknown, then:
1. Use date patient or family states injury occurred
2. Use EMS call received date. Do not use the dispatch date if you know it is incorrect.
3. If date of injury is “Not Recorded” or “Not Known”, place UU/UU/UU in this field.

Do not include patients injured more than 14 days prior to admission.

Menu Selections: Yes (Year menu only goes to 2010)

Data Element Name: Injury Time

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XX:XX
**Definition:** Time injury occurred (expressed in military standards). If the actual injury time is unknown, then:

1. Use time patient or family states injury occurred
2. Use EMS call received time. Do not use the dispatch time if you know it is incorrect.
3. If time of injury is “Not Recorded” or “Not Known”, place UU:UU in this field.

**Menu Selections:** Yes

**Data Element Name:** Work Related Injury

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** An injury, event, or illness occurred during the course of employment (paid) by exposure at work that precipitated the patient’s visit to the hospital.

**Menu Selections:** Yes

1- Yes 2- No /- Not Applicable U- Unknown

**Data Element Name:** Injury Modifiers

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX (can select up to 4)

**Definition:** Qualifiers to the mechanism of injury that may indicate a more serious event.
Menu Selections: Yes

00. None
02 Fall > 15 feet
05 Extrication Time > 20 mins
06 Passenger Compartment Intrusion
(> 18” on Patient side of vehicle, > 24” on Opposite side of vehicle)
07 Ejection
08 Death of Another Passenger

01. 10 Major Burns and Trauma
11 Major Amputation above the ankle or wrist
14 Pregnancy
15 Rollover
18 Other
19 Fall > 20 Feet

**The following selections can no longer be used:**

01. Rapid deceleration
03. Environment hot
04. Environment cold, hot
09. Child <12 struck by car
12. Paralysis
13. Age >55
16. 30” Deformity of vehicle
17. Rearward displacement of front axle

Data Element Name: Cause of Injury

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: XX

Definition: The event(s) that occurred to cause injury to patient.

Menu Selections: Yes

01. MVC-Driver
04. Bicycle
07. Stab
10. Industrial
13. Sports
16. Snake Bite
19. Deer Stand Fall
22. MVC-Unknown
02. MVC-Passenger
05. Motorcycle-Driver
08. Gunshot Wound
11. Farm
14. Burn
17. Asphyxiation
20. Four Wheel/ATV
1- Inappropriate

15. Other
18. Injury by Animal
21. Motor Water Related
U- Unknown

**NTRACS uses E-Codes**

See next page for specific definitions
Cause of Injury Definitions/Clarifications

04. Bicycle
   Non-motorized two to four wheeled pedal cycle

05. Motorcycle-Driver and 06. Motorcycle-Passenger
   Includes motorcycle, moped, motorized scooters

08. Gunshot Wound
   Includes shotgun wound

09. Beating
   Includes assault

10. Industrial
    Accidents that occur in industry, plant, or factory facilities

11. Farm
    Includes farming equipment or actual farming, whether private or non-private

13. Sports
    Includes organized or recreational activity

14. Burn
    Includes chemical, electrical, thermal, and radiation

17. Asphyxiation
    Includes hanging, drowning, and suffocation

18. Injury by Animal Related
    Includes marine life, dog bites, etc.

21. Motor Water Related
    Includes boating, water skiing, jet skiing, para-sailing, etc.
**Data Element Name:** Primary Cause of Injury E-Codes

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXXXX

**Definition:** The primary code for the ICD-9 cause of injury that permits classification of environmental events, circumstances, and conditions as the cause of injury.

**Menu Selections:** Yes

---

**Data Element Name:** Secondary Cause of Injury E-Codes

**Window Location:** Demographic

**Required:** No

**Type of Field:** Numeric

**Length:** XXXXX

**Definition:** The secondary code for the ICD-9 cause of injury that permits classification of environmental events, circumstances, and conditions as the cause of injury.

**Menu Selections:** Yes

---

**Data Element Name:** Tertiary Cause of Injury E-Codes

**Window Location:** Demographic

**Required:** No

**Type of Field:** Numeric

**Length:** XXXXX

**Definition:** The tertiary code for the ICD-9 cause of injury that permits classification of environmental events, circumstances, and conditions as the cause of injury.

**Menu Selections:** Yes
Data Element Name: Place of Injury E-Codes-Primary 849

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: X

Definition: Place/site/location of the injury event

Menu Selections:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Home</td>
<td>4</td>
<td>Place for Sports/Recreation</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>Farm</td>
<td>5</td>
<td>Street/Highway</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>Mine/Quarry</td>
<td>6</td>
<td>Public Building</td>
<td>/</td>
</tr>
<tr>
<td>3</td>
<td>Industrial Place</td>
<td>7</td>
<td>Residential Institution</td>
<td>U</td>
</tr>
</tbody>
</table>

Data Element Name: Place of Injury E-Codes-Secondary 849

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: X

Definition: Place/site/location of the injury event

Menu Selections: same as Place of Injury E-Codes-Primary 849

Data Element Name: Place of Injury E-Codes-Tertiary 849

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: X

Definition: Place/site/location of the injury event

Menu Selection: same as Place of Injury E-Codes-Primary 849
**Data Element Name:** If Other

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** 38 characters

**Definition:** Other place of injury that was not provided in previous menu.

**Menu Selections:** None

---

**Data Element Name:** Injury Location: Zip Code

**Window Location:** Demographic

**Required:** No

**Type of Field:** Numeric

**Length:** XXXXX-XXXX

**Definition:** Place/site/location zip code in which the injury occurred.

**Menu Selections:** None (You can create a menu list at your facility by updating Frequently Used Zip Codes under Customize then Popup Menus – same list is used for patient’s address)

**Please note:** If you type the correct Zip Code, the following information will automatically appear in corresponding fields: City, County, and Country.

---

**Data Element Name:** Injury Location: City

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** 29 characters

**Definition:** City in which the injury occurred.
Menu Selections: None (You can create a menu list at your facility by updating Frequently Used Cities under Customize then Popup Menus- same list is used for patient’s address)

Data Element Name: Injury Location: State

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: XX

Definition: State in which the injury occurred.

Menu Selection: Yes (use same list as Patient’s address)

Data Element Name: Place Injury of Location: Country

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: XXX

Definition: Country in which injury occurred.

Menu Selection: Yes (use same list as Patient’s address)

Data Element Name: Place Injury Location: Other county, state, or country

Window Location: Demographic

Required: No

Type of Field: Numeric

Length: 49 characters

Definition: Other country, state, and county in which the injury occurred (not listed in previous menus).
Menu Selection: No

Data Element Name: Blunt/Penetrating

Window Location: Demographic

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates primary mechanism or type of force causing injury to trauma patient.

Menu Selections: Yes

1. Blunt  
2. Penetrating  
3. Burn  
/- Not Applicable  
U- Unknown

** Drowning is categorized under Not Applicable**

Blunt- Non penetrating injury, from an external force causing injury.

Penetrating- Injury resulting from a projectile force, piercing instrument, and entering deeply causing tissue and/or organ injury.

Burn- Tissue injury from excessive exposure to chemical, thermal, electrical, or radioactive agents.

Data Element Name: Self-Inflicted

Window Location: Demographic

Required: No (Currently yellow in Collector)

Type of Field: Numeric

Length: X

Definition: Indicates if the injury was self-inflicted by the trauma patient.

Menu Selections: Yes

1. Intentional  
2. Unintentional  
3. Not self-inflicted  
/- Not Applicable  
U- Unknown
**Data Element Name:** Safety Equipment

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX (can select up to 5)

**Definition:** The protective/safety device(s) in use or worn by the patient at time of the injury.

**Menu Selections:**

<table>
<thead>
<tr>
<th>0</th>
<th>None</th>
<th>5</th>
<th>Child Restraint</th>
<th>10</th>
<th>Padding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Seatbelt</td>
<td>6</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Airbag Deployed</td>
<td>7</td>
<td>Eye Protection</td>
<td>U</td>
<td>Unknown</td>
</tr>
<tr>
<td>3*</td>
<td>Seatbelt and airbag</td>
<td>8</td>
<td>Protective Clothing</td>
<td>/</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>4</td>
<td>Helmet</td>
<td>9</td>
<td>Hard Hat</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This select is not needed since you can select up to four items*

**Data Element Name:** If Other

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Alpha or Numeric

**Length:** 24 characters

**Definition:** Other safety devices/equipment that was used that was not listed in previous menu.

**Menu Selections:** None

**Data Element Name:** Descriptions/Comments

**Window Location:** Demographic

**Required:** No

**Type of Field:** Alpha or Numeric

**Length:** over 100 characters
Definition: Free text field.

Menu Selections: None

**Data Element Name:** Hospital Charges

**Window Location:** Demographics

**Required:** No

**Type of Field:** Numeric

**Length:** XXXXXXX.XX

**Definition:** Total amount hospital charged for trauma patient’s care.

**Menu Selections:** None

**Data Element Name:** Reimbursement

**Window Location:** Demographic

**Required:** No

**Type of Field:** Numeric

**Length:** XXXXXXX.XX

**Definition:** Amount your hospital was reimbursed for trauma services.

**Menu Selections:** No

**Data Element Name:** Financial Code

**Window Location:** Demographic

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Last known payor code. It is recommended that this field is completed at the close of the chart.
**Menu Selections:** Yes

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
<td>8</td>
<td>Managed Care Org</td>
</tr>
<tr>
<td>1</td>
<td>Self-Pay</td>
<td>9</td>
<td>MCH/Crippled Children</td>
</tr>
<tr>
<td>2</td>
<td>Workman's Comp</td>
<td>10</td>
<td>CHAMPUS</td>
</tr>
<tr>
<td>3</td>
<td>Private Insurance</td>
<td>11</td>
<td>Gov/Military Insurance</td>
</tr>
<tr>
<td>4</td>
<td>Medicaid</td>
<td>12</td>
<td>Auto Insurance</td>
</tr>
<tr>
<td>5</td>
<td>Medicare</td>
<td>13</td>
<td>Organ Donor Society</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
<td>14</td>
<td>Liability Insurance/Under Litigation</td>
</tr>
<tr>
<td>7</td>
<td>BCBS</td>
<td>15</td>
<td>No Fault Insurance</td>
</tr>
</tbody>
</table>

**Data Element Name:** If Other

**Window Location:** Demographic

**Required:** Yes, if necessary

**Type of Field:** Alpha/Numeric

**Length:** 25 characters

**Definition:** List other methods of payments that may not be included in Financial Code List.

**Menu Selections:** None
Reportable Hospital Trauma Registry Data Set
Pre-hospital Data Element Page Print-Outs
Reportable Hospital Trauma Registry Data Set
Pre-Hospital Data Element Definitions

Data Element Name: 1st Provider: Transportation Mode
(Found in ED Assessment One in NTRACS)

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: X

Definition: Mode of arrival patient was delivered to your ED.

Menu Selections: Yes

1- Ground Ambulance
2- Air Ambulance/helicopter
4- POV
5- Walk-In
6- Other
/- Not applicable
U- Unknown

** The option(s) listed below can no longer be used:
3-Both (Ground/Air)

Data Element Name: 1st/2nd Provider: If Other

Window Location: Pre-Hospital

Required: Yes, if necessary

Type of Field: Alpha/Numeric

Length: 20 characters

Definition: Other mechanism used to transport patient to the initial ED that were not listed in previous questions drop down menu.

Menu Selections: None

Data Element Name: 1st Provider: Was EMS Run Form Available

Window Location: Pre-Hospital
**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if the EMS Run Form was available.

**Menu Selections:** Yes

1- Yes  
2- Illegible  
3- Missing  
/- Not Applicable  
U- Unknown

**Data Element Name:** 1st Provider: EMS Report Number

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXXXXXX

**Definition:** This number is unique per patient per incident. Pre-printed reports have six digits, however, electronic run reports may have any number of digits.

**Menu Selections:** None

**Data Element Name:** 1st Provider: DHEC Number

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXXXXX

**Definition:** DHEC Permit Number (including “0’s”) is shown on the ambulance run report and is the same as the providers license number.

Please select appropriate number from selection menu

**Menu Selections:** Yes List is provided of all EMS/Air Medical providers in the state. Use 9999999 for Other Ground and 999998 for other Air.
**Data Element Name:** 2nd Provider - Same fields as above are provided for the second provider if there was one. Use information above.

**Data Element Name:** Initial Transport Dates & Times: Dispatch Date

- **Window Location:** Pre-Hospital
- **Required:** Yes
- **Type of Field:** Numeric
- **Length:** MMDDYYYY
- **Definition:** The date (month, day, year) first provider was initially dispatched to the scene.
- **Please note this field may auto-fill based off previous entered information.**
- **Menu Selections:** Yes (Note the year menu only goes to 2010)

**Data Element Name:** Initial Transport Dates & Times: Dispatch Time

- **Window Location:** Pre-Hospital
- **Required:** Yes
- **Type of Field:** Numeric
- **Length:** XX:XX
- **Definition:** The time the first responder was dispatched to the scene (expressed in military standards).
- **Menu Selections:** Yes

**Data Element Name:** Initial Transport Dates & Time: Arrive at Scene Date

- **Window Location:** Pre-Hospital
- **Required:** Yes
- **Type of Field:** Numeric
- **Length:** MMDDYYYY
- **Definition:** The date (month, day, year) the first provider arrived at scene of trauma.
Please note this field may auto-fill based off previous entered information.

Menu Selections: Yes (Note the year menu only goes to 2010)

Data Element Name: Initial Transport Dates & Time: Arrive at Scene Time

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XX:XX

Definition: The time the first provider arrived at scene of trauma (expressed in military standards).

Menu Selections: Yes

Data Element Name: Initial Transport Dates & Times: Leave at Scene Date

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Date (month, day, year) patient left the scene to transport patient to hospital

Menu Selections: Yes (Note the year menu only goes to 2010)

Data Element Name: Initial Transport Dates & Times: Leave at Scene Time

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XX:XX
**Definition:** Time patient left the trauma scene to be taken to hospital (expressed in military standards). If patient left scene by ground to go to landing zone this should be time helicopter left.

**Menu Selections:** Yes

**Data Element Name:** Elapsed Scene Time

**Window Location:** Pre-Hospital

**Required:** Yes (Not yellow in Collector)

**Type of Field:** Numeric

**Length:** XXX:XX

**Definition:** This field will auto-fill by Collector. It is the time difference between Arrive at Scene time and Leave Scene time (expressed in military standards).

**Menu Selections:** None

**Data Element Name:** Scene Interventions

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Alpha/Numeric

**Length:** XX

**Definition:** Assistance provided by medical personnel (EMT/Paramedics) in pre-hospital scene.

**Menu Selections:** Yes

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th>Description</th>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
<td>10</td>
<td>Pleural Decompression</td>
<td>18</td>
<td>LMA (Laryngeal Mask Airway)</td>
</tr>
<tr>
<td>01</td>
<td>Intubation (oral)</td>
<td>11</td>
<td>Dressing Application</td>
<td></td>
<td>(King Airway)</td>
</tr>
<tr>
<td>02</td>
<td>Intubation (Nasal)</td>
<td>12</td>
<td>Oral Airway</td>
<td>19</td>
<td>CPR</td>
</tr>
<tr>
<td>03</td>
<td>C-collar</td>
<td>13</td>
<td>Ventilation Assistance</td>
<td>20</td>
<td>RSI (Rapid Sequence Intubation)</td>
</tr>
<tr>
<td>04</td>
<td>Spine board</td>
<td>14</td>
<td>Oxygen given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>MAST</td>
<td>15</td>
<td>Cricothyroidotomy</td>
<td>21</td>
<td>Defibrillation</td>
</tr>
<tr>
<td>06</td>
<td>IVFs</td>
<td>16</td>
<td>Other</td>
<td>22</td>
<td>Combi-Tube Airway</td>
</tr>
<tr>
<td>07</td>
<td>Splints</td>
<td>17</td>
<td>Suction</td>
<td>U</td>
<td>Unknown</td>
</tr>
<tr>
<td>08</td>
<td>PTL</td>
<td></td>
<td></td>
<td>/</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
**The following selection(s) can no longer be selected:**

09 Thumper are no longer used

For intubation also mark ventilation assistance and oxygen given. For RSI also mark the type of intubations

**Data Element Name:** If Other (Scene Intervention)

**Window Location:** Pre-Hospital

**Required:** Yes, if necessary

**Type of Field:** Alpha/Numeric

**Length:** 24 Characters

**Definition:** Other assistance provided by medical personnel (EMT/Paramedics) at the trauma scene that is not listed in previous menu selections.

**Menu Selections:** None

**Data Element Name:** Number of Attempted Intubation

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** The number of times EMS personnel attempted to intubate the patient.

**Menu Selections:** None

**Data Element Name:** Number of Attempted IV’s

**Window Location:** Pre-Hospital

**Required:** No

**Type of Field:** Numeric

**Length:** XX

**Definition:** Enter the number of attempts at starting IVs
**Data Element Name:** Systolic Blood Pressure

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** The initial assessment at the trauma scene of the systolic blood pressure in either arm by auscultation measured in mm (Hg) by manual or auto method.

**Menu Selections:** None

**Data Element Name:** Unassisted Respiratory Rate

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** The initial unassisted respiratory rate expressed as a number per minute assessed at the scene.

**Menu Selections:** No

**Data Element Name:** Bagged/Intubated

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if trauma patient was bagged or intubated while at trauma scene.

**Menu Selections:** Yes
Can only enter one. Intubated assumes ventilation assistance.

**Data Element Name:** Controlled Respiratory Rate

**Window Location:** Pre-Hospital

**Required:** No

**Type of Field:** Numeric

**Length:** XX

**Definition:** The initial controlled respiratory rate expressed as a number per minute assessed at the scene.

**Menu Selections:** None

**Data Element Name:** Eye Opening

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates the first circumstances it takes to have patient open his/her eyes.

**Menu Selections:** Yes

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Pain</td>
<td>U</td>
</tr>
<tr>
<td>3</td>
<td>Voice</td>
<td>/</td>
</tr>
</tbody>
</table>

**Data Element Name:** Verbal Response

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric
Length: X

Definition: Indicates trauma patient’s verbal speech/sounds.

Menu Selection:

<table>
<thead>
<tr>
<th></th>
<th>0-23 months</th>
<th>2-5 years</th>
<th>&gt;5 years</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiles or coos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cries and consolable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate words</td>
<td></td>
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<tr>
<td>Persistent</td>
<td></td>
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<tr>
<td>inappropriate crying</td>
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<tr>
<td>&amp;/or screaming</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Grunts or is agitated</td>
<td></td>
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</tr>
<tr>
<td>or restless</td>
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<td>No Response</td>
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<td>No response</td>
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<tr>
<td>Not applicable</td>
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<tr>
<td>Not applicable</td>
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</tr>
</tbody>
</table>

Data Element Name: Motor Response Score

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: X

Definition: indicates the best motor response the patient demonstrates either to command or when pain is inflicted.

Menu Selections: Yes

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obeys commands (Spontaneous &lt; 5 yrs)</td>
<td>6</td>
</tr>
<tr>
<td>Localizes to pain</td>
<td>5</td>
</tr>
<tr>
<td>Withdraws</td>
<td>4</td>
</tr>
<tr>
<td>Abnormal Flexion</td>
<td>3</td>
</tr>
<tr>
<td>Abnormal Extension</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>U</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>/</td>
</tr>
</tbody>
</table>

Data Element Name: Total GCS

Window Location: Pre-Hospital

Required: Yes
Type of Field: Numeric

Length: XX

Definition: Sum of Eye Opening, Verbal Response, and Motor Response scores. This is automatically calculated if you enter all three components. Or you can just enter total.

Menu Selections: No

Data Element Name: RTS (Revised Trauma Score)

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XX

Definition: Is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. This field is calculated automatically or you can enter manually.

Menu Selections: No

Data Element Name: Respiratory or Cardiac Arrest

Window Location: Pre-Hospital

Required: No (Currently yellow in Collector)

Type of Field: Numeric

Length: X

Definition: Indicates if trauma patient had a respiratory or cardiac arrest.

Menu Selections: Yes

0- None 1- Respiratory 2- Cardiac 3- Both
/- Not Applicable U- Unknown

Data Element Name: Is this a referral patient
**Late Referral**  
*(NTRACS does not have this field)*

**Data Element Name:** Late Referral

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if trauma patient was a referral from another facility and arrived by ambulance. This does not include transfers from physician offices or stand alone ambulatory surgery centers.

**Please Note:** If selection 2 (No) is selected, the curser will auto default to *Arrival at this Facility*.

**Menu Selections:** Yes

1- Yes  
2- No  
/- Not Applicable  
U- Unknown

---

**If Inappropriate**

**Data Element Name:** If Inappropriate

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if the patient was a late referral. If the patient was in the first facility for \(\leq 6\) hours mark No. If the patient was in the first facility for \(> 6\) hours, mark the Yes with the appropriate reason. If you do not know why but know they were there \(> 6\) hours, mark #3.

**Menu Selections:** Yes

0- No  
1- Yes-Admitted  
2- Yes: Surgery  
3- Yes: More than 6 hours  
/- Not Applicable  
U- Unknown

**The following selection(s) can no longer be used**

4 Yes-NFS
Required: No

Type of Field: Alpha/Numeric

Length: 24 characters

Definition: Becomes active if not appropriate is selected. Was meant to be able to record other reasons why the patient was a late referral that were not listed in previous question.

Menu Selections: None

Data Element Name: 1st Referring Hospital

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XXXX

Definition: Indicates the first hospital the trauma patient was taken to. Please select hospital name from list. Georgia and North Carolina facilities are listed as well.

Menu Selections: Yes

Select appropriate hospital from menu selections.

Data Element Name: If Other

Window Location: Pre-Hospital

Required: Yes

Type of Field: Alpha/Numeric

Length: 21 characters

Definition: Indicates the first hospital the trauma patient was taken to if hospital or facility was not listed in previous question and 9999 is entered.

Menu Selections: No
**Data Element Name:** Arrival Date (1st Referring Hospital)

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** MMDDYYYY

**Definition:** Date (month, day, year) trauma patient arrived at the first referring hospital

**Menu Selections:** Yes (Note the year menu only goes to 2010)

**Data Element Name:** Arrival Time (1st Referring Hospital)

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Time trauma patient arrived at first referring hospital (time given in military standards).

**Menu Selections:** Yes

**Data Element Name:** Departure Date (1st Referring Hospital)

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** MMDDYYYY

**Definition:** The date (month, day, year) of departure from the first referring hospital if the trauma patient is a referral.

**Menu Selections:** Yes (Note the year menu only goes to 2010)
**Data Element Name:** Departure Time (1st Referring Hospital)

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** The time of departure from first referring hospital.

**Menu Selections:** Yes

**Data Element Name:** Transportation Mode

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Mode of transportation of trauma patient from 1st Referring Hospital to next hospital. Select the primary mode, i.e. if the patient was taken to the airport in an ambulance than flown to your facility choose #2.

**Menu Selections:** Yes

1- Ground Ambulance
2- Air ambulance/Helicopter
4- POV
5- Walk-In
6- Other
/- Not appropriate
U- Unknown

**The following selection(s) can no longer be used:**
3- Both (ground/air)

**Data Element Name:** If Other

**Window Location:** Pre-Hospital

**Required:** No

**Type of Field:** Alpha/Numeric
Length: 20 characters

Definition: Other mode of transportation of trauma patient from 1st Referring Hospital to the next hospital.

Menu Selections: None

Data Element Name: 2nd Referring Hospital (If applicable)

Refer to the data items above for 1st Referring Hospital.

Data Element Name: Arrival at This Facility - Date

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Date the trauma patient arrived at your facility.

Menu Selections: Yes (Note the year menu only goes to 2010)

Data Element Name: Arrival at This Facility - Time

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: XX:XX

Definition: Time the trauma patient arrived at your facility (time given in military standards).

Menu Selections: Yes

Data Element Name: 1st Referring Hospital Interventions

Window Location: Pre-Hospital
**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Procedures performed at the first referring hospital.

**Menu Selections:** Yes (In Collector these appear alphabetized)

<table>
<thead>
<tr>
<th>Menu Selections</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 None</td>
<td>22 Thoracic Angiogram</td>
</tr>
<tr>
<td>01 Intubation(Nasal)</td>
<td>23 Angiogram (Other)</td>
</tr>
<tr>
<td>02 Intubation (Oral)</td>
<td>24 Central Line (SUB)</td>
</tr>
<tr>
<td>03 NG Tube</td>
<td>25 Central Line (IJ)</td>
</tr>
<tr>
<td>04 OG Tube</td>
<td>27 Echo Cardiogram</td>
</tr>
<tr>
<td>05 Chest Tube (R)</td>
<td>28 ED Thoracotomy</td>
</tr>
<tr>
<td>06 Chest Tube (L)</td>
<td>29 Tracheostomy</td>
</tr>
<tr>
<td>07 DPL</td>
<td>30 Cricothyroidotomy</td>
</tr>
<tr>
<td>08 Foley Catheter</td>
<td>31 Saphenous</td>
</tr>
<tr>
<td>09 MAST</td>
<td>32 Cutdown (Other)</td>
</tr>
<tr>
<td>10 CT (Head)</td>
<td>33 Femoral Vein Catheter</td>
</tr>
<tr>
<td>11 CT (Abdominal)</td>
<td>34 Arterial line</td>
</tr>
<tr>
<td>12 CT(Thoracic)</td>
<td>35 Pericardiocentesis</td>
</tr>
<tr>
<td>13 CT (Other)</td>
<td>36 Cystostomy</td>
</tr>
<tr>
<td>14 CXR</td>
<td>38 IVF's (Initial and Continuous)</td>
</tr>
<tr>
<td>15 IVP</td>
<td>39 Colloid</td>
</tr>
<tr>
<td>16 Pelvic X-Ray</td>
<td>40 Suturing/Staples</td>
</tr>
<tr>
<td>17 Extremity X-Ray (Upper)</td>
<td>41 T-Spine</td>
</tr>
<tr>
<td>18 Extremity X-Ray (Lower)</td>
<td>42 L-Spine</td>
</tr>
<tr>
<td>19 C-Spine</td>
<td>43 Facial Films</td>
</tr>
<tr>
<td>20 Urethrogram</td>
<td>44 Skull Film</td>
</tr>
<tr>
<td>21 Cystogram</td>
<td>45 ECG</td>
</tr>
</tbody>
</table>

26 Swan-Ganz and 37 Transfusion are no longer used

**Data Element Name:** If Other

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Alpha/Numeric
Length: 29 characters

Definition: Activated when number 49 is entered to record other interventions that the first referring hospital performed that were not included in the previous menu selections.

Menu Selections: No

Data Element Name: Systolic Blood Pressure

Window Location: Pre-hospital

Required: Yes

Type of Field: Numeric

Length: XXX

Definition: First systolic blood pressure in either arm by auscultation measured in mm (Hg) by manual or auto method. Refers to first SBP taken at first referring facility.

Menu Selections: None

Data Element Name: Unassisted Respiratory Rate

Window Location: Pre-hospital

Required: Yes

Type of Field: Numeric

Length: XX

Definition: The unassisted respiratory rate expressed as a number per minute assessed in the ED of the first referring facility. If CPR was used, then select “0.” If intubated, paralytic/bagged, use “0.”

Menu Selections: No

Data Element Name: Bagged/Intubated

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric
**Length:** X

**Definition:** Indicates if trauma patient was bagged or intubated while at first referring facility.

Bagged - Bag valve mask, no ET tube
Intubated - ET tube in place with/without bagging

**Menu Selections:** Yes

0 - None       1 - Bagged       2 - Intubated
/- Not Applicable     U - Unknown

**Data Element Name:** Controlled Respiratory Rate

**Window Location:** Pre-hospital

**Required:** No

**Type of Field:** Numeric

**Length:** XX

**Definition:** The initial controlled respiratory rate expressed as a number per minute assessed at the first referring facility.

**Menu Selections:** None

**Data Element Name:** Respiratory or Cardiac Arrest

**Window Location:** Pre-Hospital

**Required:** No

**Type of Field:** Alpha or Numeric

**Length:** X

**Definition:** Indicates if trauma patient had a respiratory or cardiac arrest at the first referring facility.

**Menu Selections:** Yes

0 - None       1 - Respiratory       2 - Cardiac       3 - Both
/- Not Applicable     U - Unknown
Data Element Name: Eye Opening

Window Location: Pre-Hospital

Required: Yes

Type of Field: Numeric

Length: X

Definition: First recorded Glasgow Coma Score (Eye) in the 1st Referring hospital.

Menu Selections: Yes

<table>
<thead>
<tr>
<th>1</th>
<th>None</th>
<th>4</th>
<th>Spontaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Pain</td>
<td>U</td>
<td>Unknown</td>
</tr>
<tr>
<td>3</td>
<td>Voice</td>
<td>/</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Data Element Name: Verbal Response

Window Location: Pre-Hospital

Required: Yes

Type of Field: Alpha or Numeric

Length: X

Definition: First recorded Glasgow Coma Score (Verbal) at the 1st Referring Hospital

Menu Selections: Yes

<table>
<thead>
<tr>
<th>0-23 months</th>
<th>2-5 years</th>
<th>&gt;5 years</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiles or coos appropriately</td>
<td>Appropriate words</td>
<td>Oriented</td>
<td>5</td>
</tr>
<tr>
<td>Cries and consolable</td>
<td>Inappropriate words</td>
<td>Confused conversation, but able to answer questions</td>
<td>4</td>
</tr>
<tr>
<td>Persistent inappropriate crying &amp;/or screaming</td>
<td>Persistent cries and/or screams</td>
<td>Inappropriate responses, words discernible</td>
<td>3</td>
</tr>
<tr>
<td>Grunts or is agitated or restless</td>
<td>Grunts</td>
<td>Incomprehensible Speech</td>
<td>2</td>
</tr>
<tr>
<td>No Response</td>
<td>No response</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>U</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>/</td>
</tr>
</tbody>
</table>
**Data Element Name:** Motor Response Score

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Alpha or Numeric

**Length:** X

**Definition:** First recorded Glasgow Coma Score (Motor) at the 1st Referring Hospital

**Menu Selections:**

<table>
<thead>
<tr>
<th>Menu Selection</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obey commands (Spontaneous &lt; 5 yrs)</td>
<td>6</td>
</tr>
<tr>
<td>Localizes to pain</td>
<td>5</td>
</tr>
<tr>
<td>Withdraws</td>
<td>4</td>
</tr>
<tr>
<td>Abnormal Flexion</td>
<td>3</td>
</tr>
<tr>
<td>Abnormal Extension</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>U</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>/</td>
</tr>
</tbody>
</table>

**Data Element Name:** Total GCS

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Sum of Eye Opening, Verbal Response, and Motor Response scores.

**Menu Selections:** No

**Data Element Name:** RTS (Revised Trauma Score)

**Window Location:** Pre-Hospital

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX
Definition: Is based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. This field is calculated automatically or you can enter manually.

Menu Selections: No

Data Element Name: 2nd Referring Hospital Interventions through

Data Element Name: RTS (Revised Trauma Score)

These fields are repeated again if the patient went to a second hospital before coming to your facility. Refer to the data element definitions and menus above.

Data Element Name: Pre-hospital/Transfer memo

Window Location: Pre-Hospital

Required: No

Type of Field: Numeric/Alpha

Length: Over 250 characters

Definition: Free text field for notes, etc.

Menu Selections: No
Reportable Hospital Trauma Registry Data Set
Acute Care Data Element Page Print-Outs

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>ID</th>
<th>Called</th>
<th>Arrived</th>
<th>R. Min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**SECTION III   ACUTE CARE**

Vital Signs:
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Unassisted Respiratory Rate
- Bagged/Intubated
- Controlled Respiratory Rate
- Pulse Rate
- O2 Saturation
- Temperature

- Eye Opening
- Verbal Response
- Motor Response
- Total GCS
- RTS
- WRTS
Reportable Hospital Trauma Registry Data Set
Acute Care Data Element Page Print-Outs

SECTION III  ACUTE CARE

Residents:
1) 
2) 
3) 
4) 

Comments
Data Element Name: Direct Admission

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates if the trauma patient was a direct admission. If Yes is selected you will bypass Screens F3.2, F3.4 and F3.5.

Menu Selections: Yes

1- Yes
2- No
U Unknown
/ Not Applicable

Data Element Name: Trauma Alert

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates if and/or when a trauma alert was called. This could refer to full or partial team alert. Answer “Yes” if it is unknown when the time was documented.

Menu Selections: Yes

1- Yes 2- No 3- Before Arrival 4- After Arrival
/ Not Applicable U Unknown

Data Element Name: Patient Departed ED (Date)

Window Location: Acute Care
**Required:** Yes

**Type of Field:** Numeric

**Length:** MMDDYYYY

**Definition:** Indicates date (month, day, year) the trauma patient left the ED, either by transfer to another hospital, or admission to another area of the hospital, or date of death in ED.

**Menu Selections:** Yes

**Data Element Name:** Patient Departed ED (Time)

**Window Location:** Acute Care

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Indicates the time the trauma patient left the ED, either by transfer to another hospital, or admission to another area of the hospital, or time of death in ED (time expressed in military standards).

**Menu Selections:** Yes

**Data Element Name:** ED LOS

**Window Location:** Acute Care

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX:XX

**Definition:** The trauma patients ED length of stay (auto calculated by Collector).

**Menu Selections:** No

**Data Element Name:** Trauma Team Leader: Called Date

**Window Location:** Acute Care
Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Indicates the date (month, day, year) the trauma team was called to ED. This refers to any level trauma alert.

Menu Selections: Yes

Data Element Name: Trauma Team Leader: Called Time

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: XX:XX

Definition: Indicates the time the trauma team was called to the ED (time expressed in military standards). This refers to any level trauma alert.

Menu Selections: Yes

Data Element Name: Trauma Team Leader: Arrived Date

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: MMDDYYYY

Definition: Indicates the date (month, day, year) the trauma team leader arrived at the ED to treat trauma patient. This refers to any level trauma alert. In most cases, the leader will be the trauma/general surgeon as defined in your hospital policy. This could be a surgery resident. For some trauma alerts, this could be the ED Physician—please refer to your hospital policy.

Menu Selections: Yes

Data Element Name: Trauma Team Leader: Arrived Time
**Window Location:**  Acute Care  

**Required:**  Yes  

**Type of Field:**  Numeric  

**Length:**  XX:XX  

**Definition:** Indicates the time the trauma team arrived to the ED to treat patient (time expressed in military standards). This refers to any level trauma alert. In most cases, the leader will be the trauma/general surgeon as defined in your hospital policy. This could be a surgery resident. For some trauma alerts, this could be the ED Physician-please refer to your hospital policy.

**Menu Selections:**  Yes

---

**Data Element Name:**  Trauma Team Leader: Response Time  

**Window Location:**  Acute Care  

**Required:**  No  

**Type of Field:**  Alpha or Numeric  

**Length:**  XXX:XX  

**Definition:** The amount of time it took for the trauma team to arrive in the ED from initial call (automatically calculated by Collector). Time is expressed in military standards.

**Menu Selections:**  No

---

**Data Element Name:**  Elapsed Time From Previous Location to ED  

**Window Location:**  Acute Care  

**Required:**  No  

**Type of Field:**  Numeric  

**Length:**  XXX:XX  

**Definition:** Indicates time amount of time it took for trauma patient to arrive at treating hospital from a previous location (automatically calculated by Collector). Time is expressed in military standards.
Menu Selections: No

Data Element Name: Elapsed Time From Scene to ED

Window Location: Acute Care

Required: No

Type of Field: Numeric

Length: XXX:XX

Definition: Indicates time amount of time it took for trauma patient to arrive at treating hospital from trauma scene (automatically calculated by Collector). Time expressed in military standards.

Menu Selections: No

Data Element Name: Total Transport Time

Window Location: Acute Care

Required: No

Type of Field: Numeric

Length: XXX:XX

Definition: Indicates time amount of time it took for trauma patient to arrive at treating hospital from a previous location and scene (automatically calculated by Collector). Time expressed in military standards.

Menu Selections: No

Data Element Name: Provider Type

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: XX
Definition: To record the team member who responded to the ED to evaluate/treat the trauma patient. The following team members are already entered on Screen F3.2.0:
- Emergency Physician
- Trauma Surgeon
- Orthopedic Surgeon
- Chief Resident
- Resident
- Anesthesiology
- CRNA
- ED Charge RN
- ED Recorder
- Trauma RN Coordinator

Put Trauma Surgery Attending in Trauma Surgeon slot. Put Chief Resident for surgery in Chief Resident slot and surgery resident in resident slot. Neurosurgeon and Orthopedic Surgeon can be the resident’s arrival.

For all other specialties select from the menu listed below

Menu Selections: Yes (On screen F3.2.1) Please note this menu does not coincide with previous menu’s listing specialties.

<table>
<thead>
<tr>
<th>ID</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Emergency Physician</td>
</tr>
<tr>
<td>02</td>
<td>Trauma Surgeon</td>
</tr>
<tr>
<td>03</td>
<td>Neurosurgeon</td>
</tr>
<tr>
<td>04</td>
<td>Orthopedic Surgeon</td>
</tr>
<tr>
<td>05</td>
<td>Chief Resident</td>
</tr>
<tr>
<td>06</td>
<td>Resident</td>
</tr>
<tr>
<td>07</td>
<td>Anesthesiologist</td>
</tr>
<tr>
<td>08</td>
<td>CRNA</td>
</tr>
<tr>
<td>09</td>
<td>ED Charge RN</td>
</tr>
<tr>
<td>10</td>
<td>ED Recorder</td>
</tr>
<tr>
<td>11</td>
<td>Tr. RN Coordinator</td>
</tr>
<tr>
<td>12</td>
<td>Vascular Surgeon</td>
</tr>
<tr>
<td>13</td>
<td>Hand Surgeon</td>
</tr>
<tr>
<td>14</td>
<td>PA</td>
</tr>
<tr>
<td>15</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>16</td>
<td>OB</td>
</tr>
<tr>
<td>17</td>
<td>Thoracic Surgeon</td>
</tr>
<tr>
<td>18</td>
<td>Radiology</td>
</tr>
<tr>
<td>19</td>
<td>Family Practice</td>
</tr>
<tr>
<td>21</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>22</td>
<td>Rehabilitative</td>
</tr>
<tr>
<td>25</td>
<td>Neurology</td>
</tr>
<tr>
<td>26</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>27</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>29</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>31</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>32</td>
<td>Renal</td>
</tr>
<tr>
<td>33</td>
<td>Hematology</td>
</tr>
<tr>
<td>34</td>
<td>Oncology</td>
</tr>
<tr>
<td>35</td>
<td>Pain</td>
</tr>
<tr>
<td>50</td>
<td>Plastics</td>
</tr>
<tr>
<td>51</td>
<td>Oral Surgery</td>
</tr>
<tr>
<td>52</td>
<td>Urology</td>
</tr>
<tr>
<td>53</td>
<td>ENT</td>
</tr>
<tr>
<td>54</td>
<td>Critical Care Specialist</td>
</tr>
<tr>
<td>55</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>56</td>
<td>General Surgery</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
<tr>
<td>28</td>
<td>Cardiology</td>
</tr>
<tr>
<td>58</td>
<td>Cardiac/Thoracic</td>
</tr>
<tr>
<td>28</td>
<td>Cardiology</td>
</tr>
</tbody>
</table>

Data Element Name: ID

Window Location: Acute Care
Required: No

Type of Field: Alpha or Numeric

Length: 26 characters

Definition: Identifier for that responder. Can be the person’s name or a number ID assigned to them.

Menu Selections: No (You may create your own menu by going into Customize then choosing Pop-up Menus then Provider IDs)

Data Element Name: Called

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: XX/XX/XXXX @ XX:XX

Definition: Indicates the date and time that member of the Trauma Team was called. This can be the date and time the Trauma Alert was called for any member who is suppose to respond at that time.

Menu Selections: Yes

Data Element Name: Arrived

Window Location: Acute Care

Required: Yes

Type of Field: Numeric

Length: XX/XX/XXXX @ XX:XX

Definition: Indicates the date and time that member of the Trauma Team arrived at the patient’s bedside.

Menu Selections: Yes

Data Element Name: R-min

Window Location: Acute Care
**Required:** No

**Type of Field:** Numeric

**Length:** XXXX

**Definition:** Automatically calculated by Collector. This is supposed to indicate the response time, but is calculated from the time of the patient’s arrival to the time that team member arrived at the bedside.

**Menu Selections:** No

**Data Element Name:** Systolic Blood Pressure

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** First systolic blood pressure in either arm by auscultation measured in mm (Hg) by manual or auto method. Refers to first SBP taken at this institution.

**Menu Selections:** None

**Data Element Name:** Diastolic Blood Pressure Rate

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** First diastolic blood pressure in either arm by auscultation measured in mm (Hg) by manual or auto method. Refers to first DBP taken at this institution.

**Menu Selections:** No
Data Element Name: Unassisted Respiratory Rate

Window Location: Acute

Required: Yes

Type of Field: Numeric

Length: XX

Definition: The unassisted respiratory rate expressed as a number per minute assessed at this facility. If CPR was used, then select “0.” If intubated, paralytic/bagged, use “0.”

Please be as accurate as possible when entering data into this field; data from this field affects probability of survival

Menu Selections: No

Data Element Name: Bagged/Intubated

Window Location: Acute

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates if trauma patient was bagged or intubated while at scene.

Bagged= Bag valve mask, no tube
Intubated= Tubed and assumes ventilation assistance

Menu Selections: Yes

0- None 1- Bagged 2- Intubated
/- Not Applicable U- Unknown

Data Element Name: Controlled Respiratory Rate

Window Location: Acute

Required: No

Type of Field: Numeric
Length: XX

Definition: The initial controlled respiratory rate expressed as a number per minute assessed at this facility.

Menu Selections: None

Data Element Name: Pulse Rate

Window Location: Acute

Required: Yes

Type of Field: Numeric

Length: XXX

Definition: Indicates the number of times the patient’s heart beats in one minute at this facility.

Menu Selections: No

Data Element Name: O2 Saturation

Window Location: Acute

Required: Yes

Type of Field: Numeric

Length: XXX

Definition: O2 saturation is a measure of the level of oxygen in the blood of the arteries. Value must be between 0 and 100. First oxygen saturation measurement recorded at this facility

Menu Selections: No

Data Element Name: Temperature

Window Location: Acute

Required: Yes

Type of Field: Numeric
Length: XXX.X X

Definition: Indicates the measure of the trauma patient’s temperature. First one recorded at this facility.

Menu Selections: Yes for the last part only to indicate whether the temperature was taken in Fahrenheit or Celsius

   1 - F          U - Unknown
   2 - C          / - Not Applicable

Data Element Name: Eye Opening

Window Location: Acute

Required: Yes

Type of Field: Numeric

Length: X

Definition: First recorded Glasgow Coma Score (Eye opening) at this hospital

Menu Selections: Yes

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>4</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>2</td>
<td>Pain</td>
<td>U</td>
<td>Unknown</td>
</tr>
<tr>
<td>3</td>
<td>Voice</td>
<td>/</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Data Element Name: Verbal Response

Window Location: Acute

Required: Yes

Type of Field: Alpha or Numeric

Length: X

Definition: First recorded Glasgow Coma Score (Verbal) at this hospital.

Menu Selections: Yes
### Data Element Name: Motor Response

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** First recorded Glasgow Coma Score (Motor) at this hospital

**Menu Selections:** Yes

<table>
<thead>
<tr>
<th>Smiles or coos appropriately</th>
<th>Appropriate words</th>
<th>Oriented</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cries and consolable</td>
<td>Inappropriate words</td>
<td>Confused conversation, but able to answer questions</td>
<td>4</td>
</tr>
<tr>
<td>Persistent inappropriate crying &amp;/or screaming</td>
<td>Persistent cries and/or screams</td>
<td>Inappropriate responses, words discernible</td>
<td>3</td>
</tr>
<tr>
<td>Grunts or is agitated or restless</td>
<td>Grunts</td>
<td>Incomprehensible Speech</td>
<td>2</td>
</tr>
<tr>
<td>No Response</td>
<td>No response</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>U</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>/</td>
</tr>
</tbody>
</table>

### Data Element Name: Total GCS (Total Glasgow Coma Score)

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX
**Definition:** Sum of Eye Opening, Verbal Response, and Motor Response scores. This score will be automatically be calculated by Collector if you enter scores for the three components. If those are not available you can manually enter the total GCS, but the GCS must be recorded in the patient’s chart. A verbal description of the patient’s neurological status may not be used to calculate a GCS. If the numerical score is not available, mark as unknown (U).

**Menu Selections:** No

**Data Element Name:** RTS (Revised Trauma Score)

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** This will automatically be calculated if a systolic blood pressure, unassisted respiratory rate and total GCS are entered. If any of these are missing, you may enter this number manually if it was recorded in the patient’s record. If this number is not known enter “U” for unknown.

**Menu Selections:** No

**Data Element Name:** WRTS

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** X.XX

**Definition:** This is a weighted version of the Revised Trauma Score which places more emphasis on the patients GCS and less on the patient’s respiratory rate. The score ranges from 0 to 7.84.

**Menu Selections:** No  **Formula:**

\[ WRTS = 0.9368 \times GCSc + 0.7326 \times SBPc + 0.2908 \times RRc \]

were the GCSc, SBPc and RRc are the points awarded in the RTS. The RTS points are as follows:
Glasgow Coma Scale (GCSc):
13-15 = 4
9-12 = 3
6-8 = 2
4-5 = 1
3 = 0

Respiratory Rate (RRc):
10-29 = 4
>29 = 3
6-9 = 2
1-5 = 1
0 = 0

Systolic Blood Pressure (SBPc):
>89 = 4
76-89 = 3
50-75 = 2
1-49 = 1
0 = 0

**Data Element Name:** Alcohol Level Tested  (NTRACS does not have)

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if the trauma patient’s initial blood alcohol level was tested-either at your facility or a referring facility.

**Menu Selections:** Yes

1- Yes  2- No  U- Unknown

**Data Element Name:** BAC (blood alcohol content)

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** Indicates the measure of ethyl alcohol in a blood sample obtained from trauma patient for laboratory examination. This result is reported in mg/dl.

**Menu Selections:** None

**Data Element Name:** Drug Screen  (NTRACS does not have)

**Window Location:** Acute
**Required:** Yes

**Type of Field:** Numeric

**Length:** X

**Definition:** Indicates if a drug screen was performed on trauma patient to detect the presence of controlled substances other than alcohol in the patient’s blood. Do not include any drugs used during any phase of resuscitation prior to the sample being obtained. This can include a drug screen that may have been conducted at another facility.

**Menu Selections:** Yes

1- Yes 2- No  U- Unknown

**Data Element Name:** Drugs Found

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Alpha or Numeric

**Length:** XX

**Definition:** Indicates the type of drug(s) found in trauma patient’s specimen. Do not include any drugs used during resuscitation prior to the sample being obtained.

**Menu Selections:** Yes

0- None  6- Barbituates
1- Cannabinoids  8- Benzodiazepine
2- Cocaine  9- Other
4- Speed/Amphetamine
5- PCP

*Please note, selections 3 (Crack) and 7 (Narcotics) can no longer be used*

**Data Element Name:** If Other

**Window Location:** Acute

**Required:** Yes, if necessary

**Type of Field:** Alpha or Numeric
**Length:** 20 characters

**Definition:** Indicates the type of drug(s) found in trauma patient’s specimen that was not included in Drugs Found menu options.

**Menu Selections:** No

**Data Element Name:** ED Disposition

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Indicates the location where the trauma patient went following treatment in the ED.

**Menu Selections:** Yes

1- Home  6- Death  11-Telemetry
2- OR  7- Other  /- Not Appropriate
3- ICU  8- Step Down Unit  U- Unknown
4- Floor  10- Dead on Arrival
5- Other Hospital  (DOA)

The South Carolina Registry does not accept #1 (Home) as an answer.

**Data Element Name:** Discharge Hospital Code  (NTACS does not have)

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Alpha or Numeric

**Length:** XXXXX

**Definition:** Indicates the hospital code if trauma patient’s ED disposition was “Other Hospital.” Select hospital from menu.

**Menu Selections:** Yes  A list is provided of all hospitals in SC and frequently used facilities in NC and GA. If the hospital is not on the list select 9999.
**Data Element Name:** If Other

**Window Location:** Acute

**Required:** No

**Type of Field:** Alpha or Numeric

**Length:** 20 characters

**Definition:** To record the name of the facility if it was not on the previous list and Other “9999” was chosen

**Menu Selections:** No

---

**Data Element Name:** ED Procedures

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX (16 slots for recording procedures, if more than 16 are initiated, select the 16 most important)

**Definition:** Indicates the procedure(s) that were initiated on the trauma patient in the ED. Procedures that were started by pre-hospital personnel may only be marked as ED Procedures if they are continued in the ED, such as IV fluids and oxygen.

**Menu Selections:** Yes (In Collector this list is provided in alphabetical order.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>01</td>
<td>Intubation (Nasal)</td>
</tr>
<tr>
<td>02</td>
<td>Intubation (Oral)</td>
</tr>
<tr>
<td>03</td>
<td>NG Tube</td>
</tr>
<tr>
<td>04</td>
<td>OG Tube</td>
</tr>
<tr>
<td>05</td>
<td>Chest Tube (R)</td>
</tr>
<tr>
<td>06</td>
<td>Chest Tube (L)</td>
</tr>
<tr>
<td>07</td>
<td>DPL</td>
</tr>
<tr>
<td>08</td>
<td>Foley Catheter</td>
</tr>
<tr>
<td>09</td>
<td>MAST</td>
</tr>
<tr>
<td>10</td>
<td>CT (Head)</td>
</tr>
<tr>
<td>11</td>
<td>CT (Abdominal)</td>
</tr>
<tr>
<td>12</td>
<td>CT (Thoracic)</td>
</tr>
<tr>
<td>22</td>
<td>Thoracic Angiogram</td>
</tr>
<tr>
<td>23</td>
<td>Angiogram (Other)</td>
</tr>
<tr>
<td>24</td>
<td>Central Line (SUB)</td>
</tr>
<tr>
<td>25</td>
<td>Central Line (IJ)</td>
</tr>
<tr>
<td>26</td>
<td>Central Line (Other)</td>
</tr>
<tr>
<td>27</td>
<td>Echo Cardiogram</td>
</tr>
<tr>
<td>28</td>
<td>ED Thoracotomy</td>
</tr>
<tr>
<td>29</td>
<td>Tracheostomy</td>
</tr>
<tr>
<td>30</td>
<td>Cricothyroidotomy</td>
</tr>
<tr>
<td>31</td>
<td>Saphenous</td>
</tr>
<tr>
<td>32</td>
<td>Cutdown (Other)</td>
</tr>
<tr>
<td>33</td>
<td>Femoral Vein Catheter</td>
</tr>
<tr>
<td>34</td>
<td>Arterial line</td>
</tr>
<tr>
<td>35</td>
<td>Pericardiocentesis</td>
</tr>
<tr>
<td>36</td>
<td>C-Port</td>
</tr>
<tr>
<td>37</td>
<td>Percutaneous Needle/Pleural Decompression</td>
</tr>
<tr>
<td>38</td>
<td>Needle/Pleural Decompression</td>
</tr>
<tr>
<td>39</td>
<td>Dressing Application</td>
</tr>
<tr>
<td>40</td>
<td>Oral Airway</td>
</tr>
<tr>
<td>41</td>
<td>Ventilation Assistance</td>
</tr>
<tr>
<td>42</td>
<td>Oxygen Given</td>
</tr>
<tr>
<td></td>
<td>Data Element Name: If Other</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Window Location:</strong> Acute</td>
</tr>
<tr>
<td></td>
<td><strong>Required:</strong> No</td>
</tr>
<tr>
<td></td>
<td><strong>Type of Field:</strong> Alpha /Numeric</td>
</tr>
<tr>
<td></td>
<td><strong>Length:</strong> 29 characters</td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> Indicates other procedure(s) that were initiated on the trauma patient in the ED that was not listed in the previous question. You need to enter this if you choose 49. Other</td>
</tr>
<tr>
<td></td>
<td><strong>Menu Selections:</strong> No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Data Element Name: Head CT Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Window Location:</strong> Acute</td>
</tr>
<tr>
<td></td>
<td><strong>Required:</strong> Yes</td>
</tr>
<tr>
<td></td>
<td><strong>Type of Field:</strong> Numeric</td>
</tr>
<tr>
<td></td>
<td><strong>Length:</strong> MM/DD/YYYY</td>
</tr>
<tr>
<td></td>
<td><strong>Definition:</strong> Enter the date (month, day, year) the trauma patient had a Head CT performed in the ED, if one was done. If no head CT was done leave this field blank.</td>
</tr>
<tr>
<td></td>
<td><strong>Menu Selections:</strong> Yes</td>
</tr>
</tbody>
</table>

26 Swan-Ganz and 37 Transfusion are no longer used.
**Data Element Name:** Head CT Time

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Indicates the time the trauma patient had a Head CT performed in the ED. Time is expressed in military standards.

**Menu Selections:** Yes

**Note these same date elements of Head CT Date and Head CT Time are repeated for:**
- Abdominal CT
- Thoracic CT
- Other CT (may record any other type of CT performed other than Head, Abdomen or Thoracic)

**Data Element Name:** Transfusion Volume

**Window Location:** Acute

**Required:** No

**Type of Field:** Numeric

**Length:** XXXX

**Definition:** Indicates the number of units of Red Blood Cells the patient received in the ED. Note to activate this data element you must have chosen 63 (RBC Transfusion).

**Menu Selections:** No

**Data Element Name:** IVF Volume

**Window Location:** Acute

**Required:** No

**Type of Field:** Numeric

**Length:** XXXX
**Definition:** Indicates the amount (cc) of IV fluids given to trauma patient in the ED. Note to activate this data element, you must have selected 38 (IVF’s) under ED procedures.

**Menu Selections:** No

**Data Element Name:** Colloid Volume

**Window Location:** Acute

**Required:** No

**Type of Field:** Numeric

**Length:** XXXX

**Definition:** Indicates the amount (cc) of colloids given to the trauma patient in the ED. Note to activate this data element, you must have selected 39 (Colloid) under ED procedures.

**Menu Selections:** No

**Data Element Name:** Consultant

**Window Location:** Acute

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Enter the specialty of any consults made during trauma patient’s hospitalization.

**Menu Selections:** Yes (continued on next page)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
<td>14</td>
<td>Anesthesia</td>
<td>26</td>
</tr>
<tr>
<td>01</td>
<td>Neurosurgery</td>
<td>15</td>
<td>General Surgery</td>
<td>27</td>
</tr>
<tr>
<td>02</td>
<td>Orthopedics</td>
<td>16</td>
<td>Ophthalmology</td>
<td>28</td>
</tr>
<tr>
<td>03</td>
<td>Plastics</td>
<td>17</td>
<td>Trauma Surgery</td>
<td>29</td>
</tr>
<tr>
<td>04</td>
<td>Cardiac/Thoracic</td>
<td>18</td>
<td>Radiology</td>
<td>30</td>
</tr>
<tr>
<td>06</td>
<td>Oral Surgery</td>
<td>19</td>
<td>Family Practice</td>
<td>31</td>
</tr>
<tr>
<td>07</td>
<td>Urology</td>
<td>20</td>
<td>Emergency Medicine</td>
<td>32</td>
</tr>
<tr>
<td>08</td>
<td>ENT</td>
<td>21</td>
<td>Psychiatric</td>
<td>33</td>
</tr>
<tr>
<td>09</td>
<td>Pediatric Surgery</td>
<td>22</td>
<td>Rehab Medicine</td>
<td>34</td>
</tr>
<tr>
<td>10</td>
<td>Pediatrics</td>
<td>23</td>
<td>Other</td>
<td>35</td>
</tr>
</tbody>
</table>
Data Element Name: Called

Window Location: Acute

Required: No

Type of Field: Numeric

Length: MM/DD/YYYY @XX:XX

Definition: Indicates the date (month, day, year) and time the consultant was called.

Menu Selections: Yes

Data Element Name: Arrived

Window Location: Acute

Required: No

Type of Field: Numeric

Length: MM/DD/YYYY @XX:XX

Definition: Indicates the date (month, day, year) and time the consultant saw the patient.

Menu Selections: Yes

Data Element Name: Response

Window Location: Acute

Required: No

Type of Field: Numeric

Length: XXX:XX Representing hours:minutes. Ranges from < 0 to > 1000. The actual response time will be recorded if valued between 0 and 999 hours and 59 minutes.
**Definition:** Indicates the response time it took the consultant to arrive at the bedside from the initial call *(automatically calculated by Collector).*

**Menu Selections:** No

**Data Element Name:** Residents 1 through 4 *(NTACS does not have)*

**Window Location:** Acute

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** 30 characters per line

**Definition:** Indicates the name/ID of the Resident (physician) that was involved in the patient’s care. Who is entered here is hospital defined.

**Menu Selections:** No

**Data Element Name:** Comments

**Window Location:** Acute

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** Over 250 characters

**Definition:** Free text field.

**Menu Selections:** No
Data Element Name: AIS

Window Location: DX

Required: Yes

Type of Field: Numeric

Length: X

Definition: Abbreviated Injury Scale - an anatomical scoring system in which injuries are ranked on a scale of 1 to 6, with 1 being minor, 5 severe and 6 an unsurvivable injury. This represents the 'threat to life' associated with an injury and is not meant to represent a comprehensive measure of severity. This field represents the highest AIS Score of all the injuries the patient has.

This field is automatically calculated by Collector.

Menu Selections: No

Data Element Name: ISS

Window Location: DX

Required: Yes

Type of Field: Numeric

Length: XX

Definition: Injury Severity Score - an anatomical scoring system that provides an overall score for patients with multiple injuries. Each injury is assigned an AIS score and is allocated to one of six body regions (Head, Face, Chest, Abdomen, Extremities (including Pelvis), External). Only the highest AIS score in each body region is used. The 3 most severely injured body regions have their highest AIS score squared and these are added together to produce the ISS score. Scores range from 1 to 75. If the patient receives an AIS of 6 for any body system they are automatically given an ISS of 75.

This field is automatically calculated by Collector.

Menu Selections: No
**Data Element Name:** TRISS

**Window Location:** DX

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXXXX

**Definition:** Trauma Score Injury Severity Score determines the probability of survival (Ps) of a patient using the ISS and RTS. Patients must have an ISS score and a RTS in the Acute Care section for Collector to calculate.

This field is automatically calculated by Collector.

You must have data in the following fields for a score to calculate:
- the patient’s age
- blunt or penetrating
- WRTS
- ISS

If any of these fields are blank or have unknown entered, the TRISS will not calculate.

**Menu Selections:** No

**Data Element Name:** Anatomical Diagnosis (Text Box)

**Window Location:** DX

**Required:** Yes

**Type of Field:** alphanumeric

**Length:** You can enter up to 27 injuries. Each injury should be listed on a new line. Injury qualifiers should be listed on the same line as the injury.

**Definition:**
In this text box, type any/all diagnosis pertaining to the trauma patient. This includes any injury diagnosis that is documented in the patient record, confirmed by diagnostic results or post mortem exam. Do not include "possible" or "probable" injuries. Level of consciousness can be used if a more specified injury is not coded refer to AAAM.

For more specifics on entering injuries refer to The Abbreviated Injury Scale Manual. The current version of Tricode, the coding system in Collector is 1998.

Once all injuries are listed, you must click on the CODE button at the bottom of the page for the Tricode program to score the injuries and calculate the AIS, ISS and
TRISS scores. Anytime to enter or change information in the text box you must click on the CODE button again to re-score the injuries. You will note once you type again in the text box the score are set back to blank until the CODE button is clicked on.

Menu Selections: No

**Data Element Name:** Comorbidity Factors

**Window Location:** DX

**Required:** No

**Type of Field:** Numeric

**Length:** XX, can select up to 3 choices

**Definition:** Preexisting chronic illness

Menu Selections: Yes

- 0- None
- 1- Cardiac
- 2- Liver
- 3- Pulmonary
- 4- Renal
- 5- Diabetes
- 6- Immunocompromised by therapy
- 7- Immunocompromised, Acquired
- 8- Immunocompromised, Post Splenic
- 9- Other
- 10- Psychiatric
- 11- Substance abuse
- U- Unknown
- / Not applicable

**Data Element Name:** If Other

**Window Location:** DX

**Required:** No

**Type of Field:** Alphabetical

**Length:** 25 characters

**Definition:** Indicates other co-morbidity factors that were not included in the previous menu selection.

Menu Selections: No
**Data Element Name:** Non-Trauma Diagnosis

**Window Location:** DX

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX.XX

**Definition:** ICD-9 codes of non-trauma diagnoses present prior to injury. You can enter up to 20 diagnoses. Enter all known non-trauma diagnoses.

**Menu Selections:** Yes
*Please select appropriate code from menu list*

You may manually enter an ICD-9 code in the first box. The program will automatically place the description for that diagnoses code in the second column. If the diagnosis code you enter does not correspond to a description in the system the numerical code will be listed in the second column. If you do not get a description, check to see if the code was entered correctly. If you enter letters in the first column they will appear in the second column as you typed them.
Another of the same screen will appear with the numbers continuing in sequence up to 4.
**Data Element Name:** ICD-9 Procedure Codes

**Window Location:** Proc

**Required:** Yes (unless CPT codes are entered) *Not yellow in Collector*

**Type of Field:** Numeric

**Length:** XXX.X  Up to 32 can be entered

**Definition:** Operative and/or essential procedures done to the patient during hospitalization are entered here. Repeat diagnostic procedures should not be recorded multiple times. Record only the first procedure. Operative/essential procedures are defined as procedures performed in the Operating Room, Emergency Department or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient’s specific injuries. Essential procedures done in the ED should be included here.

**Please note:** If the ICD-9 code is used, the CPT code is not required and should not be entered and vice versa.

**Menu Selections:** Yes, three menus are provided:
- ICD-9 Procedure Codes- Full List (Alphabetic)
- ICD-9 Procedure Codes- Full List (Numeric)
- ICD-9 Procedure Codes- Short List (Alphabetic)

Or you may enter the codes manually.
- /- Not Applicable
- U- Unknown

**Data Element Name:** CPT Code

**Window Location:** Proc

**Required:** Yes (unless ICD-9) are recorded *Not yellow in Collector*

**Type of Field:** Numeric

**Length:** XXXXXX  Up to 32 can be entered

**Definition:** Operative and/or essential procedures done to the patient during hospitalization are entered here. Repeat diagnostic procedures should not be recorded multiple times. Record only the first procedure. Operative/essential procedures are defined as procedures performed in the Operating Room, Emergency Department or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient’s specific injuries. Essential procedures done in the ED should be included here.
**Please note:** If the ICD-9 code is used, the CPT code is not required and should not be entered and vice versa.

**Menu Selections:** Yes, A short menu of common CPT codes related to trauma is provided, but this list is not comprehensive. You may enter other CPT codes manually and /, Not Applicable and U, Unknown are also available.

**Data Element Name:** Date

**Window Location:** Proc

**Required:** Yes *Not yellow in Collector*

**Type of Field:** Numeric

**Length:** MM/DD/YYYY

**Definition:** Indicates the date the procedure was performed (in reference to ICD-9 or CPT Code).

**Menu Selections:** Yes

**Data Element Name:** Time

**Window Location:** Proc

**Required:** No (the NTDB wants times recorded)

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Indicates the time the incision was made or the procedure was started (in reference to ICD-9 and Code).

**Menu Selections:** Yes

**Data Element Name:** Place

**Window Location:** Proc

**Required:** No

**Type of Field:** Numeric
**Length:** X

**Definition:** Indicates the location the procedure was performed

**Menu Selections:** No

<table>
<thead>
<tr>
<th>1 - OR</th>
<th>4 - Radiology</th>
<th>U - Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Floor</td>
<td>5 - ER</td>
<td></td>
</tr>
<tr>
<td>3 - ICU</td>
<td>/ - Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>
Reportable Hospital Trauma Registry Data Set
Outcome Data Element Page Print-Outs
SECTION VI  OUTCOME DATA

Follow Up Condition:

1 Month  3 Months  6 Months  12 Months
**Data Element Name:** Discharge Date

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Numeric

**Length:** MM/DD/YYYY

**Definition:** Indicates the date (month, day, year) of discharge from your hospital.

**Menu Selections:** Yes

In addition to selecting the corresponding numerical month, there are other options as follows:

- / - Not Appropriate
- U - Unknown

**Data Element Name:** Hospital LOS

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** Indicates the number of days the trauma patient spent in the hospital. This field is automatically calculated by Collector.

**Menu Selections:** No

**Data Element Name:** ICU Days

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Numeric

**Length:** XXX

**Definition:** The total number of patient days for an ICU episode, calculated by subtracting the date of admission from the date of discharge. If a patient is admitted and
discharged on the same day, the LOS is one day. If there are multiple ICU admission for this hospitalization, please give the total number of days.

Menu Selections: No

Data Element Name: Vent Days

Window Location: Outcome

Required: Yes

Type of Field: Numeric

Length: XXX

Definition: The total number of ventilator support days calculated by subtracting the start date from the end date. If a patient starts and ends on the same date, the ventilator days is one day. If there are multiple episodes of ventilator support during this hospitalization, calculate the days for each episode and add them together to get a total.

Menu Selections: No

Data Element Name: Step Down Unit Days

Window Location: Outcome

Required: No

Type of Field: Numeric

Length: XXX

Definition: What constitutes a step down unit is defined by hospital. The total number of patient days the patient spend in a step-down unit during this hospitalization, calculated by subtracting the date of admission from the date of discharge. If a patient is admitted to the step down unit and discharged on the same date, the LOS is one day. If there are multiple Step-down admissions for incident, please give the total number of days.

Menu Selections: No

Data Element Name: Discharge Disposition

Window Location: Outcome
Required: Yes

Type of Field: Numeric

Length: XX

Definition: Indicates the place to which the patient was released when discharged from your hospital. If the patient left the hospital from the ED as either a death, discharge or transfer out, /, Not Applicable should be selected for this field.

DOA- No pulse on arrival, no pulse at anytime in the ED
Death in Hospital- Died during treatment in ED

Menu Selections: Yes

1. Home, Preinjury Condition
2. Home, Temporary Disability
3. Home, Permanent Disability
4. Transfer to Other Hospital
5. Rehabilitation Center
6. Chronic Care Facility
7. Death
8. Disfigure
9. Other
10. Against Medical Advice

For Mapping purposes in the NTDB if you selected the following codes, they should be mapped to the following NTDB field:

4 or 13  Discharge/Transfer to another acute care hospital using EMS
         Discharge/Transfer to an intermediate care facility –
16  Discharge/Transfer to Home under care of Home Health
1, 2, 3 or 11  Discharge/Transfer to Home with no home services
12  Institutional care
10  Left against medical advice
7  Expired
14 or 6  Discharge/Transfer to a skilled nursing facility
         Discharge/Transfer to Hospice
5 or LTACH  Discharge/Transfer to another type of rehab or long term care

Data Element Name: If Other

Window Location: Outcome

Required: Yes, if necessary

Type of Field: Alpha/Numeric
**Length:** 25 characters

**Definition:** Indicates the place to which the patient was released when discharged from your hospital, if option was not available in previous list.

**Menu Selections:** No

**Data Element Name:** Transfer to hospital  (\textit{NTRACS does not have this screen})

**Window Location:** Outcome

**Required:** Yes, if 4, Transfer to another hospital was chosen as the Disposition

**Type of Field:** Numeric

**Length:** Pick from list

**Definition:** Indicates the facility code to which the patient was transferred after admission to your hospital

**Menu Selections:** Yes

Please select the appropriate hospital from the menu. All facilities in SC are listed, as well as common facilities in NC and GA. If a hospital is not on the list, choose 9999, Other.

**Data Element Name:** If Other

**Window Location:** Outcome

**Required:** No

**Type of Field:** Alpha/Numeric

**Length:** 25 characters

**Definition:** Indicates another facility code that was not listed in the previous question in which the patient was transferred to after admission to your hospital.

**Menu Selections:** No

\textbf{If Disposition is Death, a pop up screen will appear with the following eight data element fields.}

**Data Element Name:** Was autopsy performed?
Window Location: Outcome

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates if an autopsy was performed on deceased trauma patient.

Menu Selections: Yes

1. Yes
2. No
/- Not Appropriate
U- Unknown

Data Element Name: Organ Donation

Window Location: Outcome

Required: Yes

Type of Field: Numeric

Length: X

Definition: Indicates if the trauma patient is an organ donor this can include tissue.

Menu Selections: Yes

1. No request (No request located in patient’s chart, the family was not asked to donate)
2. Refused (Family declined organ donation request)
3. Yes (Organs will be donated)
/- Not Applicable
U- Unknown

**Please note: NTRACs users have only two options
   Yes: Yes to organ donation
   No: No organ donation

Data Element Name: Organs Donated

Window Location: Outcome
**Required:** No

**Type of Field:** Numeric

**Length:** XX

**Definition:** Indicate the types of organs that were donated by the trauma patient.

**Menu Selections:** Yes

|-------------------|-------------------|----------|---------|----------------|----------|-------------|----------|--------------|----------|----------------|-----------|----------------|-----------------|-------------|---------|---------|----------------|-----------------|-------------|----------|-----------|-----------|---------|-----------------|-----------|

**Data Element Name:** If Other

**Window Location:** Outcome

**Required:** No

**Type of Field:** Alpha Numeric

**Length:** 50 characters

**Definition:** Indicates other forms of organ donations that were not provided in previous list.

**Menu Selections:** No

**Data Element Name:** Cause of Death

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Alpha Numeric

**Length:** XX
**Definition:** Indicates trauma patient’s cause of death. Up to your institution to determine who makes this decision.

**Menu Selections:** Yes

01. Exsanquination
02. Multiple Organ Failure
03. CHI to Head Injury
04. Sepsis
05. Pneumonia
07. Blunt Multi-System Trauma
99. Other
/- Not Appropriate
U- Unknown

**Data Element Name:** If Other

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Alpha Numeric

**Length:** 30 characters.

**Definition:** Indicates other causes of death of trauma patient.

**Menu Selections:** No

**Data Element Name:** Date of Death

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Numeric

**Length:** MM/DD/YYYY

**Definition:** Indicates date of trauma patient’s death.

**Menu Selections:** Yes

**Data Element Name:** Time of Death

**Window Location:** Outcome

**Required:** Yes
**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Indicates time the patient was declared dead. Time expressed military standards.

**Menu Selections:** Yes

---

**Data Element Name:** Comp (Complication)

**Window Location:** Outcome

**Required:** Yes

**Type of Field:** Numeric

**Length:** XX

**Definition:** Any event that deviates from an anticipated uneventful recovery from illness or surgery. Do not include pre-existing conditions. It is up to the individual hospitals to decide if the complication was preventable or non-preventable. For a list of definitions for each complication see Appendix A.

**Menu Selections:** Yes, You must monitor for the required complication. It is up to each individual facility to decide if any of the Complications on the Optional list are recorded.

### Required Complications

<table>
<thead>
<tr>
<th>Complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Shock</td>
</tr>
<tr>
<td>03 Congestive Heart Failure</td>
</tr>
<tr>
<td>04 Stress Ulcer</td>
</tr>
<tr>
<td>05 GI Bleeding</td>
</tr>
<tr>
<td>07 Acute Respiratory Failure</td>
</tr>
<tr>
<td>09 Wound Infection</td>
</tr>
<tr>
<td>12 Hemothorax/Pneumothorax</td>
</tr>
<tr>
<td>13 Arrhythmia</td>
</tr>
<tr>
<td>15 SIRS</td>
</tr>
<tr>
<td>16 Sinusitis</td>
</tr>
<tr>
<td>22 Urinary Tract Infection</td>
</tr>
<tr>
<td>24 Empyema</td>
</tr>
<tr>
<td>25 Intra-abdominal abscess/Other abscess</td>
</tr>
<tr>
<td>26 Inadvertent enterotomy</td>
</tr>
<tr>
<td>28 Abdominal Wound Dehiscence</td>
</tr>
<tr>
<td>29 Dehiscence/evisceration</td>
</tr>
</tbody>
</table>
Bleeding
Coma
Deep surgical site infection
Drug/Alcohol withdrawal syndrome
Graft/prosthesis/flap failure
Intracranial pressue
Organ/space surgical site infection
Stoke/CVA
Superficial surgical site infection
Wound disruption
Other

Hepatic Failure
SBO - Small Bowel Obstruction
GI fistula
Aspiration Pneumonia
Disseminated Fungal Infection
Esophageal intubation
Hypothermia
Failure of Fx/Fixation
Mortality
No response to resuscitation
Pancreatitis

/- Not Appropriate
U- Unknown

**Data Element Name:** Date (Complication)

**Window Location:** Outcome

**Required:** No

**Type of Field:** Numeric

**Length:** MM/DD/YYYY

**Definition:** Indicates date (month, day, year) the complication occurred.

**Menu Selections:** Yes

**Data Element Name:** Time (Complication)

**Window Location:** Outcome

**Required:** No

**Type of Field:** Numeric

**Length:** XX:XX

**Definition:** Indicates the time the complication occurred. Time is provided in military standards.

**Menu Selections:** Yes

**Data Element Name:** If Other
Window Location: Outcome

Required: Yes

Type of Field: Alpha/Numeric

Length: 49 characters

Definition: Indicates other types of complications that occurred that were not provided in the drop down menu.

Menu Selections: No

Data Element Name: Follow Up Condition: 1 Month
   Follow Up Condition: 3 Months
   Follow Up Condition: 6 Months
   Follow Up Condition: 12 Months

Window Location: Outcome

Required: No

Type of Field: Numeric

Length: X

Definition: Post treatment condition after one month.

Menu Selections: Yes

  1- Return to full function
  2- Not working but otherwise functioning
  3- Homebound but self-sufficient
  4- Requires some assistance
  5- Requires total care
  6- Institutionalized
  7- Dead
  8- Lost to trauma service
  /- Not Appropriate
  U- Unknown

Reportable Hospital Trauma Registry Data Set
Filters Data Element Definitions
Please note:
The Filters Section of the Data Dictionary is not required by the state. All fields in
this section are self-defined by each individual hospital.

Data Element Name: See list below

Window Location: Filters

Required: No

Type of Field: Numeric

Length: XX, 6 qualifiers may be entered for each filter

Definition: See list below. Not all criteria have definitions.

Menu Selections: Yes

<table>
<thead>
<tr>
<th>Complication</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous Thrombosis</td>
<td>+ droppler or venogram</td>
</tr>
<tr>
<td>Prolonged Shock</td>
<td>Systolic BP &lt; 80 and HR &gt; 150 for &gt; 2 hrs</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td></td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>+ CK-MB, serial EKG changes, or + radionuclide.</td>
</tr>
<tr>
<td>Coagulopathy</td>
<td>Uncontrolled diffuse bleeding + abnormal coagulation studies</td>
</tr>
<tr>
<td>Motor Arrhythmia</td>
<td>Requiring drugs or shock</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>Requiring treatment</td>
</tr>
<tr>
<td>Acute Arterial Occlusion</td>
<td></td>
</tr>
<tr>
<td>Decubiti</td>
<td>Wound &gt; 10 mm requiring debridement</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>Creatine &gt; 3.5, BUN &gt; 100</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>Culture &gt; 100,000 col/ml</td>
</tr>
<tr>
<td>Acute Respiratory Failure</td>
<td>Requires intubation and mechanical ventilation, PaO2 &lt; 60 on RA or &lt;75 on FiO2 of 0.5.</td>
</tr>
<tr>
<td>Hemo/Pneumothorax</td>
<td>Not present on admission</td>
</tr>
<tr>
<td>Pulmonary Embolus</td>
<td>+ Arteriogram or VQ scan</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>: Fever + leukocytosis + gram stain with predominant bacteria and WBCs, + culture, + chest film</td>
</tr>
<tr>
<td>Empyema</td>
<td>Purulent or culture pos. fluid in pleural spaces</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Intra-Abdominal/Other Abscess</td>
<td>Requiring treatment, culture confirmed</td>
</tr>
<tr>
<td>Other Abcess</td>
<td>Requiring treatment, culture confirmed.</td>
</tr>
<tr>
<td>Septicemia</td>
<td>+ blood culture</td>
</tr>
<tr>
<td>GI Bleeding</td>
<td>Requiring blood transfusion</td>
</tr>
<tr>
<td>Sepsis-Like Syndrome</td>
<td>At least 2: fever, leukocytosis, elevated band count, hypotension, SVR &lt; 800, metabolic acidosis</td>
</tr>
<tr>
<td>Pseudomembranous Colitis</td>
<td>Diarrhea + visualized pseudomembrane or pos. C. difficile titer</td>
</tr>
<tr>
<td>Small Bowel Obstruction</td>
<td>Confirmed surgically or radiographically</td>
</tr>
<tr>
<td>GI Fistula</td>
<td>Cutaneous discharge of enteric content</td>
</tr>
<tr>
<td>Acalculus Cholecystitis</td>
<td>+ HIDA scan or surg. path</td>
</tr>
<tr>
<td>Inadvertent Enterotomy</td>
<td></td>
</tr>
<tr>
<td>Hyperbilirubinemia</td>
<td>&gt;5</td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
</tr>
<tr>
<td>Encephalopathy</td>
<td>Deterioration of GCS &lt;12, metabolic cause</td>
</tr>
<tr>
<td>GCS &lt; 14 and no head CT within 2 hours</td>
<td>Admitted patients only. Absence of sequential neurologic documentation on ER record of patient with diagnosis of head or spine injury</td>
</tr>
<tr>
<td>Comatose</td>
<td>GCS &lt;= 8. Patient leaving ER with inadequate airway</td>
</tr>
<tr>
<td>Filed Airway Inadequacy</td>
<td></td>
</tr>
<tr>
<td>Patients with abdominal injuries and hypotension</td>
<td>Systolic BP &lt; 90mm Hg who do not undergo laparotomy within 1 hour of arrival in the ED, other patients undergoing laparotomy performed more than 4 hours after arrival in the ED (admitted patients only).</td>
</tr>
<tr>
<td>Patient discharged from ER and requiring hospital admission within 72 hours</td>
<td></td>
</tr>
<tr>
<td>Transfer spending &gt;6 hours at initial hospital</td>
<td></td>
</tr>
<tr>
<td>Discharge diagnosis of cervical spine injury not indicated on admission diagnosis</td>
<td></td>
</tr>
<tr>
<td>Trauma patient admitted to nonsurgical service</td>
<td></td>
</tr>
<tr>
<td>Transfusion of platelets of FFP in patient receiving&lt; 8 units WB or PRBC</td>
<td></td>
</tr>
<tr>
<td>EMS Scene Time &gt; 20 mins</td>
<td></td>
</tr>
<tr>
<td>EMS Transport Time &gt; 30 mins</td>
<td></td>
</tr>
<tr>
<td>ER Time &gt; 4 hours</td>
<td></td>
</tr>
<tr>
<td>LOS &gt; 10 days with ISS &lt; 15</td>
<td></td>
</tr>
<tr>
<td>Compartment Compression Syndrome</td>
<td>Clinical dx or press. &gt; 30</td>
</tr>
<tr>
<td>Abdominal Wound Dehiscence</td>
<td>Fascial separation</td>
</tr>
<tr>
<td>Evisceration</td>
<td>Abdominal content protruding thru wound</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Wound Infection</td>
<td>Abdominal content protruding thru wound</td>
</tr>
<tr>
<td>Wound Infection</td>
<td>Purulent drainage, cellulites, active wound treatment or antibiotic required.</td>
</tr>
<tr>
<td>No EMS Run Report</td>
<td></td>
</tr>
<tr>
<td>Absence of Q 15 min</td>
<td>Category I patient or Q 30 min (category II patient) chart documentation while in ER – including time spent in X-ray).</td>
</tr>
<tr>
<td>Epidural or subdural hemotoma with craniotomy &gt;4 hours after arrival</td>
<td></td>
</tr>
<tr>
<td>Compound fracture or open joints receiving treatment &gt; 8 hours after arrival</td>
<td></td>
</tr>
<tr>
<td>Abdominal, thoracic, vascular, or cranial surgery &gt; 24 hours after arrival</td>
<td></td>
</tr>
<tr>
<td>Unplanned return to OR within 48 hours of initial procedure</td>
<td></td>
</tr>
<tr>
<td>Reintubation of airway required within 48 hours of extubation</td>
<td></td>
</tr>
<tr>
<td>Notification of trauma team to arrival of trauma team &gt; 5 minutes</td>
<td></td>
</tr>
<tr>
<td>Notification of trauma team to arrival of trauma team &gt; 30 minutes</td>
<td></td>
</tr>
<tr>
<td>Arrival of patient to transfer to OR &gt; 2 hours for potentially life threatening injury or with BP &lt; 90</td>
<td></td>
</tr>
<tr>
<td>Arrival of patient to transfer to OR &gt; 4 hours for potentially limb threatening injury</td>
<td></td>
</tr>
<tr>
<td>No EMS Pre-hospital Communication</td>
<td></td>
</tr>
<tr>
<td>Trauma team consulted &gt; 1 hour after arrival of patient</td>
<td></td>
</tr>
<tr>
<td>Readmission to ICU</td>
<td></td>
</tr>
</tbody>
</table>
NTRACS:
User Screen Print Outs
NTRACS Demographics Screen

NTRACS Injury Screen
NTRACS Pre-Hospital Screen

NTRACS Referring Hospital Screen
### NTRACS ED Admission Screen

**ED Admission**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Notes</th>
<th>Additional Admit</th>
<th>Other Injuries</th>
<th>Amb Outpatient</th>
<th>Custom Data Pairs</th>
<th>ED Assessment</th>
<th>ED Assess 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Comorbidity</td>
<td>Procedures</td>
<td>Complications</td>
<td>Pre, Imp</td>
<td>Hos Outcome</td>
<td>Financial</td>
<td></td>
</tr>
<tr>
<td>Demographics</td>
<td>Injury</td>
<td>Pre-Hospital</td>
<td>Refer Hosp</td>
<td>ED Admission</td>
<td>ED Assess 1</td>
<td>ED Assess 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registry #</th>
<th>Patient ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,000</td>
<td>2460077711</td>
<td>Alexander Harrison</td>
</tr>
</tbody>
</table>

**ED Stay**

- **Direct Admit**: N
- **Arrival/Admit Date**: 01/12/2004
- **Arrival Time**: 18:00
- **Arrived From**: Scene
- **Transport**: ALS
- **Complaint**: GSW
- **Condition**: Verbal Stim
- **Discharge Date**: 01/12/2004
- **Discharge Time**: 14:00
- **Length of Stay**: 0.5 (Hrs)

**Patient Pictures**

### NTRACS ED Assessment Screen 1

**ED Assessment**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>33405183</td>
<td>Lynn Kinkaid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V.S.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp</td>
<td>99.5°F</td>
</tr>
<tr>
<td>Pulse</td>
<td>88</td>
</tr>
<tr>
<td>Resp</td>
<td>20</td>
</tr>
<tr>
<td>Sys BP</td>
<td>140</td>
</tr>
<tr>
<td>RR Qualifier</td>
<td>X</td>
</tr>
</tbody>
</table>

| Eye | 2 |
| Verbal | 6 |
| Motor | 6 |

**Manual**

- **Manual GCS**: 13
- **Manual Assess Qual**: L
- **Manual Rev TS**: 12,000
- **Manual Weighted RTS**: 5,000

**Toxicology/Drug Screen**

- **Cocaine**: Add
- **Base Deficit**: -81.0 meq/L
NTRACS ED Assessment II Screen

NTRACS Diagnosis Screen
NTRACS Comorbidity Screen

Pre-Existing Comorbidity

Registry # 73.000  Patient ID 33405188  Name Lynn Kinkaid

NTRACS Procedures Screen

Procedures

Registry # 73.000  Patient ID 33405188  Name Lynn Kinkaid

Location  OR Visit Proc No  No ICD-9  Description  Date  Time  Physician Code
Y 1 1 96.22  EXC DEBRIDE WND/INFE 01/25/1995 13:26 ANDREW

Full ICD-9 Description:
EXCISIONAL DEBRIDEMENT OF WOUND, INFECTION, OR BURN
### NTRACS Complications Screen

**Complications**

<table>
<thead>
<tr>
<th>Occurrence Date</th>
<th>TRACS Code</th>
<th>Description</th>
<th>PR Judgement</th>
<th>PR Date</th>
<th>Disease Provider System</th>
<th>Related Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/1995</td>
<td>308</td>
<td>Pneumonia</td>
<td>A</td>
<td>01/24/95</td>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

**Further Explanation**

**Action**

---

### NTRACS Performance Improvement Screen

**Performance Improvement**

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<tr>
<th>Occurrence Date</th>
<th>TRACS Code</th>
<th>Description</th>
<th>PR Judgement</th>
<th>PR Date</th>
<th>Disease Provider System</th>
<th>Related Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/1995</td>
<td>ACSAF12</td>
<td>Trauma Death</td>
<td>F</td>
<td>/</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>01/24/1995</td>
<td>ACSFA1</td>
<td>Ambulance Scene Time &gt; 20 Minutes</td>
<td>F</td>
<td>/</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

**Further Explanation**

**Action**
NTRACS Hospital Outcome Screen

NTRACS Financial Screen