



Severe Trauma Documentation

Severe Trauma Inclusion

For your ePCR to be classified as **Severe Trauma**, ALL of the following must be true:

- Possible Injury = Yes
- Provider Primary or Secondary Impression indicates trauma [*Patient Assessment* → *Symptoms/Impression*]. In the State of MT Elite ePCR, these options indicate trauma:

Impression Label	ICD Code*	Impression Label	ICD Code*
Pain - Acute pain due to trauma	G89.11	Injury - Pelvis	S39.93XA
Injury - Burn, Unspecified Degree	T30.0	Injury - Shoulder or Upper Arm	S49.90XA
Injury - Hemorrhage due to trauma	R58	Injury - Elbow	S59.909A
Injury - Head injury, unspecified	S09.90XA	Injury - Forearm	S59.919A
Injury - Concussion/head injury with LOC	S06.0X9A	Injury - Wrist, Hand, or Fingers	S69.90XA
Injury - Concussion/head injury without LOC	S06.0X0A	Injury - Hip	S79.919A
Injury - Face	S09.93XA	Injury - Thigh (upper leg)	S79.929A
Injury - Eye and/or Orbit	S05.90XA	Injury - Knee	S83.90XA
Injury - Nose	S09.92XA	Injury - Lower Leg	S89.90XA
Injury - Ear	S09.91XA	Injury - Ankle	S99.919A
Injury - Neck	S19.9XXA	Injury - Foot	S99.929A
Injury - Thorax (chest)	S29.9XXA	Injury - Multiple injuries	T07.XXXA
Injury - Lower Back	S39.92XA	Injury - Not Otherwise Listed	T14.90XA

*ICD Codes are the values that ultimately get sent to NEMESIS, but they are typically not visible to the ECP who is completing the report. Agencies that use 3rd party vendors should make sure their ICD code mappings align with the [state's mappings](#). ICD codes G89.11, S00-S99, R58, O71.9, T79, T15-T34, L55.0-L55.2, T07, T14.8, and T14.90 (including all sub-codes) are included as trauma. Please note that "Pain - Acute Pain Sudden Onset (non-traumatic)" (G89.1) is NOT included as trauma

- The record matches RED (high risk for serious injury) [trauma triage criteria](#) (See Below)

RED CRITERIA
High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> ▪ Penetrating injuries to head, neck, torso, and proximal extremities ▪ Skull deformity, suspected skull fracture ▪ Suspected spinal injury with new motor or sensory loss ▪ Chest wall instability, deformity, or suspected flail chest ▪ Suspected pelvic fracture ▪ Suspected fracture of two or more proximal long bones ▪ Crushed, degloved, mangled, or pulseless extremity ▪ Amputation proximal to wrist or ankle ▪ Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> ▪ Unable to follow commands (motor GCS < 6) ▪ RR < 10 or > 29 breaths/min ▪ Respiratory distress or need for respiratory support ▪ Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> ▪ SBP < 70mm Hg + (2 x age in years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> ▪ SBP < 90 mmHg or ▪ HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> ▪ SBP < 110 mmHg or ▪ HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system



QI measures for Severe Trauma

Severe Trauma				
QI Measure	MT		US	
	%	Denominator	%	Denominator
6.1- Severe Trauma: Total GCS Documented	93%	6,776	98%	959,037
6.2- Severe Trauma: HR Documented	97%	6,776	98%	959,037
6.3- Severe Trauma: RR Documented	91%	6,776	97%	959,037
6.4- Severe Trauma: SBP Documented	94%	6,776	96%	959,037
6.5- Severe Trauma: Oxygen Administration	26%	6,776	14%	959,037
6.6- Severe Trauma: On-scene Time <10 Minutes	17%	5,884	16%	811,635
6.7- Severe Trauma: Trauma Alert to Hospital	26%	5,884	18%	811,635

- GCS, HR, RR, SBP are all documented in the Vitals section of the ePCR [Provider Actions → Vitals] or use the Vitals PowerTool.
- Oxygen administration must be documented in the structured Medications fields
- A radio/cell report to the ED notifying them of an incoming suspected severe trauma patient is considered an Alert/Activation regardless of hospital protocols. Make sure to document your trauma alert!

Injury Information

Enter details about the injury via [Patient Assessment → Injury information]

Note: The Vehicle Occupant tab becomes visible after an MVC-related cause of injury is selected
(See MVC Documentation Guide)

USE PERTINENT NEGATIVE VALUES where needed:

Assessments

Enter your assessments under [Provider Actions → Assessments] or Use Assessment PowerTool. **Do not document assessments in narrative only!**