DELAWARE OFFICE OF EMERGENCY MEDICAL SERVICES

SYSTEMS OF CARE OFFICE

Delaware Trauma System
Trauma Registry Data Dictionary
2025 - 2027

Version: 2026.1

Date Originally Adopted: June, 2002

Date of Next Review: July 2026

Date of Last Revision: December 2025

2025.10.10 UPDATE: This dictionary remains current and compliant with the 2026 NTDS Data Dictionary Change Log. It has been reviewed and there are no changes required.

What follows is the Delaware Trauma Registry Data Dictionary. It was approved at the July 2, 2025, Trauma Registrar Network meeting. It includes the 2025 National Trauma Data System's (NTDS) requirements.

The Data Dictionary is marked with an "X" to indicate whether the data field is required by the NTDS, the state, or individual hospitals. Some fields may be required by the state, but not NTDS, and others may be required by the hospitals, but by no one else.

	Data Field	NTDS	STATE	HOSP	Entry Options
		X	X	X	

Each trauma center should develop their own resources in conjunction with this dictionary to ensure consistent and accurate data entry into the Delaware Trauma Registry.

A special thank you to the Data Dictionary workgroup for editing and refining this dictionary. Thank you to all registrars for your hard work and the important role you have in the state-wide Trauma System of Care. The System could not function without you.

PAUL WESTLAKE

Public Health Treatment Program Administrator
Systems of Care Coordinator

Delaware Department of Health and Social Services
Division of Public Health
Office of Emergency Medical Services

100 Sunnyside Road, Smyrna, DE 19977
Office: (302) 223-2970 ✧ Mobile: (330) 340-4913
paul.westlake@delaware.gov

RECORD OF CHANGES

Change Number	Effective Date	Row Number	Summary of Changes
1	4/9/2025		Inclusion and Exclusion Criteria: • Deleted in-house injuries and included all patients who have a mechanism, injury and admission/transfer regardless of reason for admission – per NTDS • Burn inclusion criteria
2	4/9/2025	30	Defined when to use N/A (homeless) or Not Known/Not Recorded
3	4/9/2025	31	Limited choice to "Y" since field will be grayed out unless N/A is used in Zip Code field
4	4/9/2025	64	Make state required field; hospitals already capturing and data could be useful with injury prevention efforts.
5	4/9/2025	82	Unable to manually enter, copy/paste. Can only be directly imported from the EMS care report
6	4/9/2025	185	Defined ED Departure Order as the time to use for the first call to initiate IFT
7	4/9/2025	251	Defined use of Alcohol Misuse Team
8	4/9/2025	315	Allowed for the use of scattered abrasions with a description of general locations (upper right extremity, etc.).
9	5/28/2025	Pg 4	Added NTDB inclusion criteria for patients transferred or discharched to hospice.
10	10/10/2025	203	Clarified what constitutes a Primary Medical Event.
11	12/16/2025		Verified state-collected and mandatory fields for pre-hospital whole blood data collection.

DELAWARE TRAUMA REGISTRY INCLUSION CRITERIA

To ensure consistent data collection across Delaware into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria:

A. **At least ONE** of the following diagnostic codes (ICD-10-CM):
   1. S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts–initial encounter)
   2. T07 (unspecified multiple injuries)
   3. T14 (injury of unspecified body region)
   4. T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome–initial encounter)

B. **And** must include any one or more of the following:
   1. Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention), **OR**
   2. Patients transferred to a higher-level trauma center, **OR**
   3. Patients transferred in from another facility, **OR**
   4. Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status) including Emergency Department deaths and patients who are dead on arrival, **OR**
   5. Patients transferred/discharged to hospice (e.g., hospice facility, hospice unit, home hospice), **OR**
   6. Patients who were an in-patient admission and/or observed.

C. **Additional Delaware Trauma System of Care INCLUSIONS**:
   1. All trauma activations
   2. All Non-Accidental Traumas that have confirmed injuries.
   3. Drowning and non-fatal submersion (T75.1)
   4. Smoke Inhalation (J70.5)
   5. Asphyxiation/Suffocation (T71)
   6. Burns (T20-T32). Follow NTDS inclusion criteria - Isolated burns are included, but not sent to NTDB. State use only.
   7. Lightning (T75) and electrocution (T75.4)

D. **EXCLUSIONS**;
   1. Injuries over 14 days old without previous treatment
   2. Readmissions for the same injury are added to the existing Registry record
   3. Exertional injuries particularly over time
   4. Transfer to psychiatric facility as the only reason for inclusion
   5. Foreign bodies without injury
   6. Envenomation
   7. In-house traumatic injuries sustained after initial ED/Hospital arrival and before hospital discharge at the index hospital (the hospital reporting the data).
   8. Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded

	Data Field	NTDS	STATE	HOSP	Entry Options
1	**Demographic Data Screen**				
2	**Record Info**				
3	Record Created On D-CREATE			X	Prefill date that the record was created.
4	Record Created By D-USER-ID			X	Prefill user who created the record.
5	Initial Location			X	First point of encounter in the hospital. Drop down list. (Do Not use Resuscitation Room-use Emergency Department)
6	Trauma Number TRAUMA_NUM			X	Unique number automatically assigned by the trauma registry for every patient.
7	Patient Arrival Date EDA_DATE_M EDA_DATE_D EDA_DATE_Y	X	X	X	Reported as YYYY-MM-DD. • If the patient was brought to the ED, report the date the patient arrived at the ED. • If the patient was directly admitted to the hospital, report the date the patient was admitted to the hospital.
8	Patient Arrival Time EDA_TIME_H EDA_TIME_M	X	X	X	Reported as HHMM military time. • If the patient was brought to the ED, report the time the patient arrived at the ED. • If the patient was directly admitted to the hospital, report the time the patient was admitted to the hospital.
9	Medical Record Number MED_REC			X	Medical Record Number
10	Patient Account Number PAT_ACT			X	Account Number
11	State Trauma #				N/A
12	Regional Trauma #				N/A
13	Hospital System Trauma #				N/A

	Data Field	NTDS	STATE	HOSP	Entry Options
14	Name: Last PAT_NAM_L			X	The patient's last name. • If name is not known use M ####### or F #######
15	Patient Name: First PAT_NAM_F			X	The patient's first name. • U: Unknown • No first name known (If John or Jane Doe. use FIN#. not unknown)
16	Patient Origin			X	Scene, Referring Hospital, Physician Office/Urgent Care • ? Unknown • Event was at home and pt directly from home = scene • Event was not at home (i.e.. MVC) and pt. went home first then to ED = home • Pt. found down at home hours. days later and sent into ED = scene • Event was not at home but didn't respond to ED hours. days later = home • Event was at home but pt waited to go to ED = home
17	Inclusion Information			X	If patient to be included in NTDB and State information. Fields are auto filled with "Y". yes and should not be changed without discussing with supervisor. • Follow NTDB inclusion/exclusion criteria
18	**Patient**				
19	Name: Last PAT_NAM_L			X	The patient's last name will pre-fill from Record Info Screen.
20	Name: First PAT_NAM_F			X	The patient's first name. Will pre-fill from Record Info Screen.
21	Date of Birth DOB_M, D, YR	X	X	X	Reported as MM-DD-YYYY • If Date of Birth is "Not Known/Not Recorded," report Age and Age Units. • If Date of Birth is the same as the Injury Incident Date, then Age and Age Units must be reported. • ??/??/????: date of birth unknown • ##/##/####: day/month/year of birth

	Data Field	NTDS	STATE	HOSP	Entry Options
22	Age RAW_AGE	X	X	X	Patients age (will Prefill if date of birth and ED date is entered) • UUU: age unknown • ###: Enter patient's age in years. can enter estimated an age
23	In (age) AGE_TYPE	X	X	X	How the age is noted: 1: Years; age noted in years 2. months: age noted is in months 3. days: age noted is in days 5. hours: age noted is in hours 6. minutes: age noted is in minutes 7. weeks ?. Unknown: no age known
24	Sex Assigned at birth (Gender in ESO)	X	X	X	Patient's gender assigned at birth 1. Male 2. Female 3. Intersex ?. Unknown
25	Gender (Gender Identity in ESO)	X	X	X	Patient's preferred gender identity 1. Transgender female (patient identifies as transgender male to female) 2. Transgender male (patient identifies as transgender female to male) 3. Non-binary (patient does not identify with male or female) 4. Male (patient identifies as male) 5. Female (patient identifies as female) 6. Other (other gender identity) 7. Non-disclosed (patient was asked and declined to answer) ?. Unknown (not asked or no self/family reported)

	Data Field	NTDS	STATE	HOSP	Entry Options
26	Gender-Affirming Hormone Therapy	X	X	X	Gender-affirming hormone therapy includes but is not limited to estrogen, antiandrogens, and testosterone. If there are no gender affirming hormones on their med list, document No. If uncertain if medication was for gender-affirming hormone therapy, then consult TMD or relevant physician/physician extender. 1. Yes 2. No 3. Non-disclosed if patient declines to answer 4. N/A: Patient unable to respond, verify, etc.
27	Race RACE	X	X	X	Patient's race. Up to three races may be entered. 1. American Indian 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander 5. White 6. Other race Per NTDS, element cannot be blank, Not Applicable, or Not Known/Not Recorded
28	Ethnicity ETHNICITY	X	X	X	Patient's ethnicity. 1. Hispanic or Latino 2. Not Hispanic or Latino ?. Unknown ethnicity

	Data Field	NTDS	STATE	HOSP	Entry Options
29	Primary Language		X	X	Primary language of the patient 1. English 2. Bengali 3. Chinese 4. Deaf-Sign Language 5. French 6. German 7. Hindi 8. Italian 9. Korean 10. Polish 11. Portuguese 12. Russian 13. Spanish 14. Turkish 15. Vietnamese 16. Haitian-Creole 17. Other /. Not Applicable ?. Unknown primary language
30	Zip/Postal Code PAT_ADR_Z	X	X	X	The patients home ZIP/postal code of primary residence • Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US or can be stored in the postal code format of the applicable country. • May require adherence to HIPAA regulations. • Use “Not Applicable,” if patient is homeless. • Use “Not Known/Not Recorded,” if patient is unable to provide. Report: Patient’s Home Country, Patient’s Home State (US only), Patient’s Home County (US only), and Patient’s Home City (US only). • If Patient’s Home ZIP/Postal Code is reported, must also report Patient’s Home Country.

	Data Field	NTDS	STATE	HOSP	Entry Options
31	Homeless		X	X	If patient Zip/Postal Code is N/A, indicate Y for homeless.
32	City PAT_ADR_CI	X	X	X	The patient's home city. Will auto-fill if Zip code entered. • UUUU. Unknown: patient's city home is unknown • XXXXX: city name noted
33	State PAT_ADR_ST	X	X	X	The patient's home state. Will auto-fill if Zip code entered • UU: The patients home state is Unknown • XX: note patients home state using the 2-letter abbreviation • N/A: If pt's country is not US
34	County PAT_ADR_FC	X	X	X	The patient's home county. Will auto-fill if Zip code entered • UUUUU. Unknown: home county unknown • XXXXX. enter county code • N/A: If pt's country is not US
35	Country PAT_ADR_CY	X	X	X	The country the patient currently lives in. Will auto-fill if Zip code entered • UUU: The patients home country is Unknown • XXXX: home country noted

	Data Field	NTDS	STATE	HOSP	Entry Options
36	Alternate Residence ALT_ADDRESS	X	X	X	Only reported when Patient's Home ZIP/Postal Code is “Not Applicable.” Report all that apply. • Homeless is defined as a person who lacks housing and includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters. • Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission. • Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country to accept seasonal employment in the same or different country. • The null value “Not Applicable” is reported if Patient’s Home ZIP/Postal Code is reported.
37	Telephone				Not used
38	**Injury Information**				
39	Injury Date INJ_DATE_D INJ_DATE_M INJ_DATE_Y	X	X	X	The date the injury occurred. • ??? or UUU: injury date unknown • ##/##/####: Day/month and year the injury occurred. • Note: dispatch date on the prehospital record may be used if a more accurate date is not documented. • Do not use the dispatch date if you know it is incorrect.
40	Injury Time INJ_TIME_H INJ_TIME_M	X	X	X	The time the injury occurred. Use miliary time. For midnight use 00:00. • ??:?? or UU:UU: injury time unknown • ####: Time the injury occurred. • Note: dispatch (alarm) time on the prehospital record should not be used as the time of injury.
41	ICD 10 Location Code	X	X	X	Place where the injury occurred. Use pick list

	Data Field	NTDS	STATE	HOSP	Entry Options
42	Injury Location: Specify			X	Free text narrative where the injury occurred. • Put the address of the scene if available. If not, put the place or location. i.e.. Delaware Park. Be as specific as possible. • If unknown put unknown
43	Protective Devices	X	X	X	Protective devices (safety equipment) in use or worn by the patient at the time of injury. • Restraints: Choose up to 2 • Airbag: Choose up to 4 • Equipment: Choose up to 4
44	Protective Devices-Restraints	X	X	X	Protective devices used when the injury occurred 1. None: protective devices should have been used and were not (i.e.. MVC without a seat belt) 2. Seatbelt. Lap and Shoulder 3. Seatbelt. Lap Only 4. Seatbelt. Shoulder Only 5. Seatbelt. NFS 6. Child Booster seat 7. Child Car Seat 8. Infant Car Seat 9. Truck Bed Restraint "/" Not Applicable-if not in a motor vehicle accident ?. Unknown if Protective devices used Per NTDB #3 Lap Only should be used to include those patients that are restrained but NFS. If child is in a car/booster seat and not fastened to car select #1. None

	Data Field	NTDS	STATE	HOSP	Entry Options
45	Protective Devices-Airbags	X	X	X	Protective devices used when the injury occurred 1. No Airbags in Vehicle 2. Airbags Did Not Deploy 3. Front (Deployed) 4. Side (Deployed) 5. Airbag Deployed Other (Knee. Airbelt. Curtain. etc.) 6. Airbag Type Unknown (Deployed) /. Not Applicable. if not in a motor vehicle accident ?. Unknown Per NTDB use #3 Front (Deployed) if airbags deployed but NFS
46	Protective Devices-Equipment	X	X	X	Protective devices used when the injury occurred 1. None 2. Helmet 3. Eye Protection 4. Protective Clothing 5. Protective Non-Clothing Gear (e.g.. Shin Guard. Padding) 6. Hard Hat 7. Personal Floatation Device 8. Other /. Not Applicable (Not a choice in NTDB,will map to “none”) ?. Unknown
47	Child Specific Restraints	X	X	X	Only reported when “Protective Devices” field include “Child Restraint” 1. Car Seat 2. Infant car Seat 3. Child booster seat

	Data Field	NTDS	STATE	HOSP	Entry Options
48	Injury Location Information Zip LOC_ZIP	X	X	X	Zip code where accident occurred. If at home address. click Copy Patient Address button. • UUUUU: The zip is unknown • #####: five-digit home zip code
49	Injury Location Information City LOC_CITY	X	X	X	What city the accident occurred in. Will auto-fill if Zip code entered • U: City where accident occurred is unknown. • XXXXX: note city the accident occurred in.
50	Injury Location Information State LOC_STATE	X	X	X	What state the accident occurred in. Will auto-fill if Zip code entered • UU: The state is unknown • XX: Note the state using the 2-letter abbreviation
51	Injury Location Information County LOC_CNTY	X	X	X	County where the injury occurred. Will auto-fill if Zip code entered • UUUUU. Unknown: county where injury occurred is unknown • XXXXX. county code noted.
52	Country PAT_ADR_CY	X	X	X	The country where the injury occurred. Will auto-fill if Zip code entered • UUU: The country is Unknown • XXXX: home country noted
53	Work Related WORK_RELAT	X	X	X	Whether the injury occurred during paid employment. 1. Yes: injury was work related 2. No: injury was not work related ?. Unknown: unknown if injury was work related
54	Occupation OCCUPATION	X	X	X	The occupation of the patient who was injured during paid employment.

	Data Field	NTDS	STATE	HOSP	Entry Options
55	Occupational Industry	X	X	X	The occupational industry associated with the patient's work environment for patients injured during paid employment.
56	Domestic Violence		X	X	Was this injury caused by domestic violence? 1. Yes: injury was caused by domestic violence 2. No: injury was not caused by domestic violence /. Not Applicable ?. Unknown: unknown if injury was caused by domestic violence See NTDB for definition of domestic relationship as it is defined by state or local authority.
57	Report Physical Abuse		X	X	Report of physical abuse made to law enforcement/protective agency. 1. Yes 2. No ?. Unknown As it relates to domestic, elder or child abuse as defined by the state.
58	Investigation of Physical Abuse		X	X	Investigation by law enforcement/protective agency of reported physical abuse 1. Yes 2. No /. Not Applicable (if no report of physical abuse) ?. Unknown As it relates to domestic, elder or child abuse as defined by the state
59	**Mechanism of Injury**				
60	**ICD 10**				
61	Primary ICD10 Mechanism (External Cause Code)	X	X	X	Primary ICD10 mechanism for cause of injury. • If Injury Code S00-T88: Enter appropriate ICD10 Mechanism • ?: Cause of injury unknown • N/A: Not to be used

	Data Field	NTDS	STATE	HOSP	Entry Options
62	Secondary ICD10 Mechanism (Additional External Cause Code)	X	X	X	Secondary ICD10 mechanism for cause of injury. • If no secondary cause of injury, leave blank • If Injury Code S00-T88: Enter appropriate ICD10 Mechanism
63	Tertiary ICD10 Mechanism		X	X	Tertiary ICD10 mechanism for cause of injury • If no tertiary cause of injury, leave blank • If Injury Code S00-T88: Enter appropriate ICD10 Mechanism
64	Causes of Injury: Specify CAUSE_INJ		X	X	Primary cause of injury (use facts documented in the chart to justify the ICD10 Mechanism) • Narrative: use free text; if unknown put unknown
65	Injury Type INJ_TYPE		X	X	Whether the injury was caused by a blunt or penetrating mechanism. Will pre-fill based on primary ECode 1. Blunt: injury caused by a blunt mechanism, include hanging 2. Penetrating: injury caused by a penetrating mechanism. Include animal bites (envenomation) if skin is penetrated 3. Burn: injury caused by a burn. IE electrical burn. shock. lightning strike 4. Other (Use for drowning, inhalation with no airway burn, exposure with no burn, hypothermia) ?. Unknown Usually auto-populates but check when using odd mechanisms
66	Activity Code ICD10		X	X	What was patient doing at the time of the injury? If needed, further specify in the provided space.
67	Alcohol Involvement – ICD10 (Alcohol Screen per NTDS)	X	X	X	Blood Alcohol Level Range when the patient was injured. • Y90.0-Y90.9: Enter appropriate Alcohol Involvement ICD10 Code • /. Not Applicable –if alcohol level was not tested. • ?. Unknown • Leave blank if alcohol was tested and negative

	Data Field	NTDS	STATE	HOSP	Entry Options

68	Injury Mechanism		X	X	The Cause of the Blunt. Penetrating. or Burn injury by Category. Choose the most appropriate from drop down list
					• For Domestic Violence:
					  ○ Primary Code should start with T74 or T76 which is confirmed or suspected abuse.
					  ○ Secondary Code should be between X92 – Y09 which is the actual mechanism
					  ○ Tertiary Code Y07 (under the Assault Tab)
					• When choosing 2 options involving assault AND shootings or stabbings, select the appropriate mechanism, then add "Assault" as the secondary mechanism

69	**Prehospital Tab**				
70	Scene/Transport				
71	Was the patient extricated? EXTRICATE		X	X	Whether the patient was extricated (use of tools / equipment to remove pt from vehicle). Applies to MVC's only, must be in the vehicle. • Y. Yes. the patient was involved in a MVC and was extricated • N. No the patient was involved in a MVC and was not extricated • N/A. Inappropriate: the patient was not in a MV or involved in a MVC and found outside of vehicle. • ?. Unknown: the patient was involved in a MVC. and it is unknown if the patient was extricated
72	Time Required EXTRC_TIME			X	The total time in minutes it took for extrication. • ###: total time in minutes for the extrication • UUU. Unknown: patient was extricated. time unknown
73	Fluid Amount			X	
74	Hospital Notified by EMS			X	Enter date and time Pre-hospital provider contacted medical control
75	Scene Transport				Click on Blue Field or Edit for Initial Provider. Click Add for additional Pre-Hospital Provider

	Data Field	NTDS	STATE	HOSP	Entry Options
76	Mode	X	X	X	How the patient is transported to the hospital. 1. Ground Ambulance 2. Helicopter Ambulance 3. Fixed Wing Ambulance 4. Private Vehicle or Walk-in 5. Police 6. Public Safety 7. Water Ambulance 8. Other ?. Unknown
77	Agency		X	X	Prehospital primary vehicle number (agency or unit who provided EMS care), Prehospital vehicle number noted U. Unknown: patient did receive Prehospital care, vehicle number unknown
78	Transport Role		X	X	Transport Role for each unit involved in transporting patient. Ground ALS typically performs non-Transport role and BLS performs transport role.
79	Care Level		X	X	Indicate care level of Pre-hospital transport unit (ALS. BLS. N/A.?)
80	Scene EMS Report			X	Indicate Status of EMS report (Complete. Incomplete. Missing. Unreadable. N/A.?)
81	PCR# (Patient Care Record)			X	Prehospital PCR number noted in Prehospital Report
82	PCR UUID	X	X	X	Currently greyed out; Unable to manually enter, copy/paste. Can only be directly imported from the EMS care report.
83	Dispatch Number			X	Dispatch number noted as incident number. Include all letters that correspond with the number. U. Unknown: treated by Prehospital care providers. incident number is unknown.
84	Call Dispatched Date and Time		X	X	Indicate the Date and Time the Pre-hospital provider was dispatched.
85	En Route Date and Time		X	X	Indicate the Date and Time the Pre-hospital provider was En Route.

	Data Field	NTDS	STATE	HOSP	Entry Options
86	Arrived at Location Date and Time		X	X	Indicate the Date and Time the Pre-hospital provider arrived at the location.
87	Arrived at Patient Date and Time		X	X	Indicate the Date and Time the Pre-hospital provider arrived at the patient.
88	Departed Location Date and Time		X	X	Indicate the Date and Time the Pre-hospital provider departed the location.
89	Arrived at Destination		X	X	Indicate the Date and Time the Pre-hospital provider arrived at destination.
90	Scene Time Elapsed		X	X	Calculated Field.
91	Transport Time Elapsed		X	X	Calculated Field.
92	Additional Providers		X	X	For additional information provide the same information noted above for each agency involved by clicking “Add”.
93	**Prehospital Triage**				
94	Prehospital Triage Rationale		X	X	Indicate all physiologic, anatomic, and mechanism of injury criteria that apply to the patient taken from EMS reports.
95	National Field Triage Criteria				Not currently used.
96	National Field Triage				Not currently used.
97	**Treatment**				
98	Pre-hospital Vitals		X	X	Click on the Blue Field or Edit for Initial Vitals (delete if #4-#8)
99	Recorded			X	Date and Time initial vital signs were taken by Prehospital. • UU:UU: time recorded is unknown

	Data Field	NTDS	STATE	HOSP	Entry Options
100	Paralytic Agents?			X	Whether paralytic agents were in effect at the time of vital sign documentation. Paralytic agents: Succinylcholine (Anectine), Cisatracurium (Nimbex), Vecuronium (Norcuron), Pancuronium Bromide (Pavulon), Rocuronium (Zemuron)
101	Sedated?			X	Indicate if patient sedated at time vitals were documented. (Phenobarbital, Nembutal, Klonopin, Diazepam, Ativan, Versed, Xanax, other Benzodiazepines, Barbiturates, Marijuana.)
102	Eye Obstruction?			X	Were the patient's eyes obstructed at the time vitals were taken?
103	Pre-hospital Cardiac Arrest	X	X	X	Did patient experience a cardiac arrest prior to arrival at ED/hospital? 1. Yes 2. No
104	Intubated?	X	X	X	Was the patient intubated with a definitive airway due to this injury prior to arrival at your hospital? • Include: ET, tracheostomy, crichothyroidotomy • Exclude: airways not placed below the vocal cords (e.g., combitube, KING, LMA, I-Gel)
105	If Yes, Method			X	The method of intubation if patient was intubated at time vitals taken. Choose from Drop down list.
106	Respiration Assisted?			X	Was the patient receiving respiratory assistance at the time vital signs were taken?
107	If Yes, Type			X	Type of respiratory assistance if assisted respiration at time of vitals. Choose from Drop down list.
108	Systolic Blood Pressure		X	X	Initial Prehospital systolic blood pressure: • UU. initial Prehospital systolic blood pressure unknown

	Data Field	NTDS	STATE	HOSP	Entry Options
109	Pulse Rate/Min		X	X	Initial Prehospital pulse: • UUU. Unknown initial pulse
110	Unassisted Respiratory Rate/Min			X	Initial Prehospital unassisted respiratory rate: • UU. Unknown: initial Prehospital unassisted respiratory rate is unknown
111	Assisted Respiratory Rate/Min			X	Initial Prehospital assisted respiratory rate: • UU. Unknown: initial Prehospital unassisted respiratory rate is unknown
112	O2 Saturation			X	Initial Oxygen Saturation “SPO2” listed by a pre-hospital provider.
113	Supplemental O2			X	Was patient on supplemental oxygen at time Oxygen Saturation recorded.
114	GCS Eye			X	Eye component of initial Prehospital GCS: • U. Unknown eye component of initial Prehospital GCS • 1-4 GCS eye Prehospital GCS
115	GCS Verbal			X	Verbal component of initial Prehospital GCS: • U. Unknown verbal component of initial Prehospital GCS • 1-5 GCS verbal component Prehospital GCS
116	GCS Motor			X	Motor component of initial Prehospital GCS: • U. Unknown motor component of initial Prehospital GCS • 1-6 GCS motor component Prehospital GCS

	Data Field	NTDS	STATE	HOSP	Entry Options
117	GCS Total		X	X	Initial total Prehospital GCS. Values are 3-15: • UU. Unknown initial total Prehospital GCS
118	RTS (Revised Trauma Score)			X	Revised trauma score. Program will automatically calculate RTS
119	Triage RTS			X	Triaged Revised Trauma Score. Program will automatically Calculate.
120	GCS 40				Not using at this time
121	Pediatric Trauma Score				Not using at this time.
122	Prehospital Procedure Provider			X	Choose Agency performing each procedure by clicking on the radio-box containing the agency name or by clicking and choosing the provider using drop down menus.
123	Prehospital Procedures		X	X	Procedures done at the scene and enroute to the hospital by the prehospital providers. Choose procedures from drop down menu.
124	Prehospital Medications		X	X	Medications given at the scene or enroute to the hospital by the prehospital providers. Choose medications from drop down menu.
125	*NOTE Regarding Scene Vitals for Patients from Referring Facilities			X	If the Scene Vitals can be obtained from the Pre-Hospital Report of the unit providing transport to the Referring hospital. then these vital signs should be filled in on the Prehospital treatment tab. (SBP. Pulse. Resp Rate. 02 Sat. GCS). Only capture prehospital vital signs for transferred in patients from scene of injury.
126	**Referring Facility Tab**				
127	**Referral History-Immediate Referring Facility**				

	Data Field	NTDS	STATE	HOSP	Entry Options
128	Transfer In	X	X	X	Indicate if patient was a transfer in (Yes/No). • INCLUDE: o Patients who require physical transfer from a free-standing emergency department. • EXCLUDE: o Patients transferred from a private doctor's office, urgent care center, walk-in clinic, or stand-alone ambulatory surgery center.
129	Referring Facility		X	X	The acute care facility the patient was referred from. Use Drop down menus to choose facility.
130	Arrival Date and Time		X	X	Indicate Date and Time of arrival at Referring Facility.
131	Departure Date and Time		X	X	Indicate Date and Time of Departure from Referring Facility
132	Length of Stay		X	X	Length of Stay at Referring hospital will auto-calculate based on arrival and departure times
133	Late Referral		X	X	Indicate via drop down box reasons for late referral.
134	Rationale		X	X	Indicate reason for Referral.
135	By		X	X	Indicate person/entity initiating referral (physician. patient. or payor)
136	**Assessments**				
137	Recorded			X	Indicate the date/time the initial vital signs were recorded.
138	Temperature			X	Initial temperature recorded at the referring facility. • UUUUU: initial temperature is unknown

	Data Field	NTDS	STATE	HOSP	Entry Options
139	Temperature Type			X	Unit of measurement on temperature: 1. F temp taken in Fahrenheit 2. C temp taken in centigrade ?. Unknown what type of measurement unit was used. /. temperature not recorded
140	Temperature Route			X	Temperature Route recorded at the referring facility. Use Drop down list to pick route.
141	Paralytic Agents?			X	Whether paralytic agents were in effect at the time of vital sign documentation. Paralytic agents: Succinylcholine (Anectine), Cisatracurium (Nimbex), Vecuronium (Norcuron), Pancuronium Bromide (Pavulon), Rocuronium (Zemuron
142	Sedated?			X	Indicate if patient sedated at time vitals were documented. (Phenobarbital, Nembutal, Klonopin, Diazepam, Ativan, Versed, Xanax, other Benzodiazepines, Barbiturates, Marijuana.)
143	Eye Obstruction?			X	Were the patient's eye(s) obstructed at the time vitals were taken?
144	Intubated?			X	Was the patient intubated at the time vital signs were taken?
145	If Yes, Method			X	The method of intubation if patient was intubated at time vitals taken. Choose from Drop down list.
146	Intubation Location	X	X	X	Location the patient was intubated prior to hospital arrival: 1. Out of hospital 2. Transferring facility
147	Respiration Assisted?			X	Was the patient receiving respiratory assistance at the time vital signs were taken?
148	If Yes, Type			X	Type of respiratory assistance if assisted respiration at time of vitals. Choose from Drop down list.

	Data Field	NTDS	STATE	HOSP	Entry Options
149	Systolic Blood Pressure			X	Initial systolic blood pressure recorded at the referring facility. • UUU. initial systolic blood pressure unknown
150	Pulse Rate/Min			X	Initial pulse recorded at the referring facility. • UUU. Unknown initial pulse
151	Unassisted Respiratory Rate/Min			X	Initial unassisted respiratory rate recorded at the referring facility: • UU. Unknown: initial unassisted respiratory rate is unknown Note: If patient was intubated or bagged in the field or immediately upon ED arrival, may use respiratory rate prior to intubation if available.
152	Assisted Respiratory Rate/Min			X	Initial assisted respiratory rate recorded at the referring facility: • UU. Unknown: initial unassisted respiratory rate is unknown Note: If patient was intubated or bagged in the field or immediately upon ED arrival, may use respiratory rate prior to intubation if available.
153	Supplemental O2			X	Was the patient on supplemental oxygen at the time Oxygen Saturation recorded?
154	GCS Eye			X	Eye component of initial Prehospital GCS: • U. Unknown eye component of initial Prehospital GCS • 1-4 GCS eye Prehospital GCS
155	GCS Verbal			X	GCS Verbal component of initial Prehospital GCS: • U. Unknown verbal component of initial Prehospital GCS • 1-5 GCS verbal component Prehospital

	Data Field	NTDS	STATE	HOSP	Entry Options
156	GCS Motor			X	Motor component of initial Prehospital GCS: • U. Unknown motor component of initial Prehospital GCS • 1-6 GCS motor component Prehospital GCS
157	GCS Total			X	Initial total Prehospital GCS. Values are 3-15: UU. Unknown initial total Prehospital GCS
158	GCS 40				Delaware not using at this time. use "/"
159	RTS				Revised Trauma Score-Program will calculate RTS.
160	Triage RTS				Triage Revised Trauma Score-Program will calculate Triage RTS.
161	Alcohol Use Indicator			X	Indicate use of Alcohol by patient using categories in Drop down menu.
162	ETOH/BAC ETOH_BAC_R			X	Initial emergency department blood alcohol at referring facility • UUU: blood alcohol was tested. initial results unknown or unknown if blood alcohol was tested • III: Inappropriate blood alcohol not tested • ###: blood alcohol tested and noted • 000: blood alcohol tested and negative
163	Drug Use Indicator			X	Indicate use of Drugs by the patient using categories in drop down menu
164	Drug Screen			X	Initial emergency department drug at the referring facility. List all that are positive using drop down menu.
165	Vitals/Medications			X	Collect data on blood products and antibiotics
166	**Procedures**				

	Data Field	NTDS	STATE	HOSP	Entry Options
167	USE appropriate ICD10 Procedure Code for the listed procedures			X	Indicate the following ICD10 codes for procedures performed at the referring facility. It is not necessary to indicate the facility start date & time, diagnostic results, or anatomic region. • Endotracheal Intubation • CPR • Cricothyroidotomy • Tube Thoracostomy (Chest Tube) • Pericardiocentesis • Needle Decompression • ED Thoracotomy • Laparotomy • CT Scan Head • CT Scan Abdomen • CT Scan Chest • Other CT scan (Spine. Face. Extremity) • MAST-inflated or Pelvic Stabilization • Suture • FAST/Ultrasound Abdomen/Retroperitoneum
168	**Inter-Facility Transport**				
169	Referring Facility		X	X	The acute care facility the patient was referred from. Use Drop down menus to choose facility.

	Data Field	NTDS	STATE	HOSP	Entry Options
170	Mode		X	X	Mode of interfacility transport vehicle. What type of vehicle did the interfacility transfer? 1. Ground Ambulance 2. Helicopter Ambulance 3. Fixed Wind Ambulance 4. Private Vehicle/Walk-in 5. Police 6. Public Safety 7. Water Ambulance 8. Water Ambulance /. Not Applicable ?. Unknown
171	EMS Report			X	Indicated status of the EMS transport report. (Pick from menu)
172	Agency		X	X	Interfacility transport agency number: • U. Unknown: was a transfer, agency who transported patient number unknown
173	Transport Role			X	Select from dropdown menu
174	Call Dispatched		X	X	Indicate date/time the unit was dispatched. Use Military Time.
175	Arrived at Location		X	X	Indicate date/time unit arrived at location. Use Military Time.
176	Departed Location		X	X	Indicate date/time unit left location. Use Military Time
177	Transport Time				Time taken to transport patient based on Departure and Destination arrival.
178	Inter-Facility Vitals				Up to individual hospital
179	Inter-Facility Procedures				Up to individual hospital
180	Inter-Facility Medications				Up to individual hospital
181	**ED/Resus Tab**				

	Data Field	NTDS	STATE	HOSP	Entry Options
182	**Arrival/Admission**				
183	Direct Admit			X	Indicate if the patient was a direct admission to the hospital (Not seen in ED).
184	ED Arrival Date and Time	X	X	X	Date and Time the patient arrived in the ED. If ED arrival time is midnight, put time as 0000 with the following days date. • For direct admit ED Arrival is "/".
185	ED Departure Order		X	X	Date and Time admission/dc from ED orders were written. • For direct admit use "/" • For Interfacility Transfers: First call requesting transfer – Often referred to as "decision time" this is the date and time of the very first call requesting transfer of a trauma patient to a tertiary center.
186	ED Departure/Admitted Date and Time	X	X	X	For patients seen in the ED Indicate the Date and Time the patient was discharged from the ED • For direct admits indicate the Date and Time the patient was admitted.
187	Time in ED				Time in ED will auto-calculate based on ED arrival and departure.
188	Mode of Arrival		X	X	Mode of arrival to facility. How the patient is transported to the hospital.
189	Signs of Life				Indication of whether patient arrived at ED/hospital with Signs of Life. (Documented PEA on arrival = 2. Arrived with Signs of Life)
190	Response Level (Highest Activation)	X	X	X	The level of response: • Full (Trauma Code) • Partial (Trauma Alert) • Consult • No Trauma Activation (Non-trauma Service or ED Only) • "/" not applicable for Direct Admit.
191	Response Activation Date and Time		X	X	Date and Time Trauma Team was activated Codes and Alerts.
192	Elapsed				Time elapsed before trauma team was activated. Auto calculated by system based on Arrival and Activation Date/Time. Will be negative number if activation occurred prior to arrival.

	Data Field	NTDS	STATE	HOSP	Entry Options
193	Revised Response Level		X	X	Indicate if the level of response was revised. (e.g. Upgrade to Trauma code or downgraded from Trauma Code to Trauma Alert).
194	Revised Response Level Date and Time		X	X	Date and time the trauma response was upgraded or downgraded.
195	Elapsed				Time elapsed before the trauma response was upgraded or downgraded. Post Auto calculated by system.
196	Post ED Disposition	X	X	X	Discharge disposition from this facility Emergency Department. • Use Drop down list to choose disposition • If discharged home from ED, enter "/" and manually enter "Home" in "Specify" section • Burn Center for all pts transferred to a Burn Center "80" • Hospice: o From home hospice and discharged to home hospice = discharge to hospice o From home hospice and discharged to inpt hospice = discharge to hospice o From home and discharged to home hospice/inpt hospice = discharge to hospice
197	Admitting Service			X	The service admitting the patient to the hospital. For ED patients who are not admitted (discharged or transferred) enter N/A (/)
198	Admitting Physician			X	Admitting physician name (Trauma only); N/A for any other service.
199	Surgeon			X	Y or N
200	Post OR Disposition			X	Hospital specific. Indicate the destination of the patient post-OR if the patient went to the operating room prior to admission and arrival in a room.
201	Tertiary Exam			X	Timely = Level 1 for all trauma admissions within 72-hours of arrival Timely = Level 3 for all trauma admissions within 48-hours of arrival (CCHS) • Yes (timely) • No (not timely) • "/": N/A (not admitted to trauma) • ? Unknown (should not use unknown)

	Data Field	NTDS	STATE	HOSP	Entry Options
202	Primary Trauma Service Type	X	X	X	The primary service type responsible for trauma evaluation and care of the patient.This element will be used to determine which eligible Trauma Quality Programs report (adult or pediatric) the patient will appear; report age criteria will still apply. • Adult trauma centers that do not have a separate pediatric service must report Element Value "1, Adult." • Pediatric trauma centers that do not have a separate adult service must report Element Value "2, Pediatric."
203	Primary Medical Event	X	X	X	If the patient experienced a documented primary medical event (e.g., seizure, stroke, myocardial infarction, arrythmia, syncope, hypoglycemia, etc.) that immediately preceded and caused the traumatic injury. • 1=Y • 2=N
204	Intubation	X	X	X	Was the patient intubated with a definitive airway due to this injury prior to arrival at your hospital? • Include: ET, tracheostomy, crichothyroidotomy • Exclude: airways not placed below the vocal cords (e.g., combitube, KING, LMA, I-Gel)
205	ED/Resus Custom Fields			CCHSN	Custom fields for the ED/Resus Tab are accessed via the “Custom” button in the bottom right-hand corner of the Arrival Admission page.

	Data Field	NTDS	STATE	HOSP	Entry Options
206	System Access			CCHSN	Source originally responsible for designating patient as needing treatment by the trauma care system and inclusion into the trauma registry (all inter-facilities transfers are system access inter-facility transfers regardless of whether a code or alert was called). 1. Prehospital Care – Trauma response called by prehospital care team or base station prior to patient arrival at this hospital (use for trauma code or alert called prior to patient arrival) 2. Emergency Department - mobilization of trauma team following patient arrival at this hospital or designation unknown (use for trauma code or alert called after patient arrival or code or alert and called time is unknown for codes and alerts) 3. Inter-facility transfer - transfer from another facility to this hospital 4. Discharge Review – choose for all patients other than inter- facility transfers, trauma codes and trauma alerts (include all trauma consults and non-trauma service patients) NOTE: check patient arrival time and code/alert time to determine if prehospital or after arrival.
207	Team Present			CCHSN	Whether the trauma team was present at codes and alerts. 1. Yes – there was documentation that the trauma team was present at codes and alerts (must at least be marked that the surgical resident or trauma practitioner was present) 2. No – there was no documentation that the trauma team was present at codes and alerts. /. Inappropriate – not a trauma code or alert
208	Time Documented Codes Alerts			CCHSN	Whether the trauma code or alert time was documented in the chart: 1. Yes – there was documentation of the time of the codes or alerts 2. No – there was no documentation of the time of the codes or alerts. /. Inappropriate – not a trauma code or alert

	Data Field	NTDS	STATE	HOSP	Entry Options
209	Met Criteria for Code			CCHSN	Whether the patient met trauma code criteria within the first two hours. (1-4 only it pt not transferred; 5 only for transferred patients) 1. Yes. the patient does meet trauma code criteria 2. No the patient does not meet trauma code criteria /. Inappropriate – pt was a direct admission Note: Trauma Code Criteria: 1. Intubation 2. SBP < 90 at any time in adult and age-specific children (see below) • Must be 2 consecutive blood pressures. • Normal BP for Children: 0 years old – SBP 70 1 yr. old – SBP 72 2 yr. old – SBP 74 3 yr. old – SBP 76 4 yr. old – SBP 78 5 yr. old – SBP 80 6 yr. old – SBP 82 7 yr. old – SBP 84 8 yr. old – SBP 86 9 yr. old – SBP 88 10 yr. old – SBP 90 3. GCS < 8 4. GSW/SW to neck. chest or abdomen 5. Blood (for transferred patients only receiving blood to maintain vital signs)
210	Code Called if met criteria in first 2 hours			CCHSN	If the patient met trauma code criteria within the first two hours. was a code called? 1. Yes. code was called 2. No. code was not called /. Inappropriate – pt was a direct admission or pt did not meet code criteria

	Data Field	NTDS	STATE	HOSP	Entry Options
211	Type of Criteria Met for Trauma Code			CCHSN	If pt meets code criteria. what criteria was met: 1. Intubation from scene or in ED within first 2 hours 2. SBP < 90 at any time in adult and age-specific children (see below) • Must be 2 consecutive blood pressures. • Normal BP for Children: 0 years old – SBP 70 1 yr. old – SBP 72 2 yr. old – SBP 74 3 yr. old – SBP 76 4 yr. old – SBP 78 5 yr. old – SBP 80 6 yr. old – SBP 82 7 yr. old – SBP 84 8 yr. old – SBP 86 9 yr. old – SBP 88 10 yr. old – SBP 90 3. GCS < 8 4. GSW to head. face. neck. torso. including buttocks and groin 5. Blood (for transferred patients receiving blood to maintain vital signs) 6. Multiple criteria met (more than one) /. Inappropriate Pt did not meet code criteria
212	Attending Present			CCHSN	Pt met code criteria, code not called. Was the trauma attending present? 1. Yes, code not called, and the attending was present 2. No, code not called. and the attending was not present /. Inappropriate – pt did not meet code criteria or met code criteria and code was called.

	Data Field	NTDS	STATE	HOSP	Entry Options
213	Warming Measures (Codes Alerts Only)			CCHSN	Indicates warming methods documented with temp <=35 in the ED? (Codes and alerts only): 1. Yes temp <= 35 and warming methods were documented 2. No temp <= 35 and warming methods were not documented /. Inappropriate – temp normal, not seen in the ED, or pt was not a code or alert ?. Unknown – temp not documented
214	Repeat Temperature (Codes Alerts Only)			CCHSN	Pt had a temp <=35 in the ED. was a repeat ED temp taken (codes and alerts only): 1. Yes temp was <= 35 in the ED and a repeat temp was recorded in ED 2. No temp was <= 35 in the ED and a repeat temp was not recorded in ED /. temp normal. not seen in the ED or pt was not a code or alert ?. Unknown – temp not documented
215	SBIRT-ETOH Intervention			CCHSN	Pt screening for ETOH usage. 1. Yes patient was screened ETOH usage. For WH. Level 3 only
216	FAST Exam Results			CCHSN	Results noted on ED FAST exam (includes Wilmington or Christiana results) 1. Positive results/Free fluid noted on FAST exam 2. Negative results/no Free fluid noted on FAST exam 3. FAST exam not performed ?. Unknown – FAST exam performed but results not documented
217	Lactate Level			CCHSN	The initial Lactate level recorded as a number xx.x. recorded in the first 24 hours
218	TEG			CCHSN	Initial TEG drawn: Y, N,?, N/A, blank
219	Notes Tab			X	
220	**Initial Assessment**				
221	Recorded Date/Time	X	X	X	Indicate the date/time the initial vital signs were recorded. (Within 30 minutes)

	Data Field	NTDS	STATE	HOSP	Entry Options
222	Weight	X	X	X	First Recorded Weight upon ED/Hospital Admission Measured within 24 hours or less: Y, N
223	Height	X	X	X	First Recorded Height upon ED/Hospital Admission Any time during admission: Y, N
224	Temperature	X	X	X	Initial temperature • UUUUU: initial temperature is unknown • ##.#: initial temperature
225	Temperature Type			X	Unit of measurement on temperature: 1. F temp taken in Fahrenheit 2. C temp taken in centigrade ?. Unknown what type of measurement unit was used. /. temperature not recorded
226	Temperature Route			X	Temperature Route recorded at the referring facility. Use Drop down list to pick route.
227	Paralytic Agents?			X	Whether paralytic agents were in effect at the time of vital sign documentation. Paralytic agents: Succinylcholine (Anectine), Cisatracurium (Nimbex), Vecuronium (Norcuron), Pancuronium Bromide (Pavulon), Rocuronium (Zemuron
228	Sedated?			X	Indicate if patient sedated at time vitals were documented. (Phenobarbital, Nembutal, Klonopin, Diazepam, Ativan, Versed, Xanax, other Benzodiazepines, Barbiturates, Marijuana.)
229	Eye Obstruction?			X	Were the patient's eye(s) obstructed at the time vitals were taken?
230	Intubated?			X	Was the patient intubated at the time vital signs were taken?
231	If Yes, Method			X	The method of intubation if patient was intubated at time vitals taken. Choose from Drop down list.

	Data Field	NTDS	STATE	HOSP	Entry Options
232	Respiration Assisted?	X	X	X	Was the patient receiving respiratory assistance at the time vital signs were taken?
233	If Yes, Type				Type of respiratory assistance if assisted respiration at time of vitals. Choose from Drop down list.
234	Systolic Blood Pressure	X	X	X	Initial systolic blood pressure recorded in the ED/Hospital for Direct Admits: • UUU. initial systolic blood pressure unknown • ###. initial systolic blood pressure noted
235	Pulse Rate/Min	X	X	X	Initial pulse recorded in the ED/Hospital for Direct Admits: • UU. Unknown initial pulse • ### initial pulse rate noted
236	Unassisted Respiratory Rate/Min	X	X	X	Initial unassisted respiratory rate recorded in the ED/Hospital for Direct Admits: • UU. Unknown: initial unassisted respiratory rate is unknown • ### initial unassisted respiratory rate Note: If patient was intubated or bagged in the field or immediately upon ED arrival. may use respiratory rate prior to intubation if available.
237	Assisted Respiratory Rate/Min	X	X	X	Initial assisted respiratory rate recorded in the ED/Hospital for Direct Admits: • UU. Unknown: initial unassisted respiratory rate is unknown • ### initial unassisted respiratory rate Note: If patient was intubated or bagged in the field or immediately upon ED arrival. may use respiratory rate prior to intubation if available.
238	O2 Saturation	X	X	X	Initial Oxygen Saturation “SPO2” listed by referring facility
239	Supplemental O2	X	X	X	Was the patient on supplemental oxygen at the time Oxygen Saturation recorded?

	Data Field	NTDS	STATE	HOSP	Entry Options
240	GCS Eye	X	X	X	Eye component of initial GCS recorded in the ED/Hospital for Direct Admits: • U. Unknown eye component of initial GCS • 1-4 GCS eye GCS
241	GCS Verbal	X	X	X	Verbal component of initial GCS recorded in the ED/Hospital for Direct Admits: • U. Unknown verbal component of initial GCS • 1-5 GCS verbal component
242	GCS Motor	X	X	X	Motor component of initial GCS recorded in the ED/Hospital for Direct Admits: • U. Unknown motor component of initial GCS • 1-6 GCS motor component
243	GCS Total	X	X	X	Initial total GCS recorded in the ED/Hospital for Direct Admits: • UU. Unknown initial total GCS • 3-15 total GCS noted
244	GCS 40				Delaware not using at this time. use "/"
245	RTS				Revised Trauma Score. Program will calculate RTS.
246	Triage RTS				Triage Revised Trauma Score. The program will calculate Triage RTS.
247	SBIRT		X	X	Y (Screening done). N (Screening not done), / N/A (not trauma service. ED discharge), ? Unknown (shouldn't use) Date, time, and score
248	Alcohol Screen	X	X	X	Alcohol screen may be administered at any facility, unit, or setting treating this patient event within 24 hours of first hospital arrival, which can include the referring hospital; cannot collect from autopsy.
249	Alcohol Use Indicator		X	X	Choose from Drop Down List. (< age 21 any # is above legal limit; > age 21 above legal limit is ≥ 100)

	Data Field	NTDS	STATE	HOSP	Entry Options
250	ETOH/BAC (Alcohol Screen Results)	X	X	X	Initial emergency department blood alcohol: • UUU: blood alcohol was tested initial results unknown or unknown if blood alcohol was tested • III: Inappropriate, blood alcohol not tested • ###: blood alcohol tested and noted • 000: blood alcohol tested and negative
251	Alcohol Misuse Team			X	• If alcohol level is drawn and positive (over 100), the SBIRT is automatically positive and requires evaluation by alcohol misuse team. For this box, it needs to be a Y/N. Everyone under 21 yrs of age with any alcohol level greater than 10 (< or = 10 is our "0") is positive. • If no alcohol level is drawn but SBIRT questionnaire is positive, then it also requires evaluation by alcohol misuse team. For this box, it needs to be a Y/N • If alcohol level is negative and screening is negative, then alcohol misuse box should be N/A
252	Drug Use Indicator			X	Indicate use of Drugs by the patient using categories in drop down menu
253	Drug Screen	X	X	X	Initial emergency department drug screen results. List all that are positive using drop down menu.
254	ED/Resus Custom Fields				Custom fields for the ED/Resus Tab are accessed via the "Custom" button in the bottom right-hand corner of the Initial Assessment page.
255	MTP Order/Activation (only complete if MTP ordered)		X	X	Complete up to 3 MTP activations. If "Y": • Date: • Time:
256	Vitals			X	Only enter additional vital signs if the GCS changed between the time of ED arrival and ED departure. If there was a change in the GCS, please enter the new GCS upon ED departure if patient is admitted.
257	Medications			X	Hospital specific

	Data Field	NTDS	STATE	HOSP	Entry Options
258	Warming Measures			X	Warming measures taken • 0 No warming measures • 1 Warming measures applied / N/A ? Unknown
259	Mass Blood Protocol		X	X	Choose: Y. N.?. N/A. blank. If "Y": • Date / Time (ordered) • Date / Time (administered)
260	Labs/Screens			X	• ABG: pH. PaO2. PaCO2. Base Deficit/Excess; Lab: Hct. INR; • Screenings: ○ NAT ○ Anticoagulant protocol activated. ○ Rehab services screening ○ Mental health screening
261	**Patient Tracking Tab**				
262	**Location/Service**				Only enter Information regarding Intensive Care unit time
263	Location			X	Enter for ICU days only
264	Arrival/Departure Date			X	Enter all admit and discharge dates from and Intensive Care Unit during admission.
265	Arrival Time			X	Enter arrival time to ICU
266	ICU Days	X	X	X	The system will calculate total based on ICU days entered in the location tracking fields. • If no ICU days list "/" not applicable
267	Ventilator /Blood				
268	Ventilator Tracking				Click on Blue Field or Edit to enter initial Ventilator information (only include Vent date/time outside of OR)
269	Ventilator Start/Stop Dates	X	X	X	Enter all ventilator Start and Stop dates. Do not enter times. • (ENTER ICU ORDER DATE - i.e.. no ICU beds avail & pt sent to PACU for all patients that remain intubated after OR)

	Data Field	NTDS	STATE	HOSP	Entry Options
270	Ventilator Days	X	X	X	System will calculate total ventilator days. If no ventilator days enter "/" not applicable
271	Blood tracking			X	Click on Blue Field or Edit to enter initial Blood Product Information
272	Blood Product		X	X	Enter type of blood product from the drop-down menu.
273	Volume		X	X	Record Number of Units of blood
274	Units			X	Pick Units
275	Location			X	Hospital specific
276	Time Period			X	Record Time period for initial infusion of each blood type
277	**Providers**				
278	**Resus Team**				Do not enter Responded time.
279	Trauma Attending			X	The primary trauma attending who responded to the trauma for this patient: • /. Inappropriate: non-trauma service patient or Direct Admit. • ?. Unknown: trauma service patient. attending trauma surgeon unknown (cannot rely on on-call list attending needs to be verified by documentation in the record) • #####: attending trauma surgeon noted
280	Date/Time Called	X	X	X	The date & time the primary trauma attending was called (trauma codes, alert, or consult). • II:II: non-trauma service patient or Direct Admit. • UU:UU: Unknown: trauma service patient. attending trauma surgeon time called is unknown • ##:##: time the primary trauma attending was called or consulted Note: If "PTA" is recorded. use the patient arrival time. If it is an upgrade to a trauma code. use the upgrade time.

	Data Field	NTDS	STATE	HOSP	Entry Options
281	Date/Time Arrived	X	X	X	The date & time the primary trauma attending arrived (trauma codes, alerts, or consult). The time arrived cannot be before the time called. If it is, put time arrived as the same time alert or code was called. • II:II: non-trauma service patient or trauma consult or Direct Admit. • UU:UU: Unknown: trauma service patient (code or alert). attending trauma surgeon time arrived is unknown • ##:##: time the primary trauma attending arrived at the code or alert Note: for arrival time. use the time the attending responded to the code or alert. if PTA or OA use time of the patient arrival as the time arrived.
282	Timeliness			X	Did the Attending MD respond within 15 minutes of the Code being called or patient arrival time whichever is the later time? • Timely – arrived within 15 min (Level 1 & 2) or 30 minutes (Level 3) for Codes • Not Timely – arrived later than timeframe indicated above (for upgrades to code, timely starts at called time not arrival time) • Absent – trauma attending not present/not listed as being present for Trauma code • ? - Unknown-physician listed but time not documented or not legible
283	Emergency Medicine			X	The ED attending: • /. Inappropriate, the patient was not cared for by an ED attending • If name not available in dropdown menu. choose “Emergency Medicine-Unknown”. then enter name in “Notes” option • Do not enter Date or Time called, Responded or Arrived for ED physician

	Data Field	NTDS	STATE	HOSP	Entry Options
284	Anesthesiology			X	The Anesthesiologist who cared for this patient. Use only if intubation performed in the ED: • I. Inappropriate: the patient was not cared for by an Anesthesiologist (pt not intubated in the ED) • If name not available in dropdown menu. choose “Anesthesiologist Unknown”. then enter name in “Notes” option • #####: Anesthesiologist noted
285	Date/Timed Called			X	The date & time the Anesthesiologist was called or consulted: • II:II: Anesthesiologist was not consulted • UU:UU: Unknown: Anesthesiologist was consulted. and Anesthesiologist consult time is unknown • ##:##: time Anesthesiologist was called or consulted
286	Date/Time Arrived			X	The date & time the Anesthesiologist arrived: • II:II: Anesthesiologist was not consulted • UU:UU: Unknown: Anesthesiologist was consulted. and Anesthesiologist arrival time is unknown • ##:##: time the Anesthesiologist arrived
287	Neurosurgery			X	The neurosurgeon that was consulted for this patient: • I: Inappropriate: neurosurgeon was not consulted • If name is not available in dropdown menu. choose “Neurosurgery-MD unknown. then enter name in “Notes” option • #####: neurosurgeon noted • Timely: STAT within 30 minutes (time to view images can be used to satisfy [iSITE. Audit Trail]); • Routine within 24 hours of time consult called. APCs can satisfy this with attending notification.

	Data Field	NTDS	STATE	HOSP	Entry Options
288	Date/Timed Called			X	The date & time the neurosurgeon was called or consulted in the ED. ED consults only. • II:II: neurosurgeon was not consulted in the ED. • UU:UU: Unknown: neurosurgeon was consulted. and neurosurgeon consult time is unknown • ##:##: time the neurosurgeon was called or consulted
289	Date/Time Arrived			X	The date & time the neurosurgeon arrived. Only list if Neurosurgeon consult placed while pt in ED. • II:II: neurosurgeon was not consulted in the ED. • UU:UU: Unknown: neurosurgeon was consulted. and neurosurgeon arrival time is unknown • ##:##: time the neurosurgeon arrived
290	Orthopedics			X	The Orthopedic Surgeon that was consulted for this patient. • I. Inappropriate: Orthopedic Surgeon was not consulted • If name not available in dropdown menu. choose “Orthopedic-MD Unknown. then enter name in “Notes” option • #####: Orthopedic Surgeon noted • Timely: STAT within 30 minutes; • Routine within 24 hours of time consult called. APCs can satisfy this with attending notification.
291	Date/Timed Called			X	The date & time the Orthopedic Surgeon was called or consulted. Date / Time info entered for ED consults only: • II:II: Orthopedic Surgeon was not consulted in the ED. • UU:UU: Unknown: Orthopedic Surgeon was consulted. and orthopedic consult time is unknown • ##:##: time Orthopedic Surgeon was called or consulted

	Data Field	NTDS	STATE	HOSP	Entry Options
292	Date/Time Arrived			X	The date & time the Orthopedic Surgeon arrived. Only list times if Ortho consulted while patient in ED. • II:II: Orthopedic Surgeon was not consulted in the ED • UU:UU: Unknown: Orthopedic Surgeon was consulted. and orthopedic arrival time is unknown • ##:##: time the Orthopedic Surgeon arrived
293	In-House Consults			X	List Called Date/Time and Arrival Date/Time and Timeliness for Consults related to Neurosurgery, Orthopedics, VIR, PT, and OT (as applicable). For all other consultative services, capture the service and timeliness (within in 24 hours, go to Form Browser to check called time for consults with arrival > 24 hours to verify delay; if called time contributed to delay, capture called time versus ordered time).
294	Trauma Attending			X	The trauma attending who was consulted after admission: • I. Inappropriate: non-trauma service patient • If name not available in dropdown menu. choose “Trauma Attending-Unknown, then enter name in “Notes” option • #####: attending trauma surgeon noted
295	Plastic Surgery			X	The Plastic Surgeon that was consulted for this patient: • I. Inappropriate: Plastic Surgeon was not consulted • If name not available in dropdown menu. choose “Plastic Surgeon Unspecified”. then enter name in “Notes” option • #####: Plastic Surgeon noted

	Data Field	NTDS	STATE	HOSP	Entry Options
296	Rehab			X	The Rehab Physician that was consulted for this patient: • I. Inappropriate: Rehab Physician was not consulted • If name not available in dropdown menu. choose “Rehab Physician. Unknown”. Then enter name in “Notes” option • #####: Rehab Physician noted
297	Ophthalmology			X	The Ophthalmologist that was consulted for this patient: • I. Inappropriate: Ophthalmologist was not consulted • If name not available in dropdown menu. choose “Ophthalmology Physician Unspecified”. then enter name in “Notes” option • #####: Ophthalmologist noted
298	Cardiology			X	The Cardiologist that was consulted for this patient: • I. Inappropriate: Cardiologist was not consulted • If name not available in dropdown menu. choose “Cardiologist Physician Unk”. then enter name in “Notes” option • #####: Cardiologist noted
299	Neurology			X	The Neurologist that was consulted for this patient: • I. Inappropriate: Neurologist was not consulted • If name not available in dropdown menu. choose “Neurologist Unknown”. then enter name in “Notes” option • #####: Neurologist noted

	Data Field	NTDS	STATE	HOSP	Entry Options
300	Pediatrics			X	The Pediatrician that was consulted for this patient: • I. Inappropriate: Pediatrician was not consulted • If name not available in dropdown menu. choose “Pediatric-Md Unknown”. then enter name in “Notes” option • #####: Pediatrician noted
301	Hospitalist (Trauma Hosp)			X	The Trauma Hospitalist initially consulted for the patient. There should be a handwritten or dictated consult. • I. Inappropriate: Trauma Hospitalist not consulted • If name not available in dropdown menu. choose “Unspecified Trauma Hospitalist”. then enter name in “Notes” option • #####: physician number of trauma hospitalist from pull down menu.
302	Other Surgical			X	The Surgical Resident who cared for this patient. For trauma codes only: • I. Inappropriate: the patient was not cared for by a Surgical Resident or not a code. • If name not available in dropdown menu. choose “Surgical Resident Unknown”. then enter name in “Notes” option • #####: Surgical Resident noted
303	Physical Therapy			X	Enter date/time of order and date/time of arrival for initial Rehabilitation consult for PT, OT, Speech therapy • I. Inappropriate: No PT, OT, Speech therapy
304	**Procedures**				
305	Procedures				Click on Blue Field or Edit for Initial Procedure. Click Add for additional Procedures.

	Data Field	NTDS	STATE	HOSP	Entry Options
306	ICD10 Procedure Code	X	X	X	Procedure code for any procedures. Name will come up with the code. Document all OR procedures, follow annual NTDB guidelines for bedside procedures. • XX:XX procedure code noted • I. Inappropriate pt did not have any procedures
307	Location			X	Where the procedure was done. • Use Drop down menu to pick procedure location.
308	Order Date/Time			X	Hospital specific
309	Start Date/Time	X	X	X	The date of the procedure. use incision start date for OR procedures or date procedure was done. • XX/XX/XXXX: Date of procedure noted. • UU/UU/UUUU: Date of the procedure is unknown.
310	Service			X	The service of the physician/provider performing the procedure. Note: only pick up the service for procedures done in the OR. Do not collect service or provider for line placement or ETT even if done in the OR. • Use Drop down menu to choose service.
311	Physician			X	The number of the physician performing the procedure. Note for procedures performed in the OR. Do not collect provider for line placement or ETT. • Use drop-down menu to choose physician.
312	**Diagnosis**				
313	**Injury Coding**				
314	**ICD10**				

	Data Field	NTDS	STATE	HOSP	Entry Options
315	Diagnosis	X	X	X	All injuries must be coded. See AAAM Manual for coding injuries. • Click Coding ICD10 • For multiple abrasions, can use scattered abrasion, but identify areas on body (right upper extremity, etc.) • Type narrative for injuries in the narrative field • Hit Tri-code button • Check Codes for accuracy • All solid organs should be graded. See P.I. or TPM for clarification if needed • Include all measurements when given • Click Edit Codes to make Changes. Make sure if AIS codes are manually changed that the Severity and Body Region are also updated. • *If no injury put the symbol "@" followed by a description of pt condition • One injury per line unless narrative allows
316	AIS Code	X	X	X	The 8-digit AIS Code from Coding Manual
317	ISS				Automatically calculated based on severity scores of injuries
318	**Pre-existing conditions**				
319	Pre-Arrival Cardiac Arrest	X	X	X	If the patient went into cardiac arrest prior to arrival to the hospital.
320	Pre-existing conditions	X	X	X	Comorbidities/pre-existing factors present before patient arrival at the ED/Hospital. • Can either click comorbidities button in left hand corner or click "add" to enter pre-existing factors. • Refer to current NTDB definitions
321	**Outcome**				
322	**Initial Discharge**				

	Data Field	NTDS	STATE	HOSP	Entry Options
323	Hospital Discharge Disposition	X	X	X	40. Home Or Self-Care (Routine Discharge) 41. Home With Services 42. Left AMA 43. Correctional Facility/Court/Law Enforcement 44. Morgue 45. Child Protective Agency 70. Acute Care Facility 71. Intermediate Care Facility 72. Skilled Nursing Facility 73. Rehab (Inpatient) 74. Long-Term Care 75. Hospice 76. Mental Health/Psychiatric Hospital (Inpatient) 77. Nursing Home 79. Inpatient Facility Not Defined Elsewhere 80. Burn Center 81. SCI Rehabilitation 82. TBI Rehabilitation 83. Musculoskeletal Rehabilitation ? Unknown
324	Discharge Status DIS_STATUS			X	Whether the patient was alive or dead at discharge: 1. Alive: patient did not expire 2. Dead: patient expired
325	Pt directive applied			X	1. Care Directive Applied 2. Care Directive Not Applied 3. No Care Directive Provided /. Not applicable ?. Unknown

	Data Field	NTDS	STATE	HOSP	Entry Options
326	Date/Time of Death or Discharge	X	X	X	Date of discharge disposition or death: • ##/##/####: Date of discharge or death noted. • /. Inappropriate for patients discharged from the ED.
327	Discharge Order		X	X	Date and time of discharge from facility • /. Inappropriate for patients discharged from the ED or died in facility • IS NOT used for tracking interfacility times
328	Discharge to		X	X	Discharge disposition from this facility. • Use Drop down list to choose disposition • If discharged home from ED, enter "/" and manually enter "Home" in "Specify" section • Burn Center for all pts transferred to a Burn Center "80" • Hospice: o From home hospice and discharged to home hospice = discharge to home with services o From home hospice and discharged to inpt hospice = discharge to hospice o From home and discharged to home hospice/inpt hospice = discharge to hospice
329	Discharge Specify			X	Narrative may be used to further specify discharge disposition
330	Discharge to Alternate Caregiver			X	*Only report for Minors. The patient was discharged to a caregiver different than the caregiver on admission due to suspected physical abuse.
331	If Transferred, Facility		X	X	The facility the patient was transferred to. Note only for disposition to an inpatient facility: • U. Unknown transferred to another facility, facility name unknown • #####: facility known; name noted (use Drop down list to choose facility)
332	Transfer Rationale		X	X	Indicate reason for Transfer.
333	Transfer Rationale by		X	X	Indicate person/entity initiating Transfer (physician. patient. or payor)

	Data Field	NTDS	STATE	HOSP	Entry Options
334	Transfer Out Mode		X	X	Mode of transport (interfacility transport vehicle) to the receiving hospital. 1. Ground Ambulance 2. Helicopter Ambulance 3. Fixed Wing Ambulance 4. Private Vehicle/Walk-in 5. Police 6. Public Safety 7. Water Ambulance 8. Water Ambulance /. Not Applicable ?. Unknown
335	Transfer Agency		X	X	Transfer agency. Use Drop down list. • #####: Transfer agency number noted • U. Unknown: patient was transferred by a transfer agency, number unknown
336	Transfer Arrival		X	X	Enter date and time the Transfer team arrived to pick up the patient
337	Transfer Facility Notified		X	X	Enter earliest time transfer facility notified by physician. May be different than the time when the decision was made to transfer the patient (ED Departure Order).
338	Initial Discharge Custom Field				Custom fields for the Initial Discharge Tab are accessed via the “Custom” button in the bottom right-hand corner of the page.
339	Delay in Diagnosis			X	Injuries noted after tertiary: • I – not applicable for acute injuries noted before or during the tertiary • XXXXXX.X – AAAM code for injury with a delay in diagnosis
340	**If Death**				
341	Location		X	X	Location in Hospital where patient expired. Use drop-down list to choose location.

	Data Field	NTDS	STATE	HOSP	Entry Options
342	Manner		X	X	What was the manner of death? • Suicide, Homicide, Accidental, Natural Causes, Undetermined, Not applicable
343	Was Autopsy Performed		X	X	Was autopsy information the source used for diagnosis: 1. Yes autopsy information was used for diagnosis 2. No autopsy information was not used for diagnosis ?. Unknown whether autopsy information was used for diagnosis
344	Medical Examiner Number		X	X	Autopsy ID number. Leave blank when doing chart: • ##-#### Autopsy number noted • I. Inappropriate: patient died and did not have an autopsy number
345	Was Organ donation requested?		X	X	Indicate if organ donation was requested. If unknown. then indicate unknown. Call placed to GOL for evaluation?
346	Was Request Granted?		X	X	Indicate if request for organ donation was granted if requested. If unknown. then indicate unknown. • GOL accepted patient for organ donation and family consented. • ? = Unknown
347	Organ Procurement		X	X	What organs were donated based on the documentation in the chart. • Choose Organs donated from pick list. • ? = Unknown
348	If None, Reason		X	X	If organ donation was granted indicate why organs were not procured. • Note here if the family declined donation. • ? = Unknown
349	If Death Custom Field			CCHSN	Custom fields for the If Death Tab are accessed via the “Custom” button in the bottom right-hand corner of the page.

	Data Field	NTDS	STATE	HOSP	Entry Options
350	Mortality Type			CCHSN	What type of mortality: 1. DOA – patient arrived with CPR in progress and did not have any vital signs at any time 2. DIE – patient has VS on arrival then loses them or regains VS in the ED then dies in the ED 3. Hospital – patient expires after leaving ED for bed, OR, etc.
351	Autopsy			CCHSN	What type of Autopsy was done. if patient expires and autopsy type is unknown leave blank: 1. Full Autopsy 2. Counter-Sign 3. Inspection only 4. Not referred to the ME for Autopsy 5. Autopsy requested, however pt does not meet ME criteria /. Inappropriate
352	**Billing**				
353	Primary Payor	X	X	X	Primary source of payment
354	Additional Payors				Additional sources of Payment
355	**Related Admissions**				
356					Use for all readmissions within 30-days from discharge for same injury.
357	**QA Tracking**				
358	**ACS Questions**				

	Data Field	NTDS	STATE	HOSP	Entry Options
359	SDH/Epidural /Craniotomy			CCHS	Did patient with epidural or subdural hematoma receive a craniotomy > 4 hours after EDA. excluding those performed for ICP monitoring? • Y. Yes patient had a craniotomy > 4 hours after EDA. • N. No patient had a craniotomy <= 4 hours EDA • /. Inappropriate: the patient did not have an epidural or subdural hematoma, no craniotomy, or had craniotomy only for ICP Monitoring. Exclude: subacute to chronic SDH. • ?. Unknown. The patient had an epidural or subdural hematoma but unknown if craniotomy performed
360	Reintubation in 48 hrs.			CCHS	Did patient require reintubation of airway within 48 hours of extubation? This should include all intubated patients including patients intubated for surgery: • Y. Yes patient was intubated. had a planned extubation and was re-intubated within 48 hours. • N. No patient was intubated. had a planned extubation and was not re-intubated within 48 hours or patient not extubated prior to discharge, expiration or transfer out. • /. Inappropriate: the patient was never intubated. • ?. Unknown: patient was re-intubated but unknown if it was within 48 hours.

	Data Field	NTDS	STATE	HOSP	Entry Options
361	Abdominal Injury/Hypotension			CCHS	Did patient with intra-abdominal injuries and hypotension (SBP < 90) not undergo a laparotomy within 1 hour of ED arrival (patient must have hypotension within 1st hour). • Y. Yes the patient had intra-abdominal injuries and hypotension (SBP < 90) and did not undergo a laparotomy within 1 hour of ED arrival. • N. No the patient had intra-abdominal injuries and hypotension (SBP < 90) and did undergo a laparotomy within 1 hour of ED arrival. • /. Inappropriate. Patient did have intra-abdominal injuries and no hypotension (SBP < 90), or patient went to the OR less than 1 hour, pt did not have intra-abdominal injuries or patient did not have an abdominal procedure in the OR. • ?. Unknown the patient had intra-abdominal injuries and hypotension (SBP < 90) and did undergo a laparotomy however unknown if this occurred within 1 hour.
362	Non-fixation Femoral Fx			CCHS	Was there a non-fixation of femoral diaphyseal (shaft) fracture? (Delay = greater than 24 hours) • Y = Yes. the patient had a femoral diaphyseal fracture and did not undergo fixation within 24 hours. • N = No. the patient had a femoral diaphyseal fracture and did undergo fixation within 24 hours. • /. Inappropriate. the patient did not have a femoral diaphyseal fracture or pt was an acute care transfer out. • ?. Unknown. the patient had a femoral diaphyseal fracture and it was unknown if they underwent fixation.

	Data Field	NTDS	STATE	HOSP	Entry Options
363	Debride Tibial Shaft Fx			CCHS	Was there an interval of > 24 hours between arrival and the initiation of debridement of an open tibial shaft fracture? • Y. Yes there was an interval of greater than 24 hours between arrival and the initiation of debridement of an open shaft tibial fracture • N. No there was an interval of less than 24 hours between arrival and the initiation of debridement of an open tibial shaft fracture • /. Inappropriate patient did not have an open shaft tibial fracture • ?. Unknown when the patient went to the OR for initiation of debridement of an open tibial shaft fracture
364	**Filters**				
365	**Filters** **Non-NTDB Hospital Events**			X	See complication Definitions for proper assignment of Hospital Events
366	NTDB Hospital Events	X	X	X	See complication Definitions for proper assignment of Hospital Events
367	**QA Tracking Custom Field**			X	Custom fields for the QA Tracking Tab are accessed via the “Custom” button in the bottom right hand corner of the page.
368	Cervical Spine Immobilization			CCHS	Cervical Spine injury not indicated on admission? (Excluding strains) 1. Yes the patient had a cervical spine injury and spinal immobilization was NOT maintained prior to making the diagnosis of a c-spine injury. 2. No the patient had a cervical spine injury and spinal immobilization was maintained prior to making the diagnosis of c-spine injury. /. Inappropriate, patient did not have a cervical spine injury or had a cervical strain only. ?. Unknown, patient had a cervical spine injury, and it is unknown if spinal immobilization was maintained prior to making diagnosis

	Data Field	NTDS	STATE	HOSP	Entry Options
369	Upgrade to ICU			CCHS	Transferred from the floor or step-down to ICU? (Excluding planned post-op ICU admissions and TSU overflow) 1. Yes the patient was transferred from the floor or step-down to ICU. 2. No the patient was not transferred from the floor or step-down to ICU. ?. Unknown if the patient was transferred from the floor or step-down to ICU.
370	Unplanned Readmit related to Injury			CCHS	Unplanned readmission (Inpatient or Observation) related to the injury? Within 30 days of dc from hospital admission 1. Yes the patient had a readmission related to their injury. Fill out “related admissions” tab in Outcomes 2. No the patient did not have a readmission related to their injury. /. Inappropriate patient expired on original admission (expired on this admission).
371	Treated in ED within 72 hours prior to/following visit			CCHS	Treated within 72 hrs. prior to or following ED discharge or hospital discharge (without admission during return visit)? 1. Yes patient was treated in ED within 72 hours of trauma visit for same injury. 2. No patient was seen for this injury and left AMA or was transferred to another hospital from the ED. /. Inappropriate patient was not seen in the CCHS ED for this injury within the last 72 hours. ?. Unknown if patient was seen in the ED for this injury and discharged within the last 72 hours.
372	Sent to Other CCHS facility for Surgery and returned to the original facility			CCHSN	Transferred to another CCHS facility for surgery? Collect even on those patients transferred to WH for surgery who do not return to CH after surgery. 1. Yes, the patient went to go to the OR and was transferred to another CCHS facility for surgery. 2. No, the patient went to the OR and was not transferred to another CCHS facility for surgery. /. Inappropriate patient did not go to the OR for a procedure.