

Montana Web Registry User Guide

Table of Contents

Demographics

Record Info:.....3
Patient:.....3
Notes:.....14

Injury

Injury Information:.....14
Mechanism of Injury:.....18
Notes:.....19

Prehospital

Scene/Transport:.....19
Treatment:.....20
Notes:.....23

Referring Facility

Referral History:.....23
Assessments:.....24
Inter-Facility Transport:.....27
Notes:.....28

ED/Resus

Arrival/Admission:.....29
Initial Assessments:.....31
Labs:.....34
Vitals:.....35
Notes:.....38

Providers

Resus Team:.....38

In-House Consults:.....40

Notes:.....41

Procedures

ICD 9:.....43

Notes:.....44

Diagnosis

Injury Coding:.....45

Non-Trauma Diagnoses:.....46

Comorbidities:.....46

Notes:.....47

Outcome

Initial Discharge:.....47

Discharge Disabilities:.....50

If Death:.....52

Billing:.....53

Notes:.....55

QA Tracking

QA Items:.....55

Notes:.....56

Demographics > Record Info:**Patient Information**

Record Created – [Date record was created]

Data Entry – [User that created record]

Facility – [Facility that create record]

Identifiers

Trauma # - [Trauma Number that is automatically assigned to the record]

Patient Arrival – [Date and Time patient arrived at hospital]

Medical Record # - [Medical Record Number manually assigned to patient]

Account # - [Account Number manually assigned to patient]

Patient Name: Last - [Patient’s Last Name]

Patient Name: First - [Patient’s First Name]

Patient Name: MI - [Patient’s Middle Initial]

Source of Trauma System Inclusion Designation – [How/where patient arrived to hospital]

- 0, Dead on Scene (State Designation Only)
- 1, Prehospital (Direct from Scene)
- 2, Trauma Team Activation (At This Hospital)
- 3, Transfer from another Acute Care Facility
- 4, Transfer to Trauma Service from another Service within This Hospital
- 5, Retrospective Review
- /, Not Applicable

Inclusion Criteria

Include in Central Site? – [Does patient meet Central Site Inclusion Criteria]

Y, Yes

N, No

Demographics > Patient:**Patient Information**

Name: Last - [Patient’s Last Name]

Name: First - [Patient’s First Name]

Name: MI - [Patient’s Middle Initial]

Alias: Last - [Patient’s Alias Last Name]

Alias: First - [Patient’s Alias First Name]

Alias: MI - [Patient’s Alias Middle Initial]

SSN – [Last 4 digits of patient’s Social Security Number]

Date of Birth – [Patient’s Date of Birth]**Age** – [Patient’s Age]**Age In** – [Patient’s Age units]

- 1, Years
- 2, Months
- 3, Days
- 4, Estimated in Years
- 5, Hours
- /, Not Applicable
- ?, Unknown

Gender – [Patient’s Gender]

- 1, Male
- 2, Female
- /, Not Applicable
- ?, Unknown

Race – [Patient’s Race]

- 1, White
- 2, Black
- 4, American Indian
- 5, Asian
- 6, Other
- 7, Native Hawaiian or Other Pacific Islander
- /, Not Applicable

Ethnicity – [Patient’s Ethnicity]

- 1, Hispanic or Latino
- 2, Not Hispanic or Latino
- /, Not Applicable
- ?, Unknown

Patient Address Information**Alternate Residence** – [Patient’s Alternative Home Residence]

- 1, Homeless
- 2, Undocumented Citizen
- 3, Migrant Worker
- 4, Foreign Citizen
- /, Not Applicable

?, Unknown

Zip - [the Zip Code, where the Patient resides]

Alternate Street 1 – [the Primary Street Address, where the Patient resides]

Alternate Street 2 – [the Secondary Street Address, where the Patient resides]

Alternate City – [the City in which the Patient resides]

Alternate State (Dropdown Menu) – [the State in which the Patient resides]

AL, Alabama

AK, Alaska

AZ, Arizona

AR, Arkansas

CA, California

CO, Colorado

CT, Connecticut

DE, Delaware

DC, District of Columbia

FL, Florida

GA, Georgia

HI, Hawaii

ID, Idaho

IL, Illinois

IN, Indiana

IA, Iowa

KS, Kansas

KY, Kentucky

LA, Louisiana

ME, Maine

MD, Maryland

MA, Massachusetts

MI, Michigan

MN, Minnesota

MS, Mississippi

MO, Missouri

MT, Montana

NE, Nebraska

NV, Nevada

NH, New Hampshire

NJ, New Jersey

NM, New Mexico

NY, New York

NC, North Carolina

ND, North Dakota

OH, Ohio

OK, Oklahoma

OR, Oregon

PA, Pennsylvania

RI, Rhode Island

SC, South Carolina

SD, South Dakota

TN, Tennessee

TX, Texas

UT, Utah

VT, Vermont

VA, Virginia

WA, Washington

WV, West Virginia

WI, Wisconsin

WY, Wyoming

Alternate County (Dropdown Menu) – [the County in which the Patient resides]

Alternate Country (Dropdown Menu) – [the Country in which the Patient resides]

AF, Afghanistan

AX, Akrotiri Sovereign Base Area

AL, Albania

AG, Algeria

AQ, American Samoa

AN, Andorra

AO, Angola

AV, Anguilla

AY, Antarctica

AC, Antigua and Barbuda

AR, Argentina

AM, Armenia
AA, Aruba
AT, Ashmore and Cartier Islands
AS, Australia
AU, Austria
AJ, Azerbaijan
BF, Bahamas
BA, Bahrain
FQ, Baker Island
BG, Bangladesh
BB, Barbados
BS, Bassas da India
BO, Belarus
BE, Belgium
BH, Belize
BN, Benin
BD, Bermuda
BT, Bhutan
BL, Bolivia
BK, Bosnia and Herzegovina
BC, Botswana
BV, Bouvet Island
BR, Brazil
IO, British Indian Ocean Territory
VI, British Virgin Islands
BX, Brunei
BU, Bulgaria
UV, Burkina Faso
BY, Burundi
CB, Cambodia
CM, Cameroon
CA, Canada
CV, Cape Verde
CJ, Cayman Islands
CT, Central African Republic

CD, Chad
CI, Chile
KT, Christmas Island
IP, Clipperton Island
CK, Cocos (Keeling) Islands
CO, Colombia
CN, Comoros
CW, Cook Islands
CR, Coral Sea Islands
CS, Costa Rica
IV, Cote d'Ivoire
HR, Croatia
CU, Cuba
CY, Cyprus
EZ, Czech Republic
CG, Democratic Republic of the Congo
DA, Denmark
DX, Dhekelia Sovereign Base Area
DJ, Djibouti
DO, Dominica
DR, Dominican Republic
EC, Ecuador
EG, Egypt
ES, El Salvador
EK, Equatorial Guinea
ER, Eritrea
EN, Estonia
ET, Ethiopia
EU, Europa Island
FK, Falkland Islands (Malvinas)
FO, Faroe Islands
FM, Federated States of Micronesia
FJ, Fiji
FI, Finland
FR, France

FG, French Guiana
FP, French Polynesia
FS, French Southern Territories
GB, Gabon
GZ, Gaza Strip
GG, Georgia
GM, Germany
GH, Ghana
GI, Gibraltar
GO, Glorioso Islands
GR, Greece
GL, Greenland
GJ, Grenada
GP, Guadeloupe
GQ, Guam
GT, Guatemala
GK, Guernsey
GV, Guinea
PU, Guinea-Bissau
GY, Guyana
HA, Haiti
HM, Heard Island and McDonald Islands
HO, Honduras
HK, Hong Kong
HQ, Howland Island
HU, Hungary
IC, Iceland
IN, India
ID, Indonesia
IR, Iran
IZ, Iraq
IM, Isle of Man
IS, Israel
IT, Italy
JM, Jamaica

JN, Jan Mayen
JA, Japan
DQ, Jarvis Island
JE, Jersey
JQ, Johnston Atoll
JO, Jordan
JU, Juan de Nova Island
KZ, Kazakhstan
KE, Kenya
KQ, Kingman Reef
KR, Kiribati
KU, Kuwait
KG, Kyrgyzstan
LA, Laos
LG, Latvia
LE, Lebanon
LT, Lesotho
LI, Liberia
LY, Libya
LS, Liechtenstein
LH, Lithuania
LU, Luxembourg
MC, Macau
MA, Madagascar
MI, Malawi
MY, Malaysia
MV, Maldives
ML, Mali
MT, Malta
RM, Marshall Islands
MB, Martinique
MR, Mauritania
MP, Mauritius
MF, Mayotte
MX, Mexico

MQ, Midway Islands
MD, Moldova
MN, Monaco
MG, Mongolia
MJ, Montenegro
MH, Montserrat
MO, Morocco
MZ, Mozambique
BM, Myanmar
WA, Namibia
NR, Nauru
BQ, Navassa Island
NP, Nepal
NL, Netherlands
NT, Netherlands Antilles
NC, New Caledonia
NZ, New Zealand
NU, Nicaragua
NG, Niger
NI, Nigeria
NE, Niue
NF, Norfolk Island
KN, North Korea
CQ, Northern Mariana Islands
NO, Norway
MU, Oman
PK, Pakistan
PS, Palau
PM, Panama
PP, Papua New Guinea
PF, Paracel Islands
PA, Paraguay
CH, People's Republic of China
PE, Peru
RP, Philippines

PC, Pitcairn Islands
PL, Poland
PO, Portugal
RQ, Puerto Rico
QA, Qatar
TW, Republic of China (Taiwan)
EI, Republic of Ireland
MK, Republic of Macedonia
CF, Republic of the Congo
UG, Republic of Uganda
RE, Reunion
RO, Romania
RS, Russia
RW, Rwanda
SH, Saint Helena
SC, Saint Kitts and Nevis
ST, Saint Lucia
SB, Saint Pierre and Miquelon
VC, Saint Vincent and the Grenadines
WS, Samoa
SM, San Marino
TP, Sao Tome and Principe
SA, Saudi Arabia
SG, Senegal
RB, Serbia
SE, Seychelles
SL, Sierra Leone
SN, Singapore
LO, Slovakia
SI, Slovenia
BP, Solomon Islands
SO, Somalia
SF, South Africa
SX, South Georgia and the South Sandwich Islands
KS, South Korea

SP, Spain
PG, Spratly Islands
CE, Sri Lanka
SU, Sudan
NS, Suriname
SV, Svalbard
WZ, Swaziland
SW, Sweden
SZ, Switzerland
SY, Syria
TI, Tajikistan
TZ, Tanzania
TH, Thailand
GA, the Gambia
TT, Timor-Leste/East Timor
TO, Togo
TL, Tokelau
TN, Tonga
TD, Trinidad and Tobago
TE, Tromelin Island
TS, Tunisia
TU, Turkey
TX, Turkmenistan
TK, Turks and Caicos Islands
TV, Tuvalu
VQ, U.S. Virgin Islands
UP, Ukraine
AE, United Arab Emirates
UK, United Kingdom
US, United States
UM, United States Minor Outlying Islands
UY, Uruguay
UZ, Uzbekistan
NH, Vanuatu
VT, Vatican City

VE, Venezuela
VM, Vietnam
WQ, Wake Island
WF, Wallis and Futuna
WE, West Bank
WI, Western Sahara
YM, Yemen
ZA, Zambia
ZI, Zimbabwe

Alternate Telephone – [Patient’s Telephone Number]

Demographics > Notes:

Notes

Notes – [Additional Notes on patient information]

Injury > Injury Information:

Injury Information

Injury – [Date and Time of Injury]

Place of Injury/E849 – [Location of Injury Code]

0, Home
1, Farm
2, Mine
3, Industry
4, Recreation
5, Street
6, Public Building
7, Residential Institution
8, Other
9, Unspecified

Specify – [Specific notes about the location of Injury]

Protective Devices > Restraints - [Restraints used by patient, during Injury event]

1, None
2, Seatbelt
3, Child Car Seat

4, Infant Car Seat

5, Child Booster Seat

Protective Devices > Airbags - [Airbags used by patient, during Injury event]

1, None

2, Airbag Not Deployed

3, Airbag Deployed Front

4, Airbag Deployed Side

5, Airbag Deployed Other (Knee, Air belt, Curtain Etc.)

Protective Devices > Equipment - [Equipment used by patient, during Injury event]

1, None

2, Helmet

3, Eye Protection

4, Protective Clothing (e.g., Padded Leather Pants)

5, Personal Flotation Device

6, Protective Non-Clothing Gear (e.g., Shin Guard)

7, Other

Zip - [Zip Code of the Location of Injury]

City - [City of the Location of Injury]

State - [City of the Location of Injury]

AL, Alabama

AK, Alaska

AZ, Arizona

AR, Arkansas

CA, California

CO, Colorado

CT, Connecticut

DE, Delaware

DC, District of Columbia

FL, Florida

GA, Georgia

HI, Hawaii

ID, Idaho

IL, Illinois

IN, Indiana

IA, Iowa

KS, Kansas
KY, Kentucky
LA, Louisiana
ME, Maine
MD, Maryland
MA, Massachusetts
MI, Michigan
MN, Minnesota
MS, Mississippi
MO, Missouri
MT, Montana
NE, Nebraska
NV, Nevada
NH, New Hampshire
NJ, New Jersey
NM, New Mexico
NY, New York
NC, North Carolina
ND, North Dakota
OH, Ohio
OK, Oklahoma
OR, Oregon
PA, Pennsylvania
RI, Rhode Island
SC, South Carolina
SD, South Dakota
TN, Tennessee
TX, Texas
UT, Utah
VT, Vermont
VA, Virginia
WA, Washington
WV, West Virginia
WI, Wisconsin
WY, Wyoming

Region – [Region of Location of Injury]

- 1, East
- 2, Central
- 3, West
- /, Not Applicable
- ?, Unknown

County – [County of Location of Injury]**Country (Dropdown Menu)** – [County of Location of Injury]**Work Related** – [Was injury Work-Related]

- Y, Yes
- N, No
- unk, Unknown
- N/A, Not Applicable

Occupation Industry (Dropdown Menu) – [Patient's Industry of Occupation]

- 1, Finance, Insurance and Real Estate
- 2, Manufacturing
- 3, Retail Trade
- 4, Transportation and Public Utilities
- 5, Agriculture, Forestry, Fishing
- 6, Professional and Business Services
- 7, Education and Health Services
- 8, Construction
- 9, Government
- 10, Natural Resources and Mining
- 11, Information Services
- 12, Wholesale Trade
- 13, Leisure and Hospitality
- 14, Other Services
- /, Not Applicable
- ?, Unknown

Occupation (Dropdown Menu) - [Patient's Occupation]

- 1, Business and Financial Operations
- 2, Architecture and Engineering
- 3, Community and Social Services
- 4, Education, Training, and Library

- 5, Healthcare Practitioners and Technical
- 6, Protective Service
- 7, Building and Grounds Cleaning and Maintenance
- 8, Sales and Related
- 9, Farming, Fishing, and Forestry
- 10, Installation, Maintenance, and Repair
- 11, Transportation and Material Moving
- 12, Management
- 13, Computer and Mathematical
- 14, Life, Physical, and Social Science
- 15, Legal
- 16, Arts, Design, Entertainment, Sports, and Media
- 17, Healthcare Support
- 18, Food Preparation and Serving Related
- 19, Personal Care and Service
- 20, Office and Administrative Support
- 21, Construction and Extraction
- 22, Production
- 23, Military Specifics

Injury > Mechanism of Injury:

E-Codes

Primary E-Code - [Patients Primary ICD-9 Injury Code]

Secondary E-Code - [Patients Secondary ICD-9 Injury Code]

Primary Specify - [Detail on Patients Primary ICD-9 Injury Code]

Secondary Specify - [Detail on Patients Secondary ICD-9 Injury Code]

Injury Type (Dropdown menu) - [Patient's Type of Injury]

- 1, Blunt
- 2, Penetrating
- 3, Burn
- 4, Anoxic
- /, Not Applicable
- ? Unknown

Injury Intent (Dropdown menu) - [Intent of Patient's Injury]

- 1, Intentional, Self-Inflicted
- 2, Intentional, Assault

3, Accidental
 /, Not Applicable
 ?, Unknown

Injury Cause (Dropdown menu) – [Cause of Patient’s Injury]

1, Motor Vehicle Accident
 2, Fall
 3, Assault
 4, Motorcycle
 5, Pedestrian
 6, Bicycle
 7, Horse Related
 8, Other Blunt Injury Cause
 9, Knife
 10, Handgun
 11, Shotgun
 12, Other Penetrating Injury Cause
 /, Not Applicable
 ?, Unknown

Patient TBSA 2nd or 3rd Degree Burned – [Patient’s 2nd or 3rd Degree burn percentage]

Injury > Notes:

Notes

Notes – [Additional Notes on patient injury information]

Prehospital > Scene/Transport:

Prehospital Information

Was Patient Extricated? – [Was patient Extricated - Prehospital]

Y, Yes
 N, No
 unk, Unknown
 n/a, Not Applicable

Time Required/Minutes – [Amount of time it took to “extricate” the patient]

Trauma Team Activated by EMS – [Date / Time Trauma Team was activated by the EMS Agency]

Scene/Transport Providers

Mode (Dropdown Menu) – [Mode of Transportation - Prehospital]

- 1, Ambulance
- 2, Helicopter
- 3, Fixed Wing
- 4, Police
- 5, Public Safety
- 6, Private Vehicle
- 7, Other
- /, Not Applicable
- ?, Unknown

Mode > If Other – [Mode of Transportation, If Other – Prehospital]**Scene EMS Report (Dropdown Menu)** – [Status of EMS Report - Prehospital]

- 1, Complete
- 2, Incomplete
- 3, Missing
- 4, Unreadable
- /, Not Applicable
- ?, Unknown

Report Number – [EMS Report Number - Prehospital]**Agency (Dropdown Menu)** – [EMS Agency - Prehospital]**Call****Call Received** – [Date / Time call was received - Prehospital]**Call Dispatched** – [Date / Time call was dispatched - Prehospital]**En Route** – [Date / Time patient was En Route - Prehospital]**Meeting Location** – [Meeting Location – Prehospital]**Arrived at Scene** – [Date / Time EMS Agency arrived at the scene - Prehospital]**Arrived at Patient** – [Date / Time EMS Agency arrived at the patient - Prehospital]**Departed Location** – [Date / Time EMS Agency departed the location - Prehospital]**Arrived at Destination** – [Date / Time EMS Agency arrived at their destination - Prehospital]

Scene Time Elapsed – [Amount of time elapsed, from when the EMS Agency “Arrived at Scene” to “Departed Location” – Prehospital]

Transport Time Elapsed – [Amount of time elapsed, from when the EMS Agency “Departed Location” to “Arrived at Destination” – Prehospital]

Prehospital Triage Rationale (Dropdown Menu) – [Triage Rationale - Prehospital]

- 1, Physiologic
- 2, Anatomy of Injury
- 3, Mechanism of Injury
- 4, Age
- 5, Comorbid Condition
- 6, Gut Feel
- /, Not Applicable
- ?, Unknown

Prehospital > Treatment:**Provider**

Recorded - [Date / Time vitals were recorded - Prehospital]

At Time Vitals Taken

Paralytic Agents? - [Were Paralytic Agents Used - Prehospital]

- Y, Yes
- N, No
- UNK, Unknown
- N/A, Not Applicable

Respiration Assisted? - [Did patient require Respiratory Assistance - Prehospital]

- Y, Yes
- N, No
- UNK, Unknown
- N/A, Not Applicable

Respiration Assisted > If Yes, Type (Dropdown Menu) - [Respiratory Assistance Type - Prehospital]

- 1, Bag Valve Mask
- 2, Nasal Airway
- 3, Oral Airway
- 4, Ventilator
- /, Not Applicable
- ?, Unknown

Eye Obstruction? - [Was patient's Eye Obstructed - Prehospital]

- Y, Yes
- N, No
- UNK, Unknown

N/A, Not Applicable

Intubated? - [Was patient Intubated - Prehospital]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated > If Yes, Method (Dropdown Menu) - [Method of Intubation - Prehospital]

1, Nasal ETT

2, Oral ETT

3, ETT Route Not Specified

5, Unintentional Esophageal Intubation

6, Tracheostomy

7, Cricothyrotomy

8, Combitube

9, Other

/, Not Applicable

?, Unknown

Intubated > If Yes, Method > If Other - [Method of Intubation, If Other - Prehospital]

Vitals

SBP - [Systolic Blood Pressure - Prehospital]

Pulse Rate - [Pulse Rate - Prehospital]

Unassisted Resp Rate - [Unassisted Respiratory Rate - Prehospital]

Assisted Resp Rate - [Assisted Respiratory Rate - Prehospital]

SaO2 - [Oxygen Saturation level - Prehospital]

Supplemental Oxygen - [Was Supplemental Oxygen given - Prehospital]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

GCS Eye (Dropdown Menu) - [Prehospital - GCS Eye Score]

1, None. Adult/Peds - None

2, To Pain. Adult/Peds - Response to Painful Stimulation

3, To Voice. Adult/Peds - Response to Verbal Stimulation

4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously

/, Not Applicable

?, Unknown

GCS Motor (Dropdown Menu) – [Prehospital - GCS Motor Score]

1, None. Adult - No Verbal Response. Peds - No Vocal Response

2, Incomprehensible Sounds. Adult - Incomprehensible Sounds. Peds - Inconsolable

3, Inappropriate Words. Adult - Inappropriate Words. Peds - Inconsistently Consolable

4, Confused. Adult - Confused. Peds - Cries But is Consolable

5, Oriented. Adult - Oriented. Peds – Smiles

/, Not Applicable

?, Unknown

GCS Verbal (Dropdown Menu) – [Prehospital - GCS Verbal Score]

1, None. Adult/Peds - No Motor Response

2, Extension. Adult/Peds - Extension to Pain

3, Flexion. Adults/Peds - Flexion to Pain

4, Withdraws. Adult/Peds - Withdrawal from Pain

5, Localizes. Adult/Peds - Localizing Pain

6, Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation

/, Not Applicable

?, Unknown

GCS Total – [Prehospital - GCS Total]

Unweighted RTS – [Prehospital - Unweighted Revised Trauma Score]

Prehospital > Notes:

Notes

Notes – [Additional Notes on prehospital information]

Referring Facility > Referral History:

Immediate Referring Facility

Interfacility Transfer – [Was patient transferred in, from another facility?]

Y, Yes

N, No

unk, Unknown

n/a, Not Applicable

Referring Facility (Dropdown menu) – [Facility that transferred patient]

If Other – [Facility that transferred patient, if Referring Facility = “Other”]

City – [City of the Facility that transferred patient]

Facility Type (Dropdown menu) – [Referring Facility Type]

- 1, Emergency, NOS
- 2, Inpatient, Acute Rehabilitation Facility
- 3, Inpatient, Acute Care
- 4, Not Done/Not Documented
- /, Not Applicable
- ?, Unknown

Transfer Rationale (Dropdown menu) – [Reason for Transfer]

- 1, Physician/Medical
- 2, Physician/Personal
- 3, Physician/Economic
- 4, Patient/Medical
- 5, Patient/Personal
- 6, Patient/Economic
- 7, Payor/Medical
- 8, Payor/Personal
- 9, Payor/Economic
- /, Not Applicable
- ?, Unknown

Arrival – [Date / Time patient arrived at the Referring Facility]

Departure – [Date / Time patient departed Referring Facility]

Length of Stay – [Length of Stay at Referring Facility]

Late Referral (Dropdown menu) – [Reason for Late Referral, at Referring Facility]

- 1, Admitted
- 2, Surgery
- 3, Delay Initiating Transfer
- 4, Delay in Transport
- /, Not Applicable
- ?, Unknown

Referring Facility > Assessments:

Immediate Referring Facility

Recorded – [Date / Time vitals were recorded, at Referring Facility]

Temperature – [Temperature, at Referring Facility]

Temperature / Unit (Dropdown Menu) – [Temperature Unit, at Referring Facility]

1, C

2, F

/, Not Applicable

?, Unknown

Temperature / Route (Dropdown Menu) – [Method temperature was taken, at Referring Facility]

1, Tympanic

2, Oral

3, Axillary

4, Rectal

5, Foley

6, Other

/, Not Applicable

?, Unknown

At Time Vitals Taken

Paralytic Agents? - [Was patient given Paralytic Agents – Referring Facility]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Respiration Assisted? - [Did patient require Respiratory Assistance – Referring Facility]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Respiration Assisted > If Yes, Type (Dropdown Menu) – [Type of Respiratory Assistance – Referring Facility]

1, Bag Valve Mask

2, Nasal Airway

3, Oral Airway

4, Ventilator

/, Not Applicable

?, Unknown

Eye Obstruction? - [Was patient's Eye Obstructed – Referring Facility]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated? - [Was patient Intubated – Referring Facility]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated > If Yes, Method (Dropdown Menu) - [Method of Intubation – Referring Facility]

1, Nasal ETT

2, Oral ETT

3, ETT Route Not Specified

5, Unintentional Esophageal Intubation

6, Tracheostomy

7, Cricothyrotomy

8, Combitube

9, Other

/, Not Applicable

?, Unknown

Intubated > If Yes, Method > If Other - [Method of Intubation, If Other – Referring Facility]

Vitals

SBP – [Systolic Blood Pressure, at Referring Facility]

Pulse Rate – [Pulse Rate, at Referring Facility]

Unassisted Resp Rate – [Unassisted Respiratory Rate, at Referring Facility]

Assisted Resp Rate – [Assisted Respiratory Rate, at Referring Facility]

SaO2 – [Oxygen Saturation level, at Referring Facility]

Supplemental Oxygen – [Was Supplemental Oxygen used, at Referring Facility]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

GCS Eye (Dropdown Menu) – [Referring Facility – GCS Eye Score]

- 1, None. Adult/Peds - None
- 2, To Pain. Adult/Peds - Response to Painful Stimulation
- 3, To Voice. Adult/Peds - Response to Verbal Stimulation
- 4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously
- /, Not Applicable
- ?, Unknown

GCS Motor (Dropdown Menu) – [Referring Facility – GCS Motor Score]

- 1, None. Adult - No Verbal Response. Peds - No Vocal Response
- 2, Incomprehensible Sounds. Adult - Incomprehensible Sounds. Peds - Inconsolable
- 3, Inappropriate Words. Adult - Inappropriate Words. Peds - Inconsistently Consolable
- 4, Confused. Adult - Confused. Peds - Cries But is Consolable
- 5, Oriented. Adult - Oriented. Peds – Smiles
- /, Not Applicable
- ?, Unknown

GCS Verbal (Dropdown Menu) – [Referring Facility – GCS Verbal Score]

- 1, None. Adult/Peds - No Motor Response
- 2, Extension. Adult/Peds - Extension to Pain
- 3, Flexion. Adults/Peds - Flexion to Pain
- 4, Withdraws. Adult/Peds - Withdrawal from Pain
- 5, Localizes. Adult/Peds - Localizing Pain
- 6, Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation
- /, Not Applicable
- ?, Unknown

GCS Total – [Referring Facility – GCS Total]**RTS** – [Referring Facility - Revised Trauma Score]**Toxicology****Alcohol Use Indicator (Dropdown Menu)** – [If testing was done for Alcohol, at Referring Facility]

- 1, No (Not Tested)
- 2, No (Confirmed by Test)
- 3, Yes (Confirmed by Test [Trace Levels])
- 4, Yes (Confirmed by Test [Beyond Legal Limit])
- /, Not Applicable
- ?, Unknown

ETOH/BAC Level – [Patient’s Alcohol level, at Referring Facility]

Drug Use Indicators (Dropdown Menu) – [If testing was done for Drugs, at Referring Facility]

- 1, No (Not Tested)
- 2, No (Confirmed by Test)
- 3, Yes (Confirmed by Test [Prescription Drug])
- 4, Yes (Confirmed by Test [Illegal Use Drug])
- /, Not Applicable
- ?, Unknown

Drug Screen (Dropdown Menu) – [Drugs tested for, at Referring Facility]

- 1, Cannabis
- 2, Cocaine
- 3, PCP
- 4, Valium
- 5, Barbiturates
- 6, Narcotics
- 7, Amphetamines
- 8, Lidocaine
- 9, Benzodiazepine
- 10, Other
- /, Not Applicable
- ?, Unknown

Drug Screen > If Other – [Other drugs tested for, at Referring Facility]

Referring Facility > Inter-Facility Transport:

Inter-Facility Transports (All Referring Facilities)

Provider

Mode (Dropdown Menu) – [Inter-Facility Transport Mode]

- 1, Ambulance
- 2, Helicopter
- 3, Fixed Wing
- 4, Police
- 5, Public Safety
- 6, Other
- /, Not Applicable
- ?, Unknown

Mode > If Other – [Inter-Facility Transport Mode, if Other]

EMS Report (Dropdown Menu) – [Status if EMS Report, for Inter-Facility Transport]

- 1, Complete
- 2, Incomplete
- 3, Missing
- 4, Unreadable
- /, Not Applicable
- ?, Unknown

Report ID # – [EMS Report ID number, for Inter-Facility Transport]

Agency (Dropdown Menu) – [Agency used, for Inter-Facility Transport]

Call

Call Received – [Date / Time call was received - Inter-Facility Transport]

Call Dispatched – [Date / Time call was dispatched - Inter-Facility Transport]

En Route – [Date / Time patient was En Route - Inter-Facility Transport]

Arrived at Location – [Date / Time patient arrived at the Location - Inter-Facility Transport]

Meeting Location – [Meeting Location – Inter-Facility Transport]

Arrived at Patient – [Date / Time Agency arrived at patient – Inter-Facility Transport]

Departed Location – [Date / Time Agency departed the location – Inter-Facility Transport]

Arrived at Destination – [Date / Time patient arrived at Destination – Inter-Facility Transport]

Transport Time Elapsed – [Amount of time elapsed, from “Departed Location” to “Arrived at Destination” – Inter-facility Transport]

Referring Facility > Notes:

Notes

Notes – [Additional Notes on the Referring Facility information]

ED/Resus > Arrival Admission:

Arrival/Admission Information

Admission Status (Dropdown Menu) – [Status of patient, when they were admitted to ED]

- 1, Trauma Consult
- 2, Readmission
- 3, Non-Trauma Service
- 4, Trauma Team Act - Partial

5, Trauma Team Act - Full

6, Direct Admit

/, Not Applicable

?, Unknown

Members Late/Absent from Activation (Dropdown Menu) – [Service(s) that were late/absent from Trauma Team Activation]

0, None

1, Attending Trauma Physician

10, Resident

11, Respiratory

12, Trauma Co-ordinator

2, Blood Bank

3, Blood Gas

4, Chaplain

5, ED MD

6, EKG

7, Lab

8, Resident, First Year

9, Resident, Second Year

/, Not Applicable

?, Unknown

ED/Facility Arrival – [Date / Time patient arrived in the ED/Facility]

ED Departure/Admitted – [Date / Time patient was discharged from the ED/Facility]

Time in ED - [Amount of time that elapsed, from “ED/Facility Arrival” to “ED Departure/Admitted”]

Signs of Life (Dropdown Menu) – [Did patient show “Signs of Life, up ED Arrival]

1, Arrived with No Signs of Life

2, Arrived with Signs of Life

/, Not Applicable

?, Unknown

Trauma Team Activation – [Date / Time Trauma Team was Activated]

Elapsed – [Amount of time that elapsed, from “ED/Facility Arrival” to “Trauma Team Activation”]

Post ED Disposition/Admitted To (Dropdown Menu) – [Location patient was admitted/discharged to]

0, Acute Care Hospital

1, ICU

- 2, Step Down
- 3, Floor
- 4, Pediatrics
- 5, PICU
- 6, OR
- 7, Morgue
- 8, Other
- 9, Admitted to Monitored Telemetry Floor Bed
- 10, Admitted for 23 Hour Observation
- 11, Home without Services
- 12, Home with Services
- 13, Left Against Medical Advice
- /, Not Applicable
- ?, Unknown

Post ED Disposition/Admitted To > Specify - [Specify the location patient was admitted/discharged to]

Admitting Service (Dropdown Menu) – [Which Service admitted the patient]

- 1, Trauma
- 2, Neurosurgery
- 3, Orthopedics
- 4, General Surgery
- 5, Thoracic Surgery
- 6, Other Surgical Service
- 7, Burn
- 8, Non-Surgical Service
- /, Not Applicable
- ?, Unknown

Was patient previously admitted to hospital for this injury? – [Was patient readmitted for the same injury]

- Y, Yes
- N, No
- UNK, Unknown
- N/A, Not Applicable

Was patient previously admitted to hospital for this injury > If Yes, Previous Trauma Registry Number – [If patient was readmitted, what was their previous Trauma Number]

ED/Resus >Initial Assessments:

Recorded – [Date / Time vitals were recorded, in ED]

Temperature – [Temperature, in ED]

Temperature / Unit (Dropdown Menu) – [Temperature Unit, in ED]

- 1, C
- 2, F
- /, Not Applicable
- ?, Unknown

Temperature / Route (Dropdown Menu) – [Method temperature was taken, in ED]

- 1, Tympanic
- 2, Oral
- 3, Axillary
- 4, Rectal
- 5, Foley
- 6, Other
- /, Not Applicable
- ?, Unknown

Height – [Patient’s height recorded, in ED]

Height > Units (Dropdown Menu) – [The units patient’s height recorded, in ED]

- 1, cm
- 2, in

Weight – [Patient’s weight recorded, in ED]

Weight > Units (Dropdown Menu) – [The units patient’s weight recorded, in ED]

- 1, kg
- 2, lbs

At Time Vitals Taken

Paralytic Agents? - [Was patient given Paralytic Agents – ED]

- Y, Yes
- N, No
- UNK, Unknown
- N/A, Not Applicable

Respiration Assisted? - [Did patient require Respiratory Assistance – ED]

- Y, Yes
- N, No
- UNK, Unknown

N/A, Not Applicable

Respiration Assisted > If Yes, Type (Dropdown Menu) – [Type of Respiratory Assistance – ED]

1, Bag Valve Mask

2, Nasal Airway

3, Oral Airway

4, Ventilator

/, Not Applicable

?, Unknown

Eye Obstruction? - [Was patient's Eye Obstructed – ED]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated? - [Was patient Intubated – ED]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated > If Yes, Method (Dropdown Menu) – [Method of Intubation – ED]

1, Nasal ETT

2, Oral ETT

3, ETT Route Not Specified

5, Unintentional Esophageal Intubation

6, Tracheostomy

7, Cricothyrotomy

8, Combitube

9, Other

/, Not Applicable

?, Unknown

Intubated > If Yes, Method > If Other - [Method of Intubation, If Other – ED]

Vitals

SBP – [Systolic Blood Pressure, in ED]

Pulse Rate – [Pulse Rate, in ED]

Unassisted Resp Rate – [Unassisted Respiratory Rate, in ED]

Assisted Resp Rate – [Assisted Respiratory Rate, in ED]

SaO2 – [Oxygen Saturation level, in ED]

Supplemental Oxygen – [Was Supplemental Oxygen used, in ED]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

GCS Eye (Dropdown Menu) – [ED – GCS Eye Score]

1, None. Adult/Peds - None

2, To Pain. Adult/Peds - Response to Painful Stimulation

3, To Voice. Adult/Peds - Response to Verbal Stimulation

4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously

/, Not Applicable

?, Unknown

GCS Motor (Dropdown Menu) – [ED – GCS Motor Score]

1, None. Adult - No Verbal Response. Peds - No Vocal Response

2, Incomprehensible Sounds. Adult - Incomprehensible Sounds. Peds - Inconsolable

3, Inappropriate Words. Adult - Inappropriate Words. Peds - Inconsistently Consolable

4, Confused. Adult - Confused. Peds - Cries But is Consolable

5, Oriented. Adult - Oriented. Peds – Smiles

/, Not Applicable

?, Unknown

GCS Verbal (Dropdown Menu) – [ED – GCS Verbal Score]

1, None. Adult/Peds - No Motor Response

2, Extension. Adult/Peds - Extension to Pain

3, Flexion. Adults/Peds - Flexion to Pain

4, Withdraws. Adult/Peds - Withdrawal from Pain

5, Localizes. Adult/Peds - Localizing Pain

6, Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation

/, Not Applicable

?, Unknown

GCS Total – [ED – GCS Total]

RTS – [ED - Revised Trauma Score]

ED/Resus > Labs:

Labs

Base Deficit/Excess – [Amount of base present in the blood]

Toxicology

Alcohol Use Indicator (Dropdown Menu) – [If testing was done for Alcohol, at Referring Facility]

- 1, No (Not Tested)
- 2, No (Confirmed by Test)
- 3, Yes (Confirmed by Test [Trace Levels])
- 4, Yes (Confirmed by Test [Beyond Legal Limit])
- /, Not Applicable
- ?, Unknown

ETOH/BAC Level – [Patient’s Alcohol level, at Referring Facility]

Drug Use Indicators (Dropdown Menu) – [If testing was done for Drugs, at Referring Facility]

- 1, No (Not Tested)
- 2, No (Confirmed by Test)
- 3, Yes (Confirmed by Test [Prescription Drug])
- 4, Yes (Confirmed by Test [Illegal Use Drug])
- /, Not Applicable
- ?, Unknown

Drug Screen (Dropdown Menu) – [Drugs tested for, at Referring Facility]

- 1, Cannabis
- 2, Cocaine
- 3, PCP
- 4, Valium
- 5, Barbiturates
- 6, Narcotics
- 7, Amphetamines
- 8, Lidocaine
- 9, Benzodiazepine
- 10, Other
- /, Not Applicable
- ?, Unknown

Drug Screen > If Other – [Other drugs tested for, at Referring Facility]

Blood Tracking

Blood Product – [Type of Blood Product(s) given]

- 1, Packed Red Blood Cells
- 2, Plasma
- 3, Platelets
- 4, Other Blood Substitute
- /, Not Applicable
- ?, Unknown

Volume – [Amount of Blood Product(s) given]

Units – [Unit(s), of Blood Product(s) given]

- 1, L
- 2, mL
- 3, Units
- /, Not Applicable
- ?, Unknown

Location - [Location, Blood Product(s) were given]

- 1, ED
- 2, OR
- 3, Elsewhere
- /, Not Applicable
- ?, Unknown

ED/Resus >Vitals:

Vitals Information

Recorded – [Date / Time vitals were recorded, in ED]

Temperature – [Temperature, in ED]

Temperature / Unit (Dropdown Menu) – [Temperature Unit, in ED]

- 1, C
- 2, F
- /, Not Applicable
- ?, Unknown

Temperature / Route (Dropdown Menu) – [Method temperature was taken, in ED]

- 1, Tympanic
- 2, Oral
- 3, Axillary
- 4, Rectal
- 5, Foley

6, Other
/, Not Applicable
?, Unknown

Assessment Type (Dropdown Menu) - [Stage of vitals taken - ED]

1, Initial
2, Subsequent
3, Final
/, Not Applicable
?, Unknown

At Time Vitals Taken**Paralytic Agents?** - [Was patient given Paralytic Agents – ED]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Respiration Assisted? - [Did patient require Respiratory Assistance – ED]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Respiration Assisted > If Yes, Type (Dropdown Menu) - [Type of Respiratory Assistance – ED]

1, Bag Valve Mask
2, Nasal Airway
3, Oral Airway
4, Ventilator
/, Not Applicable
?, Unknown

Eye Obstruction? - [Was patient's Eye Obstructed – ED]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Intubated? - [Was patient Intubated – ED]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

Intubated > If Yes, Method (Dropdown Menu) – [Method of Intubation – ED]

1, Nasal ETT

2, Oral ETT

3, ETT Route Not Specified

5, Unintentional Esophageal Intubation

6, Tracheostomy

7, Cricothyrotomy

8, Combitube

9, Other

/, Not Applicable

?, Unknown

Intubated > If Yes, Method > If Other – [Method of Intubation, If Other – ED]

Vitals

SBP – [Systolic Blood Pressure, in ED]

Pulse Rate – [Pulse Rate, in ED]

Unassisted Resp Rate – [Unassisted Respiratory Rate, in ED]

Assisted Resp Rate – [Assisted Respiratory Rate, in ED]

SaO2 – [Oxygen Saturation level, in ED]

Supplemental Oxygen – [Was Supplemental Oxygen used, in ED]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

GCS Eye (Dropdown Menu) – [ED – GCS Eye Score]

1, None. Adult/Peds - None

2, To Pain. Adult/Peds - Response to Painful Stimulation

3, To Voice. Adult/Peds - Response to Verbal Stimulation

4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously

/, Not Applicable

?, Unknown

GCS Motor (Dropdown Menu) – [ED – GCS Motor Score]

- 1, None. Adult - No Verbal Response. Peds - No Vocal Response
 - 2, Incomprehensible Sounds. Adult - Incomprehensible Sounds. Peds - Inconsolable
 - 3, Inappropriate Words. Adult - Inappropriate Words. Peds - Inconsistently Consolable
 - 4, Confused. Adult - Confused. Peds - Cries But is Consolable
 - 5, Oriented. Adult - Oriented. Peds – Smiles
- /, Not Applicable
- ?, Unknown

GCS Verbal (Dropdown Menu) – [ED – GCS Verbal Score]

- 1, None. Adult/Peds - No Motor Response
 - 2, Extension. Adult/Peds - Extension to Pain
 - 3, Flexion. Adults/Peds - Flexion to Pain
 - 4, Withdraws. Adult/Peds - Withdrawal from Pain
 - 5, Localizes. Adult/Peds - Localizing Pain
 - 6, Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation
- /, Not Applicable
- ?, Unknown

GCS Total – [ED – GCS Total]**RTS – [ED - Revised Trauma Score]****ED/Resus > Notes:****Notes**

Notes – [Additional Notes on the ED/Resus information]

Providers > Resus Team:**Type (Dropdown Menu) – [Service type that was seen by patient]**

- 1, Trauma
- 2, Neurosurgery
- 3, Orthopedics
- 4, General Surgery
- 5, Pediatric Surgery
- 6, Cardiothoracic Surgery
- 7, Burn Services
- 8, Emergency Medicine

9, Pediatrics
10, Anesthesiology
11, Cardiology
14, Critical Care
18, EMT
19, ENT
20, Family Medicine
21, GI
23, Hospitalist
24, Infectious Disease
25, Internal Medicine
27, Nephrology
28, Neurology
29, Nurse Practitioner
30, Nursing
32, Ob-Gyn
34, Oncology
35, Ophthalmology
36, Oral Surgery
37, Oromaxillo Facial Service
38, Ortho-Spine
43, Plastic Surgery
45, Pulmonary
46, Radiology
48, Respiratory Therapist
52, Thoracic Surgery
53, Trauma Resuscitation Nurse
54, Triage Nurse
55, Urology
56, Vascular Surgery
98, Other Surgical
99, Other Non-Surgical
/, Not Applicable
?, Unknown

Provider (Dropdown Menu) – [Service provider that was seen by patient]

Called – [Date / Time Service Provider / Type was Called]

Arrived – [Date / Time Service Provider / Type Arrived]

Elapsed Time – [Elapsed time from Service “Called” to Service “Arrived”]

Notes – [Additional notes for individual Services]

Providers > In-House Consults:

Type (Dropdown Menu) – [Consult Type seen by patient]

- 1, Trauma
- 2, Neurosurgery
- 3, Orthopedics
- 4, General Surgery
- 5, Pediatric Surgery
- 6, Cardiothoracic Surgery
- 7, Burn Services
- 8, Emergency Medicine
- 9, Pediatrics
- 10, Anesthesiology
- 11, Cardiology
- 12, Chaplain
- 13, Child Protective Team
- 14, Critical Care
- 15, Discharge Planner
- 16, Documentation Recorder
- 17, Drug/Alcohol Counselor
- 19, ENT
- 20, Family Medicine
- 21, GI
- 22, Home Health
- 23, Hospitalist
- 24, Infectious Disease
- 25, Internal Medicine
- 26, Laboratory
- 27, Nephrology
- 28, Neurology
- 29, Nurse Practitioner

30, Nursing
31, Nutrition
32, Ob-Gyn
33, Occupational Therapy
34, Oncology
35, Ophthalmology
36, Oral Surgery
37, Oromaxillo Facial Service
38, Ortho-Spine
39, Palliative Care
40, Pharmacy
41, Physiatry
42, Physical Therapy
43, Plastic Surgery
44, Psychiatry
45, Pulmonary
46, Radiology
47, Rehab
48, Respiratory Therapist
49, Social Services
50, Social Worker
51, Speech Therapy
52, Thoracic Surgery
53, Trauma Resuscitation Nurse
54, Triage Nurse
55, Urology
56, Vascular Surgery
98, Other Surgical
99, Other Non-Surgical
/, Not Applicable
?, Unknown

Provider (Dropdown Menu) - [Provider seen by patient]

Providers > Notes:

Notes

Notes – [Additional Notes on the Provider information]

Procedures > ICD 9:

Procedures

Procedure Code (Dropdown Menu) – [ICD 9 Procedure code]

Location (Dropdown Menu) – [Location the Procedure was performed]

- 1, Resuscitation Room
- 2, Emergency Department
- 3, Operating Room
- 4, Intensive Care Unit
- 5, Step-Down Unit
- 6, Floor
- 7, Telemetry Unit
- 8, Observation Unit
- 9, Burn Unit
- 10, Radiology
- 11, Post Anesthesia Care Unit
- 12, Special Procedure Unit
- 13, Labor and Delivery
- 14, Neonatal/Pediatric Care Unit
- /, Not Applicable
- ?, Unknown

Operation # – [Hospital ID for operation performed]

Start – [Date / Time Procedure Started]

Stop – [Date / Time Procedure Stopped]

Service (Dropdown Menu) – [Service that performed the Procedure]

- 1, Trauma
- 2, Neurosurgery
- 3, Orthopedics
- 4, General Surgery
- 5, Pediatric Surgery
- 6, Cardiothoracic Surgery
- 7, Burn Services

8, Emergency Medicine
9, Pediatrics
10, Anesthesiology
11, Cardiology
14, Critical Care
19, ENT
20, Family Medicine
21, GI
23, Hospitalist
24, Infectious Disease
25, Internal Medicine
27, Nephrology
28, Neurology
29, Nurse Practitioner
30, Nursing
32, Ob-Gyn
34, Oncology
35, Ophthalmology
36, Oral Surgery
37, Oromaxillo Facial Service
38, Ortho-Spine
43, Plastic Surgery
45, Pulmonary
46, Radiology
48, Respiratory Therapist
52, Thoracic Surgery
53, Trauma Resuscitation Nurse
54, Triage Nurse
55, Urology
56, Vascular Surgery
98, Other Surgical
99, Other Non-Surgical
/, Not Applicable,
?, Unknown

Physician (Dropdown Menu) – [Physician that performed the Procedure]

Narrative – [Additional notes for individual procedure(s)]

Procedures > Notes:

Notes

Notes – [Additional Notes on the Procedure information]

Diagnosis > Injury Coding:

AIS Version – [AIS Version]

ISS – [Patient’s Injury Severity Score]

NISS – [Patient’s Injury Severity Score]

TRISS – [Patient’s Probability of Survival]

Narrative

Narrative – [Patient’s Injury Narrative for Tri-Code]

Injury Diagnosis

ICD 9 Code – [Patient’s ICD 9 Trauma Diagnosis Code]

PreDot – [Patient’s AIS PreDot Code]

Severity – [Patient’s AIS Severity Code]

- 1, Minor
- 2, Moderate
- 3, Serious
- 4, Severe
- 5, Critical
- 6, Maximum
- 0, Combined with Other Injury
- 9, Unassigned
- /, Not Applicable
- ?, Unknown

ISS Body Region – [Patient’s AIS ISS Body Region Code]

- 1, Head or Neck
- 2, Face
- 3, Chest
- 4, Abdominal or Pelvic Contents
- 5, Extremities or Pelvic Girdle

- 6, External
- 9, Not Determined
- /, Not Applicable
- ?, Unknown

Diagnosis > Non-Trauma Diagnoses:

Non-Trauma Diagnoses ICD 9

ICD 9 – [Patient’s ICD 9 Non-Trauma Diagnosis Code]

Diagnosis > Comorbidities:

Comorbidities

Comorbidities – [Patient’s Pre-Existing Condition(s)]

- 0, None
- 1, Acquired Coagulopathy
- 2, Active Chemotherapy
- 3, Alzheimers Disease
- 4, Ascites within 30 Days
- 5, Asthma
- 6, Bilirubin > 2mg % (on Admission)
- 7, Chemotherapy for Cancer within 30 Days
- 8, Chronic Alcohol Abuse
- 9, Chronic Dementia
- 10, Chronic Demyelinating Disease
- 11, Chronic Drug Abuse
- 12, Chronic Obstructive Pulmonary Disease
- 13, Chronic Pulmonary Condition
- 14, Concurrent or Existence of Metastasis
- 15, Congenital Anomalies
- 16, Congestive Heart Failure
- 17, Coronary Artery Disease
- 18, Coronary Pulmonale
- 19, Coumadin Therapy
- 20, Current Smoker
- 21, CVA / Hemiparesis (Stroke with Residual)
- 22, Dialysis
- 23, Do Not Resuscitate (DNR)

- 24, Documented History of Cirrhosis
- 25, Documented Prior History w/ Ongoing Active Treatment
- 26, Functionally Dependent Health Status
- 27, Gastric or Esophageal Varices
- 28, Hemophilia
- 29, History of Angina within Past 1 Month
- 30, History of Cardiac Surgery
- 31, History of Psychiatric Disorders
- 32, History of Revascularization / Amputation for PVD
- 33, HIV/AIDS
- 34, Hypertension
- 35, Inflammatory Bowel Disease
- 36, Insulin Dependent
- 37, Multiple Sclerosis
- 38, Myocardial Infarction
- 39, Non-Insulin Dependent
- 40, Obesity
- 41, Organic Brain Syndrome
- 42, Pancreatitis
- 43, Peptic Ulcer Disease
- 44, Parkinsons Disease
- 45, Pre-Existing Anemia
- 46, Pregnancy
- 47, Prematurity
- 48, Rheumatoid Arthritis
- 49, Routine Steroid Use
- 50, Seizures
- 51, Serum Creatinine > 2 mg %
- 52, Spinal Cord Injury
- 53, Systemic Lupus Erythematous
- 62, Transplants
- 63, Undergoing Current Therapy
- /, Not Applicable
- ?, Unknown

Diagnosis > Notes:

Notes

Notes – [Additional Notes on the Diagnosis information]

Outcome > Initial Discharge:**Discharge Information**

Discharge Status (Dropdown Menu) – [Patient’s status, upon Discharge]

- 6, Alive
- 7, Dead
- /, Not Applicable
- ?, Unknown

General Condition on Discharge (Dropdown Menu) – [Patient’s condition, upon Discharge]

- 1, Good, Returned to Previous Level of Function
- 2, Temporary Disability, Expected to Return to Previous Level of Function
- 3, Moderate Disability with Self Care
- 4, Severe Disability, Dependent
- 5, Persistent Vegetative State
- /, Not Applicable
- ?, Unknown

Discharge/Death – [Date/Time patient was Discharged or Died]

Total Days > ICU – [Total Amount of days spent in the ICU]

Total Days > Ventilator – [Total Amount of days on Ventilator Support]

Total Days > Hospital – [Total Amount of days spent in the Hospital]

Discharged To (Dropdown Menu) – [Location patient was discharged to]

- 0, Home, No Assistance
- 1, Home, Health Care
- 2, Home, Rehab Outpatient
- 3, Skilled Nursing Facility
- 4, ICF
- 5, Rehab Facility
- 6, Acute Care Hospital
- 7, Medical Examiner/Morgue
- 8, Other
- 9, Jail/Prison

10, Unable to Complete Treatment/AMA
11, Burn Center
12, Discharged/Transferred to Hospice Care
/, Not Applicable
?, Unknown

Specify – [Location patient was discharged to - Detail]

If Transferred, Facility – [Facility patient was transferred to, upon discharge]

If Other – [Other Facility patient was transferred to, upon discharge]

City – [City of Facility patient was transferred to, upon discharge]

State – [State of Facility patient was transferred to, upon discharge]

Reason – [Reason for Transfer]

Specify – [Reason for Transfer - Detail]

Final Anatomical Diagnosis

Autopsy – [Was an Autopsy performed]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Surgery – [Did the patient require surgery]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Radiographic Studies – [Did the patient require Radiographic Studies]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Clinical – [Did the patient require any clinical intervention]

Y, Yes
N, No
UNK, Unknown
N/A, Not Applicable

Impediments to Discharge

Discharge Impediments (Dropdown Menu) - [Factors involved in patients, delay of discharge]

- 1, None
- 2, Financial
- 3, Social
- 4, Psychiatric
- 5, Non-Availability of Special Care Facility
- 6, Physician Related
- /, Not Applicable
- ?, Unknown

Outcome > Discharge Disabilities:**Discharge Disabilities****Pre-Existing:****Feeding (Dropdown Menu)** - [Pre-Existing – Feeding Disability Score]

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Locomotion (Dropdown Menu) - [Pre-Existing – Locomotion Disability Score]

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Expression (Dropdown Menu) - [Pre-Existing – Expression Disability Score]

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Total - [Pre-Existing – Total Disability Score]

Discharge:**Feeding (Dropdown Menu) – [Discharge – Feeding Disability Score]**

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Locomotion (Dropdown Menu) – [Discharge – Locomotion Disability Score]

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Expression (Dropdown Menu) – [Discharge – Expression Disability Score]

- 1, Dependent - Total Help Required
- 2, Dependent - Partial Help Required
- 3, Independent with Device
- 4, Independent
- /, Not Applicable
- ?, Unknown

Total – [Discharge – Total Disability Score]**Discharge GCS****GCS Eye (Dropdown Menu) – [Outcome – GCS Eye Score]**

- 1, None. Adult/Peds - None
- 2, To Pain. Adult/Peds - Response to Painful Stimulation
- 3, To Voice. Adult/Peds - Response to Verbal Stimulation
- 4, Spontaneous. Adult/Peds - Opens Eyes Spontaneously
- /, Not Applicable
- ?, Unknown

GCS Motor (Dropdown Menu) – [Outcome – GCS Motor Score]

- 1, None. Adult - No Verbal Response. Peds - No Vocal Response
- 2, Incomprehensible Sounds. Adult - Incomprehensible Sounds. Peds - Inconsolable

- 3, Inappropriate Words. Adult - Inappropriate Words. Peds - Inconsistently Consolable
- 4, Confused. Adult - Confused. Peds - Cries But is Consolable
- 5, Oriented. Adult - Oriented. Peds – Smiles
- /, Not Applicable
- ?, Unknown

GCS Verbal (Dropdown Menu) – [Outcome – GCS Verbal Score]

- 1, None. Adult/Peds - No Motor Response
- 2, Extension. Adult/Peds - Extension to Pain
- 3, Flexion. Adults/Peds - Flexion to Pain
- 4, Withdraws. Adult/Peds - Withdrawal from Pain
- 5, Localizes. Adult/Peds - Localizing Pain
- 6, Obeys. Adult - Obeys Commands. Peds - Appropriate Response to Stimulation
- /, Not Applicable
- ?, Unknown

GCS Total – [Outcome – GCS Total]**Outcome > If Death:****Death Information****Location (Dropdown Menu) – [Location of patient's death]**

- 1, Scene
- 2, Emergency Room
- 3, OR
- 4, ICU
- 5, Floor
- 6, Other
- /, Not Applicable
- ?, Unknown

Manner of Death (Dropdown Menu) – [Cause of Death]

- 1, Homicide
- 2, Suicide
- 3, Accidental
- /, Not Applicable
- ?, Unknown

Cause of Death – [Specific Cause of patient's death]**Autopsy # – [Patient's Autopsy Number]**

Organ Procurement**Organs Procured (Dropdown Menu)** – [Organ(s) collected from patient]

- 0, Not Asked
- 1, None
- 2, All / Multiple NFS
- 3, Adrenal Glands
- 4, Bone
- 5, Bone Marrow
- 6, Cartilage
- 7, Cornea
- 8, Dura Mater
- 9, Fascialata
- 10, Heart
- 11, Heart & Lungs
- 12, Heart & Valves
- 13, Kidneys
- 14, Liver
- 15, Lungs
- 16, Nerves
- 17, Pancreas
- 18, Skin
- 19, Tendons
- /, Not Applicable
- ?, Unknown

Outcome > Billing:**Billing****Account #** - [Patient's Financial Account Number]**Charges Billed \$** - [Amount – Charged to patient]**Total Charges Collected \$** - [Amount – Collected from patient]**Payor Sources****Primary Payor (Dropdown Menu)** – [Patient's Primary Payor Type]

- 1, None
- 2, Automotive
- 3, Champus

- 4, Champus/VA
- 5, Charity
- 6, Commercial
- 7, HMO
- 8, Medicare
- 9, Medicaid
- 10, No Charge/Write Off
- 11, Other Federal
- 12, Other State
- 13, PPO
- 14, Research
- 15, Self Insurance
- 16, Self Pay
- 17, Teaching
- 18, Victims Funds
- 19, Welfare
- 20, Workmans Compensation
- 21, Indian Health Service
- 22, BlueCross/BlueShield
- /, Not Applicable
- ?, Unknown

Additional Payors (Dropdown Menu) – [Patient’s Additional Payor Type]

- 1, None
- 2, Automotive
- 3, Champus
- 4, Champus/VA
- 5, Charity
- 6, Commercial
- 7, HMO
- 8, Medicare
- 9, Medicaid
- 10, No Charge/Write Off
- 11, Other Federal
- 12, Other State
- 13, PPO

- 14, Research
- 15, Self Insurance
- 16, Self Pay
- 17, Teaching
- 18, Victims Funds
- 19, Welfare
- 20, Workmans Compensation
- 21, Indian Health Service
- 22, BlueCross/BlueShield
- /, Not Applicable
- ?, Unknown

Specify – [Specify Payor Type, if Payor is “Other State” or “Other Federal”]

Outcome > Notes:

Notes

Notes – [Additional Notes on the Outcome information]

QA Tracking > QA Items:

Filters

QA Item – [Filter Question]

ACS/Questions:

- 101, Was there at least hourly determination and recording of vitals
- 102, Did patient with epidural or subdural brain hematoma receive a craniotomy > 4 hours after EDA, excluding those performed for ICP Monitoring
- 103, Did comatose patient (GCS < 9) leave the ED before definitive airway (endotracheal tube or surgical airway) was established
- 104, Did patient require reintubation of airway within 48 hours of extubation
- 105, Did patient with abdominal injuries and hypertension (SBP < 90) not undergo a laparotomy within 1 hour of ED arrival
- 106, Did undergo laparotomy > 4 hours after ED arrival
- 107, Was there a nonfixation of Femoral diaphyseal fracture?
- 108, Was a patient sustaining a gunshot wound to abdomen managed non-operatively
- 109, Was there an interval of > 8 hours between arrival and the initiation of debridement of an open tibial fracture, excluding a low velocity GSW
- 110, Was abdominal, thoracic, vascular, or cranial surgery performed > 24 hours after arrival

System Filters:

NTDB Complications:

- 1, Other
- 2, RETIRED 2011: Abdominal Compartment Syndrome
- 3, RETIRED 2011: Abdominal Fascia Left Open
- 4, Acute Renal Failure
- 5, Acute Respiratory Distress Syndrome (ARDS)
- 6, RETIRED 2011: Base Deficit
- 7, RETIRED 2011: Bleeding
- 8, Cardiac Arrest with CPR
- 9, RETIRED 2011: Coagulopathy
- 10, RETIRED 2011: Coma
- 11, Decubitus Ulcer
- 12, Deep Surgical Site Infection
- 13, Drug or Alcohol Withdrawal Syndrome
- 14, Deep Vein Thrombosis (DVT) / Thrombophlebitis
- 15, Extremity Compartment Syndrome
- 16, Graft/Prosthesis/Flap Failure
- 17, RETIRED 2011: Intracranial pressure
- 18, Myocardial Infarction
- 19, Organ/Space Surgical Site Infection
- 20, Pneumonia
- 21, Pulmonary Embolism
- 22, Stroke / CVA
- 23, Superficial Surgical Site Infection
- 24, RETIRED 2011: Systemic Sepsis
- 25, Unplanned Intubation
- 26, RETIRED 2011: Wound Disruption
- 27, Urinary Tract Infection
- 28, Catheter-Related Blood Stream Infection
- 29, Osteomyelitis
- 30, Unplanned Return to the OR
- 31, Unplanned Return to the ICU
- 32, Severe Sepsis

Filter – [Filter Question - Type]

- 1, ACS/Questions

2, System Filters

3, User-Defined

4, NTDB Complications

Response – [Filter Question - Response]

Y, Yes

N, No

UNK, Unknown

N/A, Not Applicable

QA Tracking > Notes:

Notes

Notes – [Additional Notes on the QA Tracking information]