2022

Wyoming Trauma Patient Registry Data Dictionary 2022

STATE REQUIRED ELEMENTS –
APPLICABLE TO ADMISSIONS STARTING JANUARY 1, 2022

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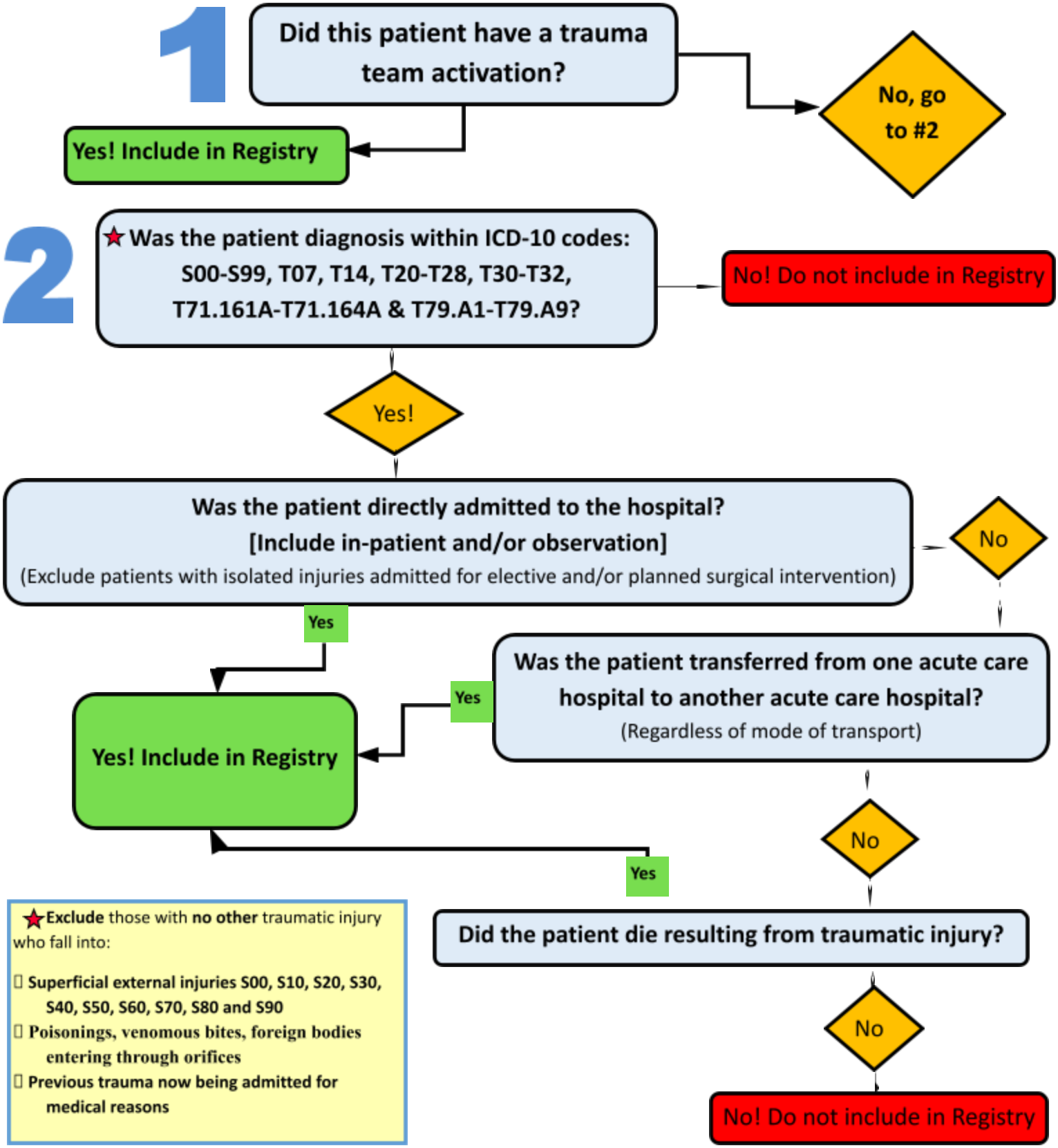
Wyoming Trauma Registry Inclusion Criteria



Data Dictionary Element Legend

This data dictionary contains required fields for the State of Wyoming and the National Trauma Data Standard. The data items on the following pages are listed by category. Each data element description contains:

STATE/HOSPITAL	**This will appear if the element is required by the State of Wyoming and/or the hospital.**
NTDB	**This will appear if the element is required by the National Trauma Data Bank (NTDB)**

Element Requirement (State/NTDB)

ImageTrend Tab Location – Element Number - Registry Title

Description
The description of the data element, as shown on the data entry form within the ImageTrend Registry

Reporting Criterion *May not be included for every element.
Criteria for which patients to report to the National Trauma Data Bank.

Element Values
Lists all available values for data element entry The order in which these fields appear do not necessarily correspond with data import mappings

Data Format
List the format for data element entry

Additional Information
Any additional information about the data element

Associated Edit Checks (NTDB)

If the element is NTDB required, the associated validity rules will be displayed in the most up to date version of the National Trauma Data Standard Data Dictionary

Section A: Wyoming Trauma Patient Registry Elements and Descriptions

Demographics Tab Elements

STATE/HOSPITAL ELEMENT

Demographics - TR1.3 - Medical Record Number

Description
Patients Medical Record Number

Element Values
Relevant value for the data element as long as it does not exceed 50 characters

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

STATE/HOSPITAL ELEMENT

Demographics - TR5.13 - Registry Number

Description
Trauma Registry Number

Element Values
Relevant value for the data element as long as it does not exceed 50 characters

Data Format
[TEXT]

Additional Information
This number provides a unique identifier for a patient across the Wyoming Trauma Registry

STATE/HOSPITAL ELEMENT

Demographics - TR1.28 - Account Number

Description
Account Number

Element Values
Relevant value for the data element as long as it does not exceed 50 characters

Data Format
[TEXT]

Additional Information
This number provides a hospital unique identifier for a patient.

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR5.1 - Incident Date

Description
The date the injury occurred

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
▪ Collected as YYYY-MM-DD ▪ Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider Other proxy measures (e.g., 911 call times) should not be reported

STATE/HOSPITAL ELEMENT

Demographics - TR1.9 - Last Name

Description
The patient's last name

Element Values
Relevant value for the data element as long as it does not exceed 100 characters

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

STATE/HOSPITAL ELEMENT

Demographics - TR1.8 - Patient's First Name

Description
The patient's first name

Element Values
Relevant value for the data element as long as it does not exceed 100 characters

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

STATE/HOSPITAL ELEMENT

Demographics - TR1.10 - Middle Initial

Description
The patient's middle initial

Element Values
Relevant value for the data element as long as it does not exceed 100 characters

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.7 - Date of Birth

Description

The patient's age at the time of injury (best approximation)

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as YYYY-MM-DD
- If Date of Birth is “Not Known/Not Recorded,” report variables: Age and Age Units
- If Date of Birth equals Injury Date, then the Age and Age Units variables must be reported

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.12 - Age (at date of incident)

Description

The patient's age at the time of injury (best approximation)

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- If Date of Birth is “Not Known/Not Recorded,” report variables: Age and Age Units
- If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be reported
- Must also report variable: Age Units
- The null value “Not Applicable” is reported if Date of Birth is documented

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.14 - Age Units

Description

The units used to document the patient's age (years, months, days, hours)

Element Values

- Weeks
- Hours
- Days
- Months
- Years
- Minutes
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If Date of Birth is “Not Known/Not Recorded,” report variables: Age and Age Units
- If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be reported
- Must also report variable: Age
- The null value “Not Applicable” is reported if Date of Birth is reported

STATE/HOSPITAL ELEMENT

Demographics - TR1.6.1 - Height in inches

Description
Indicate the patient's height in inches

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

STATE/HOSPITAL ELEMENT

Demographics - TR1.6 - Height

Description
Indicate the patient's height in centimeters

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

STATE/HOSPITAL ELEMENT

Demographics - TR1.6.5 - Estimated Body Weight

Description
The patient's body weight in kilograms, either measured or estimated

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.16 - Race

Description

The patient's race

Element Values

- Select
- American Indian or Alaska Native
- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other Race
- Not Known/Not Recorded

Data Format

[Combo] Multiple-Choice

Additional Information

- Patient race should be based upon self-report or identified by a family member
- Based on the 2010 US Census Bureau
- Select all that apply

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.17 - Ethnicity

Description

The patient's ethnicity

Element Values

- Select
- Hispanic or Latino
- Not Hispanic or Latino
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Patient ethnicity should be based upon self-report or identified by a family member
- The maximum number of ethnicities that may be reported for an individual patient is 1
- Based on the 2010 US Census Bureau

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.15 - Gender

Description

The patient's gender

Element Values

- Select
- Female
- Male
- Non – Binary
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using their current assignment

STATE/HOSPITAL ELEMENT

Demographics - TR1.18 - Address

Description
The patient's home address

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.21 - City

Description

The patient's home city (or township, village) of residence

Element Values

Relevant value for the data element (five-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US
- Used to calculate FIPS code
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented
- The null value “Not Applicable” is reported for non-US hospitals

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.22 - County

Description

The patient's home county of residence

Element Values

Relevant value for data element (three-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US
- Used to calculate FIPS code
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented
- The null value “Not Applicable” is reported for non-US hospitals

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.23 - State

Description

The patient's home state (territory, province, or District of Columbia) where the patient resides

Element Values

Relevant value for data element (two-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US
- Used to calculate FIPS code
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented
- The null value “Not Applicable” is reported for non-US hospitals

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.20 - Postal Code

Description

The patient's home ZIP code of primary residence

Element Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and CA, or can be stored in the postal code format of the applicable country
- May require adherence to HIPAA regulations
- If ZIP/Postal code is "Not Applicable," report variable: Alternate Home Residence
- If ZIP/Postal code is "Not Known/Not Recorded," report variables: Patient's Home Country, Patient's Home State (US only), Patient's Home County (US only) and Patient's Home City (US only)
- If ZIP/Postal code is documented, must also report Patient's Home Country

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.19 - Country

Description

The patient's home country of primary residency

Element Values

Relevant value for data element (two-digit alpha country code)

Data Format

[COMBO] Single-Choice

Additional Information

- Values are two-character FIPS codes representing the country (eg, US)
- If Patient's Home Country is not US, then the null value "Not Applicable" is reported for: Patient's Home State, Patient's Home County, and Patient's Home City

NTDB & STATE/HOSPITAL ELEMENT

Demographics - TR1.13 - Alternate Residence

Description

Documentation of the type of patient without a home zip code

Element Values

- Undocumented Citizen
- Migrant
- Homeless
- Foreign Visitor
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Only reported when ZIP/Postal code is "Not Applicable"
- Homeless is defined as a person who lacks housing The Description also 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 in order 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 documented
- Report all that apply

Injury Tab Element

STATE/HOSPITAL ELEMENT

Injury - TR20.12 - Injury Description

Description

The description of injury

Element Values

- All values are allowed
- Enter the details of the injury/event
- This information may repeat information contained in other fields

Data Format

TEXT_AREA

Additional Information

This data element helps to better convey the contact of the injury event and to include important information such as intentionality that is not otherwise captured in the other data elements

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR200.5 - ICD 10 Location (External Cause Code)

Description

Where did the injury/event occur? Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92x)

Element Values

Relevant ICD-10-CM or ICD-10-CA code value for injury event

Data Format

[NUMBER]

Additional Information

- The primary external cause code should describe the main reason a patient is admitted to the hospital
- ICD-10-CM or ICD-10-CA codes are accepted for this data element.
- Activity codes are not collected under the NTDS and should not be reported in this field
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause The first-listed external cause code will be selected in the following order:
    - External cause codes for child and adult abuse take priority over all other external cause codes
    - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse
    - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism
    - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism
    - The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR5.6 - Incident Location Zip Code

Description

The ZIP code of the incident location

Element Values

Relevant value for the data element

Data Format

[TEXT]

Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and CA, or can be stored in the postal code format of the applicable country
- If "Not Known/Not Recorded," report variables: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only)
- May require adherence to HIPAA regulations
- If ZIP/Postal code is documented, then must report Incident Country

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR5.11 - Incident Country

Description

The country where the patient was found or to which the unit responded (best approximation)

Element Values

Relevant value for data element (two-digit alpha country code)

Data Format

[COMBO] Single-Choice

Additional Information

- Values are two-character FIPS codes representing the country (eg, US)
- If Incident Country is not US, then the null value "Not Applicable" is reported for: Incident State, Incident County, and Incident Home City

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR5.10 - Incident City

Description

The city or township where the patient was found or to which the unit responded (or best approximation)

Element Values

Relevant value for data element (five-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US
- Used to calculate FIPS code
- If incident location resides outside of formal city boundaries, report nearest city/town
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is documented
- If Incident Country is not US, report the null value "Not Applicable"

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR5.9 - Incident County

Description

The county or parish where the patient was found or to which the unit responded (or best approximation)

Element Values

Relevant value for data element (three-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US
- Used to calculate FIPS code
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is documented
- If Incident Country is not US, report the null value "Not Applicable"

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR5.7 - Incident State

Description

The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

Element Values

Relevant value for data element (two-digit numeric FIPS code)

Data Format

[TEXT]

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US
- Used to calculate FIPS code
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is documented
- If Incident Country is not US, report the null value "Not Applicable"

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR200.3 - ICD 10 Injury Cause Code (Primary, Secondary, ect.)

Description

What was the cause(s) of the injury? External cause code used to describe the mechanism (or external factor) that caused the injury event

Element Values

Relevant ICD-10-CM or ICD-10 CA code value for injury event

Data Format

[Combo] Multiple-Choice

Additional Information

▪ The primary external cause code should describe the main reason a patient is admitted to the hospital

▪ ICD-10-CM or ICD-10-CA codes are accepted for this data element Activity codes are not reported under the NTDS and should not be reported for this data element

▪ Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause The first-listed external cause code will be selected in the following order:

- External cause codes for child and adult abuse take priority over all other external cause codes
- External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse
- External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism
- External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism
- The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above

STATE/HOSPITAL ELEMENT

Injury – TR200.3.2 - Intentionality

Description

Indicate the intentionality of the injury to the patient.

Element Values

- Unintentional
- Undetermined
- Self-inflicted
- Other
- Not Known/Not Recorded
- Assault

Data Format

[COMBO] Single-Choice

Additional Information

STATE/HOSPITAL ELEMENT

Injury – TR200.3.3 – Trauma Type

Description

Indicate the type of injury the patient sustained

Element Values

- Penetrating
- Other
- Not Known/Not Recorded
- Burn
- Blunt

Data Format

[COMBO] Single-Choice

Additional Information

NTDB & STATE/HOSPITAL ELEMENT

Injury - TR29.24 - Safety Device Used

Description

Protective devices (safety equipment) in use (or lack of use) by the patient at the time of the injury

Element Values

- Shoulder Belt
- Protective Non-Clothing Gear (eg, shin guard)
- Protective Clothing (eg, padded leather pants)
- Personal Flotation Device
- Not Known/Not Recorded
- None
- Select
- Lap Belt
- Helmet (eg, bicycle, skiing, motorcycle)
- Hard Hat
- Eye Protection
- Child Car Restraint (booster seat or child car seat)
- Airbag Present
- Other

Data Format

[Combo] Multiple-Choice

Additional Information

- Report all that apply
- If "Child Restraint" is present, report variable "Child Specific Restraint"
- If "Airbag" is present, report variable "Airbag Deployment"
- Evidence of the use of safety equipment may be reported or observed
- Lap Belt should be reported to include those patients that are restrained, but not further specified
- If chart indicates "3-point-restraint," report Element Values “2 Lap Belt” and “10 Shoulder Belt”
- If documented that a “Child Restraint (booster seat or child car seat)” was used or worn, but not properly fastened, either on the child or in the car, report Field Value “1 None”

Pre-Hospital Tab Elements

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR16.22 - Arrived From

Description
Location the patient arrived from

Element Values
▪ Scene ▪ Referring Hospital ▪ Clinic/MD Office ▪ Jail ▪ Home ▪ Nursing Home ▪ Supervised Living ▪ Urgent Care ▪ Not Known/Not Recorded

Data Format
[Combo] Single- Choice

Additional Information

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR8.8 - Transported To Your Facility By

Description

The party of transport delivering the patient to the hospital

Element Values

- ALS Ambulance
- BLS Ambulance
- Fixed-Wing
- Ambulance
- Helicopter
- Police
- Private/Public Vehicle/Walk-in
- Not Known/Not Recorded
- Other

Data Format

[Radio]

Additional Information

The last mode of transportation that brought the patient to your facility

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR25.54 - Inter-facility Transfer

Description

Inter-Facility Transfer

Element Values

- Yes
- No
- Not Known / Not Recorded

Data Format

[NUMBER]

Additional Information

- Must complete "Arrived From" (TR16.22) and "Transported to your Facility By" (TR8.8) to populate this field
- Patients transferred from a private doctor's office or stand-alone ambulatory surgery center are not considered inter-facility transfers
- Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities (Stand-Alone Emergency Rooms)

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR17.22 - Trauma Triage Criteria (Steps 1 and 2)

Description

Physiologic and anatomic EMS trauma triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma This information must be found on the scene of the injury EMS Run Report

Element Values

- Glasgow Coma Score <=13
- Systolic blood pressure < 90 mmHg
- Respiratory rate < 10 or > 29 breaths per minute (<20 in infants aged < 1 year) or need for ventilatory support
- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Chest wall instability or deformity (eg, flail chest)
- Two or more proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fracture
- Open or depressed skull fracture
- Paralysis
- Not Applicable
- Not Known/Not Recorded

Data Format

[Combo] Multiple-Choice

Additional Information

- The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS
- The null value "Not Applicable" should be used if EMS Run Report indicates patient did not meet any Trauma Center Criteria
- The null value "Not Known/Not Recorded" should be used if this information is not indicated, as an identical response choice, on the EMS Run Report or if the EMS Run Report is not available
- Element Values must be determined by the EMS provider and must not be assigned by the index hospital
- Check all that apply
- Consistent with NEMSIS v3

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR17.47 – Trauma Triage Criteria (Steps 3 and 4)

Description

EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma This information must be found on the scene of injury EMS run sheet

Element Values

- Crash intrusion, including roof: > 12 in occupant site; > 18 in any site
- Crash ejection (partial or complete) from automobile
- Crash death in same passenger compartment
- Crash vehicle telemetry data (AACN) consistent with high risk injury
- Auto v pedestrian/bicyclist thrown, run over, or > 20 MPH impact
- Motorcycle crash > 20 mph
- For adults >65; SBP <110
- Patients on anticoagulants and bleeding disorders
- Pregnancy > 20 weeks
- EMS Provider judgment
- Burns
- Burns with Trauma
- Not Applicable
- Not Known/Not Recorded

Data Format

[Combo] Multiple-Choice

Additional Information

- The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS
- The null value "Not Applicable" should be used if EMS Run Report indicates patient did not meet any Vehicular, Pedestrian, Other Risk Injury Criteria
- The null value "Not Known/Not Recorded" should be used if this information is not indicated, as an identical response choice, on the EMS Run Report or if the EMS Run Report is not available
- Element Values must be determined by the EMS provider and must not be assigned by the index hospital
- Check all that apply
- Consistent with NEMSIS v3

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR7.1 - Run Number

Description

The number identifying the EMS run

Element Values

Relevant value for the data element as long as it does not exceed 50 characters

Data Format

[TEXT]

Additional Information

- The run number is assigned to the incident by the EMS agency transporting the patient to your facility
- Run Report can be found by searching for the patient
- Data will be generated from the EMS Run Report
- This data element is for audit and linking purposes only and will never be made public

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR7.3 - Service

Description

The name of the EMS Agency the patient was transferred from

Element Values

Relevant value for the data element

Data Format

[Combo] Single-Choice

Additional Information

- Picked from a drop-down menu after selecting agency state
- If agency cannot be found, select "Other State Agency" and inform the Wyoming Trauma Program

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.1 - Unit Notified Date

Description

The date and time EMS unit transporting to the hospital was notified by dispatch

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Date is collected as MM-DD-YYYY
- Time is collected as HH:MM
- For inter-facility transfer patients, this is the date and time in which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the date and time on which the unit transporting the patient to your facility from the scene was dispatched
- Leave blank for patients not transported by EMS

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.17 - En Route Date

Description
The date the EMS Agency began travel to the location of the patient

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
▪ Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.17.1 - En Route Time

Description
The time the EMS Agency began travel to place where patient EMS transport was to begin

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
▪ Data will be generated from the EMS Run Report

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.2 - Arrive Scene - Date

Description

The date the EMS unit transporting to the hospital arrived on the scene (the date the vehicle stopped moving)

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Date is collected as MM-DD-YYYY
- For inter-facility transfer patients, this is the date in which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched
- Leave blank for patients not transported by EMS

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.2.1 - Arrive Scene - Time

Description

The time the EMS unit transporting to your hospital arrived on the scene/transferring facility

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Time is collected as HH:MM
- For inter-facility transfer patients, this is the time in which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the time on which the unit transporting the patient to your facility from the scene was dispatched
- Leave blank for patients not transported by EMS

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.3 - Leave Scene- Date

Description

The date the EMS unit transporting to your hospital left the scene/transferring facility

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as MM-DD-YYYY
- Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) and Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure
- For inter-facility transfer patients, this is the date in which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched
- Leave blank for patients not transported by EMS

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.3 - Leave Scene- Time

Description

The date the EMS unit transporting to the hospital left the scene

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Collected as HH:MM military time
- Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) and Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure
- For inter-facility transfer patients, this is the date in which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport
- For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched
- Leave blank for patients not transported by EMS

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR9.4 - Arrive Hospital

Description

The date the EMS unit arrived at the hospital

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- If the patient was brought to the ED, enter date patient arrived at ED If patient was directly admitted to the hospital, enter date patient was admitted to the hospital
- Collected as MM-DD-YYYY

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR8.10 - Transport Mode

Description

The mode of transport used by the EMS agency to transport patient from the scene/referring facility to the hospital

Element Values

- ALS
- BLS
- Fixed Wing
- Helicopter
- Not Available
- Not Known/ Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.32 - Destination Determination

Description

The reason the hospital was chosen to transport the patient to

Element Values

- Specialty Resource Center
- On-line Medical Direction
- Hospital of Choice
- Diversion
- Closest Facility
- Not Transported (tiered-response)
- Other
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.38 - EMS Report Status

Description

This field applies only if an ambulance/flight selection was made from previous "Transport Mode" field Select "Complete" if a full EMS report was available Select "Missing" if no EMS report was available

Element Values

- Missing
- Incomplete
- Complete
- Not Applicable
- Not Available

Data Format

[COMBO] Single-Choice

Additional Information

Select "Complete" if a full EMS report was available Select "Missing" if no EMS report was available

NTDB & STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.53 - Pre Hospital Cardiac Arrest

Description

Indicate whether the person suffered a cardiac arrest at any stage prior to arrival at the definitive care hospital

Element Values

- Yes
- No
- Not Known / Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- A patient who experienced a sudden cessation of cardiac activity The patient was unresponsive with no normal breathing and no signs of circulation
- The event must have occurred outside the reporting hospital, prior to admission at the center in which the registry is maintained Pre-Hospital cardiac arrest could occur at a transferring/referring facility
- Any component of basic and/or advanced cardiac life support must have been initiated by a health care provider

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.39 - CPR Performed

Description

Did the EMS unit staff perform CPR on the patient?

Element Values

- CPR in progress
- Yes
- No
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.41 - CPR Location

Description

Location of the EMS unit staff during CPR Event

Element Values

- Scene & Route CPR
- En Route CPR
- Scene CPR
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR18.97 - Tube Thoracostomy

Description

Did the EMS unit staff perform a tube thoracostomy?

Element Values

- Not Performed
- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR18.96 - Needle Thoracostomy

Description

Did the EMS unit staff perform a needle thoracostomy?

Element Values

- Not Performed
- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.40 - Airway Management

Description

Did the EMS unit staff perform any airway procedure prior to arriving at your facility?

Element Values

- Non-Rebreather Mask
- Nasal Cannula
- CPAP
- Alternative Airway Device
- Airway cleared
- Bag & Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Performed
- Nasal Trumpet
- Supplemental Oxygen
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.30 - Fluids

Description

Did the EMS unit staff administer fluids to the patient?

Element Values

- Saline Lock
- Not Performed
- < 500
- 500-2000
- >2000
- IVF Attempted
- IVF Unk Amount
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.31 - Medications

Description

Did the EMS unit staff administer medications to the patient?

Element Values

▪ Other Vasoactive Agent ▪ Other Opiate/Narcotic ▪ Other Benzodiazepine ▪ Other Antiseizure ▪ Other Antihypertensive ▪ Other Antibiotic (instead of antibiotic) ▪ Levetiracetam (Keppra) ▪ Ketamine ▪ Hypertonic Solution ▪ CT Contrast ▪ Calcium Gluconate ▪ Not Applicable	▪ ACLS drugs ▪ Not Available ▪ Adenosine ▪ Albuterol ▪ Amiodarone ▪ Aspirin (ASA) ▪ Ativan (Lorazepam) ▪ Atropine ▪ Atrovent (Ipratropium) ▪ Benadryl (Diphenhydramine) ▪ Colloid Solution ▪ Compazine (Prochlorperazine) ▪ Crystalloid solution	▪ Decadron (Dexamethasone) ▪ Defibrillation ▪ Demerol (Meperidine) ▪ Dextrose (Glucose) ▪ Dopamine ▪ Epinephrine (Aqueous) ▪ External pacemaker ▪ Fentanyl ▪ Glucagon ▪ Heparin ▪ Lasix (Furosemide) ▪ Lidocaine ▪ Magnesium Sulfate ▪ Methylprednisolone	▪ Morphine sulfate ▪ Narcan (Naloxone) ▪ Needle decompression of chest ▪ Nitroglycerin ▪ Oxygen ▪ Pelvic Wrap ▪ Prasugrel (Effient) ▪ Sodium bicarbonate ▪ Not Known/Not Recorded ▪ Valium (Diazepam) ▪ Tissue Plasminogen Activator (tPA) ▪ Versed (Midazolam) ▪ Zofran (Ondansetron)

Data Format

[COMBO] Multiple-Choice

Additional Information

▪ Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.36 - Temperature Maintained

Description

Indicate whether or not the temperature of the patient was maintained by the actions of the EMS unit staff

Element Values

- Yes
- No
- Not Known / Not Recorded
- Not Applicable
- Not Available

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

STATE/HOSPITAL ELEMENT

Pre-Hospital - TR15.37 - Appropriate Wound Management

Description

Indicate whether or not the wounds of the patient were managed appropriately

Element Values

- Yes
- No
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Data will be generated from the EMS Run Report

Referring Tab Element

STATE/HOSPITAL ELEMENT

Referring - TR33.1 - Referring Hospital

Description
The name of the facility that cared for the patient immediately before the patient arrived at your facility

Element Values
▪ List of facilities in or around Wyoming

Data Format
[COMBO] Single-Choice

Additional Information
If "other" is selected, complete additional fields with the referring hospitals information

STATE/HOSPITAL ELEMENT

Referring - TR33.2 - Referring Hospital Arrival Date

Description

Indicate the date the patient arrived at the outside facility

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Date is collected as MM-DD-YYYY
- If date of arrival is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.3 - Referring Hospital Arrival Time

Description
Indicate the time the patient arrived at the outside facility

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
▪ Time is collected as HH:MM ▪ If time of arrival is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.30 - Discharge Date

Description
Indicate the date the patient left the outside facility

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
▪ Date is collected as MM-DD-YYYY ▪ If date of discharge is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.31 - Discharge Time

Description

Indicate the time the patient left the outside facility

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Time is collected as HH:MM
- If time of discharge is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.48 - Transported to referring facility by

Description

The mode of transport used to transport the patient to your facility

Element Values

- Commercial Flight
- Charter Helicopter
- Charter Fixed-Wing
- Select
- ALS Ambulance
- BLS Ambulance
- Pending
- Fixed-Wing Ambulance
- Helicopter Ambulance
- Other
- Police
- Private/Public Vehicle/Walk-In
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- This information may be found on the medical record information that accompanies the patient from the referring hospital

STATE/HOSPITAL ELEMENT

Referring - TR33.4 - Physician Name

Description
Name of the physician that referred the patient to your hospital

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
If the physician name was not provided by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.45 - Medical Record Number

Description
Patients Medical Record Number from the referring hospital

Element Values
Relevant value for the data element as long as it does not exceed 50 characters

Data Format
[TEXT]

Additional Information
This data element is for audit and linking purposes only and will never be made public

STATE/HOSPITAL ELEMENT

Referring - TR33.54 - Referring Hospital Vitals Date

Description

Indicate the date the referring hospital recorded the patients vitals

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Date is collected as MM-DD-YYYY
- If the date the vitals were taken at the referring hospital is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - Referring Hospital Vitals Time

Description

Indicate the time the referring hospital recorded the patients vitals

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Time is collected as HH:MM
- If the time the vitals were taken at the referring hospital is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.5 - Sys BP

Description
Systolic Blood Pressure as documented by the referring facility

Element Values
Relevant value for the data elements long as it does not exceed 299

Data Format
[NUMBER]

Additional Information
Is the Systolic Blood Pressure is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.40 - Dia BP

Description
Diastolic Blood Pressure as documented by the referring facility

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
If the Diastolic Blood Pressure is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.6 - Pulse Rate

Description
Pulse rate as documented by the referring facility

Element Values
Relevant value for the data elements long as it does not exceed 299

Data Format
[NUMBER]

Additional Information
If the Pulse Rate is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.7 - Temperature: Celsius

Description

Patients temperature in Celsius as documented by the referring facility

Element Values

Relevant value for the data element as long as it does not exceed 45

Data Format

[NUMBER]

Additional Information

- Entry in this unit will auto populate the other element for Fahrenheit
- If the temperature is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.7.1 - Temperature: Fahrenheit

Description
Patients temperature in Fahrenheit as documented by the referring facility

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
▪ Entry in this unit will auto populate once the element for Celsius has been documented ▪ If the temperature is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.8 - Resp Rate

Description
Patients Respiratory Rate as documented by the referring facility

Element Values
Relevant value for the data element as long as it does not exceed 120

Data Format
[NUMBER]

Additional Information
If the respiratory rate is not documented, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.9 - Resp Assistance

Description

Did the patient receive respiratory assistance by the referring hospital?

Element Values

- Unassisted Respiratory Rate
- Assisted Respiratory Rate
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Respiratory Assistance is defined as mechanical and/or external support of respiration

STATE/HOSPITAL ELEMENT

Referring - TR33.10 - Supplemental Oxygen

Description

Indicate whether the patient received Supplemental Oxygen as documented by the referring hospital

Element Values

- Yes
- No
- Select
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If supplemental oxygen has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.11 - O2Sat

Description

Indicate the patient's oxygen saturation as documented by the referring hospital

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Value should be based upon assessment before administration of supplemental oxygen

STATE/HOSPITAL ELEMENT

Referring - TR33.44 - AVPU

Description

Indicate the patient's level of consciousness using the AVPU scale (Alert, Verbal, Pain, Unresponsive) as documented by the referring hospital

Element Values

- Alert
- Verbal Stimuli
- Responds to pain
- Unresponsive
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If the patients level of consciousness was not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.12 - Glasgow Eye

Description

Indicate the patient's Glasgow Coma Score (Eye) as documented by the referring facility

Element Values

- 1 - No Eye Movement When Assessed
- 2 - Open Eyes in Response to Painful Stimulation
- 3 - Opens Eyes in Response to Verbal Stimulation
- 4 - Opens Eyes Spontaneously
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale The appropriate numeric score may be listed Eg the chart indicates: "Patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation
- The null value "Not Known/Not Recorded" is reported if the patient's first recorded GCS Eye was not measured or documented

STATE/HOSPITAL ELEMENT

Referring - TR33.13.2 - Glasgow Verbal

Description

Indicate the patient's Glasgow Coma Score (Verbal) as documented by the referring facility

Element Values

- 1 - No Verbal Response
- 2 - Incomprehensible Sounds
- 3 - Inappropriate Words
- 4 - Confused
- 5 - Oriented
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If the patient is intubated then the GCS Verbal score is equal to 1
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed EG the chart indicates: "Patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation

STATE/HOSPITAL ELEMENT

Referring - TR33.14.2 - Glasgow Motor

Description

Indicate the patient's Glasgow Coma Score (Motor) as documented by the referring facility

Element Values

- 1 - No Motor Response
- 2 - Extension to Pain
- 3 - Flexion to Pain
- 4 - Withdrawal from Pain
- 5 - Localizing Pain
- 6 - Obeys Commands
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If the patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed Eg the chart indicates: "Patient withdraws from a painful stimulus" a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation

STATE/HOSPITAL ELEMENT

Referring - TR33.16 - GCS Qualifier

Description

Indicate any documentation of factors that potentially affected the GCS Assessment as documented by the referring facility

Element Values

- Patient Chemically Sedated
- Obstruction to the Patient Eye
- Patient Intubated
- Valid GCS: Legitimate
- Intubated and chemically paralyzed
- Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Multiple-Choice

Additional Information

- Identifies treatments given to the patient that may affect the GCS Assessment This field does not apply to self-medications the patient may administer (ie, ETOH, prescriptions, ect)
- If an intubated patient has recently received an agent that result s in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record
- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given For example, succinylcholine's effects last for only 5-10 minutes
- Report all that apply (Select control on your keyboard and select each applicable field value using the mouse)
- If the GCS Assessment Qualifiers are not documented, select "Not Known/Not Recorded"

STATE/HOSPITAL ELEMENT

Referring - TR33.15 - Manual GCS

Description

Indicate the patient's Total GCS Score as documented by the referring facility

Element Values

Relevant value for the data element as long as it is between 3-15

Data Format

[NUMBER]

Additional Information

- If the manual GCS is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.50 - GCS Total Calc

Description

Total GCS Score using the information indicated in the previous fields: Glasgow Eye, Glasgow Verbal, and Glasgow Motor

Element Values

Auto populated field based on documentation from previous fields: Glasgow Eye, Glasgow Verbal, and Glasgow Motor

Data Format

[STRING]

Additional Information

- If the previous fields (Glasgow Eye, Glasgow Verbal, and Glasgow Motor) were not documented, this field will be left blank

STATE/HOSPITAL ELEMENT

Referring - TR33.17 - Manual RTS

Description

Indicate the Revised Trauma Score as documented by the referring facility

Element Values

Relevant value for the data element as long as it is between does not exceed 12

Data Format

[NUMBER]

Additional Information

Calculation for RTS is as follows:

→ RTS=09368 GCS + 07326 SBP + 02908 RR

- Manual GCS overwrites the calculated GCS
- Valid values for GCS, SBP and RR need to be filled out in order to calculate the correct RTS

STATE/HOSPITAL ELEMENT

Referring - TR33.51 - RTS Calc

Description
Total RTS calculated using the information indicated in the previous fields: GCS, SBP, RR

Element Values
Relevant value for the data element

Data Format
[STRING]

Additional Information
▪ If the previous fields (GCS, SBP, RR) were not documented, this field will be left blank

STATE/HOSPITAL ELEMENT

Referring - TR33.32 - PTS

Description
Indicate the pediatric trauma score as documented by the referring facility

Element Values
Relevant value for the data element as long as it is between -6 and 12

Data Format
[NUMBER]

Additional Information
Please note that this chart may also be found within the registry by selecting the question mark next to the element

STATE/HOSPITAL ELEMENT

Referring - TR33.18 - Hospital ICU

Description

Indicate whether the patient was admitted to the referring hospital's ICU as documented by the referring hospital

Element Values

- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If the Hospital ICU status is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.19 - Hospital OR

Description

Indicate whether the patient was admitted to the referring hospital's Operating Room as documented by the referring hospital

Element Values

- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If the Hospital OR status is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.20 - CPR Performed

Description

Indicate whether the patient received CPR at the referring facility as documented by the referring facility

Element Values

- Yes
- No
- Not Performed
- Not Applicable

Data Format

[COMBO] Single-Choice

Additional Information

If CPR was not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.21 - CT Head

Description

Indicate whether the patient received a Head CT at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If a Head CT was not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.22 - CT Abd/Pelvis

Description

Indicate whether the patient received an Abdominal/Pelvis CT at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If a Abd/Pelvis CT is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.23 - CT Chest

Description

Indicate whether the patient received a Chest CT at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If a Chest CT is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.24 - Abdominal Ultrasound

Description

Indicate whether the patient received an Abdominal Ultrasound at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If an Abdominal Ultrasound is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.25 - Aortogram

Description

Indicate whether the patient received an Aortogram at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If an Aortogram is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.26 - Arteriogram

Description

Indicate whether the patient received an Arteriogram at the referring facility as documented by the referring facility

Element Values

- Positive
- Negative
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If an Arteriogram is not documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.27 - Airway Management

Description

Indicate whether the patient received any method of airway management as documented by the referring facility

Element Values

- Non-Rebreather Mask
- Nasal Cannula
- CPAP
- Bag & Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Performed
- EOA
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If no airway management method has been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.28 - Referring Hospital Medication Given

Description

Indicate whether the patient received medication as documented by the referring facility

Element Values

▪ Other Vasoactive Agent ▪ Other Opiate/Narcotic ▪ Other Benzodiazepine ▪ Other Antiseizure ▪ Other Antihypertensive ▪ Other Antibiotic (instead of antibiotic) ▪ Levetiracetam (Keppra) ▪ Ketamine ▪ Hypertonic Solution ▪ CT Contrast ▪ Calcium Gluconate ▪ Not Applicable	▪ ACLS drugs ▪ Not Available ▪ Adenosine ▪ Albuterol ▪ Amiodarone ▪ Aspirin (ASA) ▪ Ativan (Lorazepam) ▪ Atropine ▪ Atrovent (Ipratropium) ▪ Benadryl (Diphenhydramine) ▪ Colloid Solution ▪ Compazine (Prochlorperazine) ▪ Crystalloid Solution	▪ Decadron (Dexamethasone) ▪ Defibrillation ▪ Demerol (Meperidine) ▪ Dextrose (Glucose) ▪ Dopamine ▪ Epinephrine (Aqueous) ▪ External pacemaker ▪ Fentanyl ▪ Glucagon ▪ Heparin ▪ Lasix (Furosemide) ▪ Lidocaine ▪ Magnesium Sulfate ▪ Methylprednisolone	▪ Morphine Sulfate ▪ Narcan (Naloxone) ▪ Needle decompression of chest ▪ Nitroglycerin ▪ Oxygen ▪ Pelvic Wrap ▪ Prasugrel (Effient) ▪ Sodium Bicarbonate ▪ Not Known/Not Recorded ▪ Valium (Diazepam) ▪ Tissue Plasminogen Activator (tPA) ▪ Versed (Midazolam) ▪ Zofran (Ondansetron)

Data Format

[COMBO] Multiple-Choice

Additional Information

If medications have not been documented by the referring hospital, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.29 - Destination Determination

Description

Indicate the reason the referring hospital transported the patient to your facility as it is documented by the referring facility

Element Values

- Hospital of Choice
- Specialty Resource Center
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If the destination determination has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.33 - CT Cervical

Description

Indicate whether the patient received a CT Cervical Scan at the referring facility as it is documented by the referring facility

Element Values

- Positive
- Negative
- Not Performed
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If CT Cervical has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.34 - Imaging Head

Description

Indicate whether the patient received imaging of the head by the referring facility as it is documented by the referring facility

Element Values

- Not Performed
- Positive
- Negative
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If imaging has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.35 - Imaging Chest

Description

Indicate whether the patient received imaging of the chest by the referring facility as it is documented by the referring facility

Element Values

- Not Performed
- Positive
- Negative
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If imaging has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.36 - Imaging Abd/Pelvis

Description

Indicate whether the patient received imaging of the abdomen/pelvis by the referring facility as it is documented by the referring facility

Element Values

- Not Performed
- Positive
- Negative
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If imaging has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.37 - Echo

Description

Indicate whether the patient received an echo by the referring facility as it is documented by the referring facility

Element Values

- Not Performed
- Positive
- Negative
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If an Echo has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.38 - TPA Administered

Description

Indicate whether TPA was administered by the referring facility as it is documented by the referring facility

Element Values

- Yes
- No
- NC-Documented reason
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If TPA Administered has not been documented by the referring facility, leave blank

STATE/HOSPITAL ELEMENT

Referring - TR33.39 - Sent to Cath Lab

Description

Indicate whether the patient was sent to the cath lab by the referring facility as it is documented by the referring facility

Element Values

- Yes
- No
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If there is no documentation regarding the cath lab by the referring facility, leave blank

ED/Acute Care Tab Elements

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.21.1 – Highest Activation Level

Description

Patient Received the highest level of activation at your hospital.

Element Values

- Yes
- No
- Not Known

Data Format

[COMBO] Single-Choice

Additional Information

- Highest level of activation is defined by your hospital's criteria
- INCLUDE: Highest level activations by EMS or hospital personnel.
  - Even if the activation level was downgraded after the patient arrived at your hospital.
  - Patients who were upgraded to the highest level before or during their treatment in the ED.
- Exclude/select No if the highest activation level was declared after patient was discharged from the ED.

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.15.1 – First Trauma Surgeon Arrival Date

Description

The date the first trauma surgeon arrived at the patient's bedside

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as YYYY-MM-DD.
- Limit reporting to the 24 hours after ED/Hospital arrival.
- The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.
- The null value “Not Applicable” is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.
- The null value “Not Applicable” is reported if the data element Highest Activation is reported as Element Value “2. No.”

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.15.2 – First Trauma Surgeon Arrival Time

Description

The time the first trauma surgeon arrived at the patient's bedside

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Collected as HHMM military time.
- Limit reporting to the 24 hours after ED/Hospital arrival.
- The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.
- The null value “Not Applicable” is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.
- The null value “Not Applicable” is reported if the data element Highest Activation is reported as Element Value “2. No.”

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.30 - Direct Admit to Hospital

Description

Was the patient admitted to the hospital directly?

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

This field should be marked NO unless this patient bypassed the ED and was directly admitted to the facility

NTDB & STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.55 - Date Arrived in ED/Acute Care

Description

Indicate the date the patient arrived in the ED -or- was admitted directly into the hospital

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- If the patient was brought to the ED, enter date patient arrived at ED If patient was directly admitted to the hospital, enter date patient was admitted to the hospital
- Collected as MM-DD-YYYY

NTDB & STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.56 - Time Arrived in ED/Acute Care

Description

Indicate the time the patient arrived in the ED - or- was admitted directly into the hospital

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- If the patient was brought to the ED, enter time patient arrived at ED If patient was directly admitted to the hospital, enter time patient was admitted to the hospital
- Collected as HH:MM military time

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.131 - ED Attending MD/Staff

Description
Indicate the ED attending Medical Doctor/Staff

Element Values
Relevant value for the data element

Data Format
[COMBO] Single-Choice

Additional Information
Report writer:TR18131 (different title)

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.132 - ED Attending MD/Staff Service Type

Description

Indicate the service type for the attending Medical Doctor/ Staff

Element Values

- Emergency Medicine
- Trauma Nurse

Data Format

[COMBO] Single-Choice

Additional Information

- Default to Emergency Medicine
- Report writer: TR18132 (different title)

NTDB & STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.41 - Decision to Discharge/Transfer Date

Description

Indicate the date the order was written for the patient to be discharged from the ED

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as MM-DD-YYYY
- If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Date is the date of death as indicated on the patient's death certificate
- If ED Discharge Disposition is 10 Left Against Medical Advice, report the date the patient signed the AMA form If a patient signature was not obtained on the eAMA form, report the date it was noted in the medical record the patient indicated that they were going to leave AMA
- If the decision to discharge date is unknown, leave blank

NTDB & STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.42 - Decision to Discharge/Transfer Time

Description

Indicate the time the order was written for the patient to be discharged from the ED

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Collected as HH:MM military time
- If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Time is the time of death as indicated on the patient's death certificate
- If ED Discharge Disposition is 10 Left Against Medical Advice, report the time the patient signed the AMA form If a patient signature was not obtained on the AMA form, report the time it was noted in the medical record the patient indicated that they were going to leave AMA
- If the decision to discharge time is unknown, leave blank

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.25 - Date Discharged from ED

Description

Indicate the date the patient was physically discharged from the ED or transferred to an inpatient unit/OR

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as MM-DD-YYYY
- Used to auto-generate an additional calculated field: Length of Stay (elapsed time from ED admit to ED discharge)

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.26 - Time Discharged from ED

Description
Indicate the time the patient was physically discharged from the ED or transferred to inpatient unit/OR

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
▪ Collected as HH:MM military time ▪ Used to auto-generate an additional calculated field: Length of Stay: elapsed time from ED admit to ED discharge)

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.99 - Length of Stay in ED (Physical D/C)

Description
Indicate the total minutes the patient was staying in the ED (Total Minutes)

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
Auto-generated field calculated based on previous fields entered within the registry (Date/Time Arrived in ED/Acute Care - Date/Time patient was physically discharged from ED/Acute Care

NTDB & STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.27 - ED Disposition

Description

Indicate the disposition unit the order was written for the patient to be discharged from the ED

Element Values

- Left without being seen/eloped
- Floor bed (general admission, non-specialty unit bed)
- Telemetry/step-down unit (less acuity than ICU)
- Home with services
- Deceased/Expired
- Other (jail, institution, etc.)
- Operating room
- Intensive Care Unit
- Home without services
- AMA
- Transferred to another hospital
- Floor (Labor & Delivery)
- Radiology
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- The null value "Not Applicable" is used if the patient is directly admitted to the hospital
- If ED Discharge Disposition is included on the list below, then Hospital Discharge Date, Time, and Disposition will lock and not be available for data entry
  - Home with services
  - Deceased/Expired
  - Other (jail, institution, ect)
  - Home without services
  - AMA
  - Transferred to another hospital
- If multiple orders were written, report the final disposition order

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.98 - Admitting MD/Staff

Description
Indicate the admitting Medical Doctor/Staff that admitted the patient to your hospital from the ED

Element Values
Relevant value for the data element

Data Format
[COMBO] Single-Choice

Additional Information
Do not complete this field if the patient was not admitted to your hospital from the ED

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR18.99 - Admitting Service

Description
Indicate the service type for the attending Medical Doctor/ Staff that admitted the patient to your hospital from the ED

Element Values
Relevant value for the data element

Data Format
[COMBO] Single-Choice

Additional Information
Do not complete this field if the patient was not admitted to your hospital from the ED

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.21 - Trauma Team Activation

Description

Indicate whether the facility-specific trauma activation/alert activated

Element Values

- Not Activated
- Level 1 (Full)
- Level 2 (Partial)
- Level 3 (Stand By)

Data Format

[RADIO]

Additional Information

- This should be the initial level/alert that was sent out If the level was upgraded put the first activation that went out
- If the patient was a direct admit, select "Not Activated"
- Not Applicable should not be used for this field
- If your facility has only one level of activation, select Level 1
- If you facility has two levels of activation, Level 1 is associated with the highest level

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.78.1 - Date Changed

Description

Indicate the date the trauma team activation level was changed

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- Collected as MM-DD-YYYY
- If the trauma team activation level was not changed, leave blank

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.78.1.1 - Time Changed

Description
Indicate the time the trauma team activation level was changed

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
▪ Collected as HH:MM military time ▪ If the trauma team activation level was not changed, leave blank

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.78.2 - Upgrade/Downgrade

Description

Indicate whether the trauma team activation level was changed

Element Values

- Yes, Upgraded
- Yes, Downgraded
- Not Known/Not Recorded
- Select

Data Format

[COMBO] Single-Choice

Additional Information

- If the trauma team activation level was not changed, leave field "*select*"

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.78.3 - New Activation Level

Description

Indicate the new trauma team activation level

Element Values

- Not Known/Not Recorded
- Not Activated
- Non-Trauma
- Level Unknown
- Level 3
- Level 2
- Level 1
- Consultation
- Select

Data Format

[COMBO] Single-Choice

Additional Information

- If the activation was canceled, select "Not Activated"
- If your facility has only one level of activation, select Level 1
- If your facility has two levels of activation, Level 1 is associated with the highest level
- If the activation level was not updated, select "Not Applicable"

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.78.4 - Old Activation Level

Description

Indicate the old trauma team activation level

Element Values

- Not Known/Not Recorded
- Not Activated
- Non-Trauma
- Level Unknown
- Level 3
- Level 2
- Level 1
- Consultation
- Select

Data Format

[COMBO] Single-Choice

Additional Information

- If the activation was canceled, select "Not Activated"
- If your facility has only one level of activation, select Level 1
- If your facility has two levels of activation, Level 1 is associated with the highest level
- If the activation level was not updated, select "Not Applicable"

STATE/HOSPITAL ELEMENT

ED/Acute Care - TR17.29 - Consulting Services

Description

Indicate whether the patient received consulting services while in your facility?

Element Values

- Select
- Yes
- No

Data Format

[COMBO] Single-Choice

Additional Information

Initial Assessment Tab Elements

State/Hospital Element
Initial Assessment - TR18.104 - Initial Assessment Vitals Date

Description
Indicate the date the vitals were performed

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
▪ Collected as MM-DD-YYYY

State/Hospital Element

Initial Assessment - TR18.110 - Initial Assessment Vitals Time

Description
Indicate the time the vitals were performed

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
▪ Collected as HH:MM military time

NTDB & STATE

Initial Assessment - TR18.11 - Systolic Blood Pressure

Description

Indicate the first systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival

Element Values

Relevant value for the data element as long as it does not exceed 299

Data Format

[NUMBER]

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused
- If not known select "Not Known/Not Recorded"

State/Hospital Element

Initial Assessment - TR18.13 - Diastolic Blood Pressure

Description

Indicate the first diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival

Element Values

Relevant value for the data element as long as it does not exceed 299

Data Format

[NUMBER]

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused
- If not known select "Not Known/Not Recorded"

NTDB & STATE

Initial Assessment - TR18.2 - Pulse Rate

Description

Indicate the first recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)

Element Values

Relevant value for the data element as long as it does not exceed 300

Data Format

[NUMBER]

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused
- If not known select "Not Known/Not Recorded"

NTDB & STATE

Initial Assessment - TR18.30 - Temperature (Celsius)

Description

Indicate the first recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Entry in one unit will auto-populate the other
- If temperature is not known, select "Not Known/Not Recorded", and select "Not Known/Not Recorded" for Route

NTDB & STATE

Initial Assessment - TR18.30.1 - Temperature (Fahrenheit)

Description

Indicate the first recorded temperature (in degrees Fahrenheit) in the ED/hospital within 30 minutes or less of ED/hospital arrival

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Entry in one unit will auto-populate the other
- If temperature is not known, select "Not Known/Not Recorded", and select "Not Known/Not Recorded" for Route

NTDB & STATE

Initial Assessment - TR18.147 - Temperature Route

Description

Indicate the initial emergency department/hospital temperature measurement route

Element Values

- Tympanic
- Temporal Artery
- Rectal
- Other
- Oral
- Foley
- Axillary
- Select
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment
- Entry in one unit will auto-populate the other
- If temperature is not known, select "Not Known/Not Recorded", and select "Not Known/Not Recorded" for Route

NTDB & STATE

Initial Assessment - TR18.31 - Oxygen Saturation

Description

Indicate the first recorded oxygen saturation in ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage)

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- If available, complete additional field: Initial ED/Hospital Supplemental Oxygen
- Please note that first recorded/hospital vitals do not need to be from the same assessment
- If Not Known, select "Not Known/Not Recorded"

NTDB & STATE

Initial Assessment - TR18.7 - Respiratory Rate

Description

Indicate the first recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute)

Element Values

Relevant value for the data element as long as it does not exceed 120

Data Format

[NUMBER]

Additional Information

- If available, complete additional field:" Resp. Assistance"
- Please note that first recorded/hospital vitals do not need to be from the same assessment
- If not known, select "Not Known/Not Recorded" and select "Not Applicable" for "Resp. Assistance"

NTDB & STATE

Initial Assessment - TR18.109 - Supplemental Oxygen

Description

Determination of the presence of supplemental oxygen during assessment of initial ED/Hospital oxygen saturation level within 30 minutes or less of ED/hospital arrival

Element Values

- Yes
- No
- Room Air
- Respiratory Arrest
- Intubated
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Only completed if a value is provided for "Initial ED/Hospital Oxygen Saturation"
- The null value "Not Applicable" is reported if the Initial ED/Hospital Oxygen Saturation is "Not Known/Not Recorded"
- Please note that first recorded/hospital vitals do not need to be from the same assessment

State/Hospital Element

Initial Assessment - TR18.135 - RTS Calc

Description
Indicate the first recorded calculation of the Revised Trauma Score (RTS) Total

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

State/Hospital Element

Initial Assessment - TR21.10 - PTS

Description

Indicate the first recorded calculation of the Pediatric Trauma Score (PTS) Total

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Please note that this will only be applicable for pediatric patients

NTDB & STATE

Initial Assessment - TR18.14 - Glasgow Eye

Description

Indicate first recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival

Element Values

- 1 - No eye movement when assessed
- 2 - Opens eyes in response to painful stimulation
- 3 - Opens eyes in response to verbal stimulation
- 4 - Opens eyes spontaneously
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient's pupils are PERRL,"an Eye GCS of 4 may be recorded, IF there is no other contradicting documentation
- Please note that first recorded hospital vitals do not need to be from the same assessment
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 – Eye is documented
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival

NTDB & STATE

Initial Assessment - TR18.15.2 - Glasgow Verbal

Description

Indicate first recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival

Element Values

- 1 - No verbal response
- 2 - Incomprehensible sounds
- 3 - Inappropriate words
- 4 – Confused
- 5 - Oriented
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If patient is intubated then the GCS Verbal score is equal to 1.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 – Verbal is reported.
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS –Verbal was not measured within 30 minutes or less of ED/Hospital arrival.

NTDB & STATE

Initial Assessment - TR18.16.2 - Glasgow Motor

Description

Indicate first recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival

Element Values

- 1 - No motor response
- 2 - Extension to pain
- 3 - Flexion to pain
- 4 - Withdrawal from pain
- 5 - Localizing pain
- 6 - Obeys commands
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation
- Please note that first recorded/hospital vitals do not need to be from the same assessment
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 – Motor is reported
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival

NTDB & STATE

Initial Assessment - TR18.21 - GCS Qualifier

Description

Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.

Element Values

- Select
- Patient Chemically Sedated or Paralyzed
- Obstruction to the Patient's Eye
- Patient Intubated
- Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye

Data Format

[COMBO] Multiple-Choice

Additional Information

- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record
- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Report all that apply
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
- The null value “Not Known/Not Recorded” is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival.

NTDB & STATE

Initial Assessment - TR18.22 - GCS Total Calc

Description

Indicate first recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival

Element Values

Relevant value for the data element

Data Format

String

Additional Information

- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", interpret this as GCS of 15 IF there is no other contradicting documentation
- Please note that first recorded/hospital vitals do not need to be from the same assessment
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Motor, Initial ED/Hospital GCS – Verbal were not measured within 30 minutes or less of ED/Hospital arrival

NTDB & STATE

Initial Assessment - TR18.40.2 - Glasgow Coma Score 40 (Eye)

Description

Indicate first recorded Glasgow Coma Score 40 (Eye) in the Ed/hospital within 30 minutes or less of ED/hospital arrival

Element Values

- Select
- 0 - Not Testable
- 1 - None
- 2 - To Pressure
- 3 - To Sound
- 4 - Spontaneous
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO]Single-Choice

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient's eyes open spontaneously," an Eye GCS 40 of 4 may be recorded, IF there is no other contradicting documentation
- Report Field Value “0. Not Testable” if unable to assess (e.g. swelling to eye(s))
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS – Eye is reported
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS 40- Eye was not measured within 30 minutes or less of ED/hospital arrival

NTDB & STATE

Initial Assessment - TR18.41.2 - Glasgow Coma Score 40 (Verbal)

Description

Indicate first recorded Glasgow Coma Score 40 (Verbal) within 30 minutes or less of ED/hospital arrival

Element Values

- Select
- 0 - Not Testable
- 1 - None
- 2 - Sounds
- 3 - Words
- 4 - Confused
- 5 - Oriented
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO]Single-Choice

Additional Information

- If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient correctly gives name, place and date" a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation
- Report Field Value “0. Not Testable” if unable to assess (e.g. patient is intubated)
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS – Verbal is reported
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS 40 - Verbal was not measured within 30 minutes or less of ED/hospital arrival

NTDB & STATE

Initial Assessment - TR18.42.2 - Glasgow Coma Score 40 (Motor)

Description

Indicate first recorded Glasgow Coma Score 40 (Motor) within 30 minutes or less of ED/hospital arrival

Element Values

- Select
- 0 - Not Testable
- 1 - None
- 2 - Extension
- 3 - Abnormal Flexion
- 4 - Normal Flexion
- 5 - Localizing
- 6 - Obeys Commands
- Not Applicable
- Not Available
- Not Known/Not Recorded

Data Format

[COMBO]Single-Choice

Additional Information

- If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be recorded, IF there is no other contradicting documentation
- Report Field Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade)
- The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Motor is reported
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Motor was not measured within 30 minutes or less of ED/hospital arrival

State/Hospital Element

Initial Assessment - TR18.44.1 - GCS 40 Total Calc

Description

Total GCS Score using the information indicated in the previous fields: Glasgow Eye, Glasgow Verbal, and Glasgow Motor

Element Values

Auto-populated field based on documentation from previous fields: Glasgow Eye, Glasgow Verbal, and Glasgow Motor

Data Format

[STRING]

Additional Information

- If the previous fields (Glasgow Eye, Glasgow Verbal, and Glasgow Motor) were not documented, this field will be left blank

State/Hospital Element

Initial Assessment - TR18.44 - GCS 40 Manual Total

Description

Total GCS Score 40 using the information indicated in the previous fields: Glasgow Eye 40, Glasgow Verbal 40, and Glasgow Motor 40

Element Values

Auto-populated field based on documentation from previous fields: Glasgow Eye 40, Glasgow Verbal 40, and Glasgow Motor 40

Data Format

[STRING]

Additional Information

- If the previous fields (Glasgow Eye 40, Glasgow Verbal 40, and Glasgow Motor 40) were not documented, this field will be left blank

State/Hospital Element

Initial Assessment - TR18.53 - AVPU

Description

Indicate the patients first recorded level of consciousness using the AVPU scale (Alert, Verbal, Pain, Unresponsive) within 30 minutes or less of ED/Hospital arrival

Element Values

- Alert
- Verbal Stimuli
- Responds to pain
- Unresponsive
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

State/Hospital Element

Initial Assessment - TR14.36 - Airway Management

Description

Indicate whether the patient received any method of airway management within 30 minutes or less of ED/hospital arrival

Element Values

- Simple Mask
- Arrived Intubated
- Bipap
- Non-Rebreather Mask
- Nasal Cannula
- CPAP
- Bag & Mask
- Combitube
- Crico
- LMA
- Nasal ETT
- Oral Airway
- Oral ETT
- Trach
- Not Performed
- EOA
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If no airway management method has been documented, leave blank

State/Hospital Element

Initial Assessment - TR18.71 - CPR Performed

Description

Indicate whether the patient received CPR within 30 minutes or less of ED/Hospital arrival

Element Values

- CPR in Progress, continued
- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

State/Hospital Element

Initial Assessment - TR18.176 - Backboard Removed Date

Description
Indicate the date the backboard was removed from the patient

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
If no backboard was used, leave blank

State/Hospital Element

Initial Assessment - TR18.177 - Backboard Removed Time

Description
Indicate the time the backboard was removed from the patient

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
If no backboard was used, leave blank.

State/Hospital Element

Initial Assessment - TR22.20 - Blood Product Location

Description

Indicate the location the blood products were used for the patient

Element Values

- Critical Care Unit
- Elsewhere
- Emergency Department
- Floor
- ICU
- Operating Room
- Prehospital
- Referring facility
- Unspecified

Data Format

[COMBO] Single-Choice

Additional Information

If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.21 - Blood Product

Description

Indicate the type of blood product that was used on the patient

Element Values

- Cryoprecipitate
- Fresh Frozen Plasma
- Massive Blood Transfusion Protocol Initiated
- Packed Red Blood Cells
- Platelets
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.22 - Units of Blood

Description
Indicate the total units of blood given to the patient

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.23 - Blood Product Measurement

Description

Indicate the measurement used to document the patient's blood product transfusion (Units, CCs [MLs])

Element Values

- Units
- CCs (MLs)

Data Format

[COMBO] Single-Choice

Additional Information

If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.14 - Blood Ordered Date

Description
Indicate the date the first unit of blood was ordered for the patient

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.17 - Blood Ordered Time

Description
Indicate the time the first unit of blood was ordered for the patient

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.15 - Crossmatch Date

Description
Indicate the date the first unit of blood was cross-matched

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR22.18 - Crossmatch Time

Description
Indicate the time the first unit of blood was cross-matched

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
If blood products were not used for the patient, leave blank

State/Hospital Element

Initial Assessment - SK38.203.1 - Patient's Anticoagulant Meds

Description

Indicate the patient's anticoagulant medication

Element Values

- Warfarin (Coumadin)
- Unfractionated heparin IV
- Ticagrelor (Brillinta)
- Rivaroxaban
- Prasugrel (Effient)
- Plavix (Clopidogrel)
- Lepirudin (Refludan)
- Full dose LMW Heparin
- Fondaparinux (Arixtra)
- Dabigatran (Pradaxa)
- Argatroban
- Apixaban (Eliquis)
- Other Anticoagulant

Data Format

[COMBO] Single-Choice

Additional Information

If the patient is not on anticoagulant medication, leave blank

State/Hospital Element

Initial Assessment - SK38.163 - Anticoagulant Reversal Medication Administered

Description

Indicate the treatment used to reverse International Normalization Ratio (INR) with procoagulant

Element Values

- Yes
- No

Data Format

[RADIO]

Additional Information

If the patient is not on anticoagulant medication, leave blank

State/Hospital Element

Initial Assessment - TR18.189 - Antibiotic Therapy

Description

Indicate whether intravenous antibiotic therapy was administered to the patient within 24 hours after first hospital encounter

Reporting Criterion

Report on all patients with any open fracture(s)

Element Values

- Select
- Yes
- No
- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Report intravenous antibiotic therapy that was administered to the patient within 24 hours after first hospital encounter, at either your facility or the transferring facility
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines

State/Hospital Element

Initial Assessment - TR18.190 - First Antibiotic Administration Date

Description

Indicate the date the first intravenous antibiotic therapy was administered

Reporting Criterion

Report on all patients with any open fracture(s)

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- If the patient does not have an open fracture, leave blank
- If the patient did not receive intravenous antibiotic therapy, leave blank
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines

State/Hospital Element

Initial Assessment - TR18.190.1 - First Antibiotic Administration Time

Description

Indicate the time the first intravenous antibiotic therapy was administered

Reporting Criterion

Report on all patients with any open fracture(s)

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- If the patient does not have an open fracture, leave blank
- If the patient did not receive intravenous antibiotic therapy, leave blank
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines

NTDB & STATE

Initial Assessment - TR18.46 - Alcohol Use Indicator/Alcohol Screen

Description

A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter

Element Values

- Select
- Yes
- No (Not tested)
- No (Confirmed by test)
- No
- Yes (Confirmed by test [trace levels])
- Yes (Confirmed by test [beyond legal limits])
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Alcohol screen may be administered at any facility, unit, or setting treating this patient event

State/Hospital Element

Initial Assessment - TR18.45 - Drug Use Indicator

Description

Indicate use of drugs by the patient within 24 hours after first hospital encounter

Element Values

- Select
- No (Confirmed by test)
- Yes (Confirmed by test [prescription drug])
- Yes (Confirmed by test [illegal use drug])
- Not Performed
- Not Known/Not Recorded

Data Format

[COMBO] Multiple-Choice

Additional Information

- Does not include medications given at ED/Hospital on this admission
- If drug use is suspected, but not confirmed by test, record null value "Not Known/Not Recorded"

NTDB & STATE

Initial Assessment - TR18.91 - Drug Screen

Description

Indicate first recorded positive drug screen results within 24 hours after first hospital encounter (Select all that apply)

Element Values

- TCA (Tricyclic Antidepressant)
- OXY (Oxycodone)
- OPI (Opioid)
- MDMA (Ecstasy)
- AMP (Amphetamine)
- Antidepressants (including tricyclics)
- BAR (Barbiturate)
- BZO (Benzodiazepines)
- COC (Cocaine)
- Ethanol
- Marijuana (THC/Cannabis)
- mAMP (Methamphetamine)
- Opiates (including Propoxyphene)
- PCP (Phencyclidine)
- Amitriptyline
- Morphine
- Diazepam
- Meprobamate
- Codeine
- Heroin
- MTD (Methadone)
- Imipramine
- Doxepin
- Hashish
- Sedatives - Hypnotics
- Not Tested
- None
- Not Known/Not Recorded

Data Format

[SLUSH] Multiple-Choice

Additional Information

- Record positive drug screen results from drug screening in the ED
- "None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results
- If multiple drugs are detected, only report drugs that were NOT administered at any facility (or setting) treating this patient event
- You may enter more than one drug, selections are made in a pick-list

State/Hospital Element

Initial Assessment - TR18.95 - Hematocrit

Description
Indicate the volume of red blood cells in the patient's blood

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

State/Hospital Element

Initial Assessment - TR18.93 - Base Deficit

Description

Indicate whether the patient had a value greater than 4 for the reported components of arterial or venous blood gasses

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- This number may be reported by the lab as Base Deficit or as Base Excess with a negative value

State/Hospital Element

Initial Assessment - TR18.117 - Bicarb - HCO3

Description
Indicate the level of Bicarb - HCO3 found in the patient's blood

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information

State/Hospital Element

Initial Assessment - TR18.160 - Radiology Type

Description

Indicate the type of radiology procedure that was used for the patient

Element Values

- X-Ray
- Transesophageal Echocardiogram
- Transcranial Dopler
- MRI
- FAST (Focused Assessment with Sonography in Trauma)
- EFAST (Extended Focused Assessment with Sonography in Trauma)
- Echo
- CT-Perfusion
- CT- Angiogram
- CT

Data Format

[COMBO] Single-Choice

Additional Information

If radiology was not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR18.143 - Radiology Region

Description

Indicate the body region on which the specified radiology procedure was performed

Element Values

- Abdomen
- Angiogram
- Brain
- Chest
- Head/Face
- Limbs
- Neck
- Orbits
- Other
- Pelvis
- Spine - Cervical
- Spine - Lumbar
- Spine - Thoracic

Data Format

[COMBO] Single-Choice

Additional Information

If radiology was not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR18.163 - Date Radiology Performed

Description
Indicate the date the radiology procedure was performed

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
If radiology was not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR18.163.1 - Time Radiology Performed

Description
Indicate the time the radiology procedure was performed

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
If radiology was not used for the patient, leave blank

State/Hospital Element

Initial Assessment - TR18.161 - Radiology Results

Description

Indicate the results from the radiology procedure that was performed on the patient

Element Values

- Inconclusive Result
- Negative
- Not Known/Not Recorded
- Positive

Data Format

[COMBO] Single-Choice

Additional Information

If radiology was not used for the patient, leave blank

Diagnosis Tab Elements

NTDB & STATE/HOSPITAL ELEMENT

Diagnosis - TR200.1 - ICD 10 Injury Diagnosis

Description

Indicate the diagnoses related to all identified injuries

Element Values

- Injury diagnoses as defined by ICD-10-CM code range S00-99, T07, T14, T20-T28, T30-32, T79.A1-T79.A9 OR compatible ICD-10 CA code range
- The maximum number of diagnoses that may be reported for an individual patient is 50

Data Format

[Combo] Multiple-Choice

Additional Information

ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, comorbidities, etc.) may also be included in this field

STATE/HOSPITAL ELEMENT

Diagnosis - TR200.120 - Diagnosis Comments

Description
Indicate any comments as they relate to the ICD 10 Diagnosis

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
If there are no comments relating to the ICD 10 Diagnosis, leave blank

NTDB & STATE/HOSPITAL ELEMENT

Diagnosis - TR200.14.1 - AIS Code

Description
Indicate the Abbreviated Injury Scale (AIS) codes that reflect the patient's injuries

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
No additional information

NTDB & STATE/HOSPITAL ELEMENT

Diagnosis - AIS Version

Description

The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes

Element Values

- AIS 05, Update 08
- AIS 2015

Data Format

[COMBO] Single-Choice

Additional Information

No additional information

STATE/HOSPITAL ELEMENT

Diagnosis - TR201.0 - Additional AIS Codes

Description

Indicate any additional Abbreviated Injury Scale (AIS) codes that reflect the patient's injuries

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- The predot code is the 6 digits preceding the decimal point in an associated AIS code
- In ImageTrend, this field includes both the AIS PreDot (IS_01) and AIS Severity (IS_02) codes:
  - Minor Injury
  - Moderate Injury
  - Serious Injury
  - Severe Injury
  - Critical Injury
  - Maximum Injury, Virtually Unsurvivable
  - Not Possible to Assign

STATE/HOSPITAL ELEMENT

Diagnosis - Diagnosis-ISS Region

Description

The Injury Severity Score (ISS) body region codes that reflect the patient's injuries

Element Values

- Head/Neck Region - TR212
- Face Region - TR215
- Chest Region - TR213
- Abdomen Region - TR216
- Extremities Region - TR214
- Skin/Soft Tissue (External Injury) - TR217

Data Format

[NUMBER]

Additional Information

- Auto-populated by entering ICD 10 Diagnosis and AIS Code
- Head or neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures
- Facial injuries include those involving the mouth, ears, nose, and facial bones
- Chest injuries include all lesions to internal organs Chest injuries also include those to the diaphragm, rib cage, and thoracic spine
- Abdominal or pelvic contents injuries include all lesions to internal organs Lumbar spine lesions are included in the abdominal or pelvic region
- Injuries to the extremities or to the pelvic or shoulder girdle including sprains, fractures, dislocations, and amputations, except for the spinal column, skull and rib cage
- External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface

STATE/HOSPITAL ELEMENT

Diagnosis - ISS-Injury Severity Score

Description

The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

▪ The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries Each injury is assigned an Abbreviated Injury Scale (AIS) score and is allocated to one of six body regions (Head, Face, Chest, Abdomen, Extremities (including Pelvis), External) Only the highest AIS score in each body region is used The 3 most severely injured body regions have their score squared and added together to produce the ISS score

▪ The ISS score takes values from 0 to 75 If an injury is assigned an AIS of 6 (unsurvivable injury), the ISS score is automatically assigned to 75 The ISS score is virtually the only anatomical scoring system in use and correlates linearly with mortality, morbidity, hospital stay and other measures of severity

▪ It's weaknesses are that any error in AIS scoring increases the ISS error, many different injury patterns can yield the same ISS score and injuries to different body regions are not weighted Also, as a full description of patient injuries is not known prior to full investigation & operation, the ISS (along with other anatomical scoring systems) is not useful as a triage tool

STATE/HOSPITAL ELEMENT

Diagnosis - Probability of Survival

Description

Indicate the probability of survival based on the Trauma Injury Severity Score

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

TRISS (blunt): Logit =-04499 + RTS*08085 + ISS*-00835 + (age Points)*-17430

Predicted death rate = 1/(1 + e-Logit)

TRISS (penetrating): Logit =-25355 + RTS*09934 + ISS*-00651 + (age Points)*-11360

Predicted death rate = 1/(1 + e-Logit)

Age Points:

Age < 15 years = 0

15 <= Age < 55 = 0

Age >= 55 years = 1

STATE/HOSPITAL ELEMENT

Diagnosis - New Injury Severity Score

Description

New injury severity score (NISS) considers the three most severe injuries, regardless of body region

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- This field will be auto-generated based on previous fields
- Recently, researchers have proposed a new injury severity score (NISS) which, unlike the ISS, considers the three most severe injuries, regardless of body region
- The NISS is computed as the simple sum of squares of the three most severe AIS (1990 revision) injuries To date, two studies have reported that the NISS is more predictive of survival and performs better, statistically, than the ISS

Comorbidity Tab Elements

NTDB & STATE/HOSPITAL ELEMENT

Comorbidity - TR21.21 - Co-Morbid Condition

Description
Indicate any pre-existing comorbid factors present prior to patient arrival at the ED/Hospital

Element Values		
▪ Substance Abuse Disorder ▪ Pre-Hospital cardiac arrest with CPR ▪ Peripheral Arterial Disease (PAD) ▪ Myocardial Infarction (MI) ▪ Mental/Personality Disorder ▪ Chronic renal failure ▪ Attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD) ▪ Anticoagulant Therapy ▪ Angina Pectoris ▪ Advanced directive limiting care ▪ Acquired Coagulopathy ▪ Currently receiving chemotherapy for cancer ▪ Alcohol Use Disorder ▪ Alzheimer's Disease ▪ Ascites within 30 days ▪ Asthma ▪ Autoimmune Diseases ▪ Bilirubin > 2mg % (on Admission), ESLD ▪ Bleeding Disorder ▪ Chemotherapy for cancer within 30 days ▪ Chronic Alcohol Abuse ▪ Dementia ▪ Chronic Demyelinating Disease ▪ Drug Use Disorder ▪ Chronic Obstructive Pulmonary Disease	▪ Cor Pulmonale ▪ Coronary Artery Disease ▪ Coumadin Therapy ▪ Current smoker ▪ Currently requiring or on dialysis ▪ Cerebrovascular Accident (CVA) ▪ Diabetes mellitus ▪ Dialysis (excludes transplant patients) ▪ Disseminated cancer ▪ Do Not Resuscitate (DNR) status ▪ Documented history of cirrhosis ▪ Documented Prior History of Pulmonary Disease with Ongoing Active Treatment ▪ DVT history ▪ Esophageal varices ▪ Functionally dependent health status ▪ GI (Peptic ulcer disease, GERD) ▪ Hemophilia ▪ History of angina within past 1 month ▪ Congestive heart failure ▪ History of Cardiac Surgery ▪ History of myocardial infarction within past 6 months ▪ Major psychiatric illness ▪ History of PVD ▪ History of severe COPD	▪ History of myocardial infarction ▪ No co-morbid condition present ▪ Obesity ▪ Organic Brain Syndrome ▪ Osteoporosis requiring treatment ▪ Other Cardiac Diseases (CAD, CABG, Stent, Pacemaker, Cardiomyopathy, Valvular Heart Disease, Cardiac Dysrhythmias, Cor Pulmonale) ▪ Other Liver Diseases (Hepatitis B, Hepatitis C) ▪ Pancreatitis ▪ Parkinson's Disease ▪ Post-splenectomy ▪ Pre-existing Anemia ▪ Pregnancy ▪ Prematurity ▪ Pulmonary Embolus history ▪ Renal Disease ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Rheumatoid Arthritis ▪ Seizures ▪ Seizures and Anemia ▪ Serum Creatinine > 2 mg % (on Admission) ▪ Spinal Cord Injury ▪ Steroid Use ▪ Systemic Lupus Erythematous ▪ Transplants ▪ Undergoing Current Therapy ▪ Cirrhosis ▪ Other ▪ Not Applicable ▪ Not Known/Not Recorded

▪ Chronic Pulmonary Condition ▪ Concurrent or Existence of Metastasis ▪ Congenital Anomalies	▪ HIV/AIDS ▪ Hypertension ▪ Inflammatory Bowel Disease ▪ Insulin Dependent ▪ Insulin Non-Dependent ▪ Multiple Sclerosis	

Data Format
[COMBO] Single-Choice

Additional Information
▪ Present prior to ED/Hospital arrival ▪ The null value "Not Known/Not Recorded" is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

Comorbidity - TR21.23 - Co-Morbid Condition Notes

Description
Indicate any additional information about the patient's pre-existing medical conditions

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
If there is no comorbid conditions for the patient, leave blank

Procedures Tab Elements

NTDB & STATE/HOSPITAL ELEMENT

Procedures - TR200.2 – ICD-10 Hospital Procedure

Description

Indicate operative and selected non-operative procedures conducted during hospital stay Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications

Element Values

- Major and minor procedure ICD-10 PCS procedure codes
- The maximum number of procedures that may be reported for a patient is 200

Data Format

[COMBO] Multiple-Choice

Additional Information

- The null value "Not Applicable" is reported if the patient did not have procedures
- Include only procedures performed at your institution
- Report all procedures performed in the operating room
- Report all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications
- Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization In this case, report only the first event If there is no asterisk, report each event even if there is more than one
- Note that the hospital may report additional procedures
- See most up to date version of the National Trauma Data Standard Dictionary for additional procedure information

STATE/HOSPITAL ELEMENT

Procedures - TR22.29 - Procedure Performed Location

Description

Indicate the hospital location where the procedure was performed on the patient

Element Values

- Transport from scene
- Tele
- Step-Down
- Special Procedure Unit
- Scene
- Rehabilitation
- Recovery
- Readmit OR (planned OR)
- Radiology
- PTA (Referring Hospital)
- Prehospital
- Outpatient Clinic
- Other
- Operating Room
- Observation
- Nuclear Medicine
- Minor Surgery Unit
- ICU
- GI Lab
- Floor
- ED
- Catheterization Lab
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Validity is activated when an ICD 10 Procedure code (TR2002) has been entered
- If the patient did not receive a procedure, leave blank

STATE/HOSPITAL ELEMENT

Procedures - TR200.10 - Physician Performing the Procedure

Description

Indicate the name of the physician that performed the procedure on the patient

Element Values

Relevant value for the data element

Data Format

[COMBO] Single-Choice

Additional Information

- Validity is activated when an ICD 10 Procedure code (TR2002) has been entered
- If the patient did not receive a procedure, leave blank

STATE/HOSPITAL ELEMENT

Procedures - TR200.7 - Procedure Comments

Description

Indicate comments as they relate to the operative and selected non-operative procedures that were performed on the patient

Element Values

Relevant value for the data element

Data Format

[TEXT]

Additional Information

- Validity is activated when an ICD 10 Procedure code (TR2002) has been entered
- If the patient did not receive a procedure, leave blank

NTDB & STATE/HOSPITAL ELEMENT

Procedures - TR200.8 - Date Procedure Performed

Description
Indicate the date that the operative and selected non-operative procedures were performed

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
▪ Collected as MM-DD-YYYY ▪ Validity is activated when an ICD 10 Procedure code (TR2002) has been entered ▪ If the patient did not receive a procedure, leave blank

NTDB & STATE/HOSPITAL ELEMENT

Procedures - TR200.9 - Time Procedure Performed

Description

Indicate the time that the operative and selected non-operative procedures were performed

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- Collected as HH:MM military time
- Validity is activated when an ICD 10 Procedure code (TR2002) has been entered
- If the patient did not receive a procedure, leave blank

STATE/HOSPITAL ELEMENT

Procedures - TR200.6 - Service Type of the Physician

Description

Indicate the service type of the physician that performed the operative and selected non-operative procedures

Element Values

- Anesthesia
- Cardiology
- Critical Care Medicine
- Ear Nose Throat
- Emergency Medicine
- Gastroenterology
- General Surgery
- Gynecology
- Hand Surgery
- Hospitalist
- Medicine
- Nephrology
- Neurology
- Neurosurgery
- Not Known/Not Recorded
- Obstetrics
- Ophthalmology
- Oral Maxillofacial Surgery
- Orthopedic Surgery
- Pediatric Orthopedic
- Pediatric Surgery
- Plastic Surgery
- Podiatry
- Pulmonary
- Radiology
- Thoracic Surgery
- Trauma Surgery
- Urology
- Vascular Surgery

Data Format

[COMBO] Single-Choice

Additional Information

- Validity is activated when an ICD 10 Procedure code (TR2002) has been entered
- If the patient did not receive a procedure, leave blank

STATE/HOSPITAL ELEMENT

Procedures - TR26.59 - Resource Utilization

Description

Indicate the resources used on the patient while in the ED/hospital

Element Values

▪ Adult Protective Service ▪ Arterial Line ▪ Bi-Pap ▪ Bolt ▪ Case Management ▪ Cerebral Brain Flow Studies ▪ Child Protective Service ▪ CRRT ▪ Dialysis ▪ Endotracheal Intubation ▪ Epidural Catheter ▪ Exceeds LOS ▪ Hemodialysis	▪ Factor VIIa (Novoseven) ▪ High dose methylprednisolone ▪ Hypertonic Saline ▪ ICP Catheter ▪ Immobilizer/Traction Device for Fxs ▪ Inferior Vena Cava Filter ▪ Level-1 Blood/Fluid Warmer ▪ LiCox Monitor ▪ Massive Blood Transfusion ▪ Miami J Collar ▪ MRI ▪ None	▪ Occupational Therapy ▪ Pentobarbital Coma ▪ Peripheral Parenteral Nutrition (PPN) ▪ Physical Therapy ▪ PICC Line ▪ PRISMA (CVVHD) ▪ Respiratory Therapy ▪ RN accompanied transfer ▪ Specialized Bed ▪ Speech Therapy ▪ Thoracentesis ▪ TLSO Brace ▪ Total Parenteral Nutrition (TPN) ▪ Tracheostomy	▪ Traction ▪ Transfusion of FFP ▪ Transfusion of Platelets ▪ Transfusion of PRBC ▪ Tube Feeding ▪ Tube Thoracostomy (Chest Tube) ▪ Uncrossmatched Blood ▪ Use of the Level One ▪ Vaccine Post-Splenectomy ▪ Venous Doppler ▪ Ventriculostomy ▪ Wound Care RN ▪ Would Vacuum

Data Format

[SLUSH] Multiple-Choice

Additional Information

If there were no resources used for this patient, leave blank

Ventilator Hx Tab Elements

STATE/HOSPITAL ELEMENT
Ventilator Hx - TR26.74 - Placed on Ventilator Date

Description
Indicate the date the patient was placed on a ventilator

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.74.1 - Placed on Ventilator Time

Description
Indicate the time the patient was placed on a ventilator

Element Values
Relevant value for the data element

Data Format
[TIME]

Additional Information
If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.75 - Taken Off Ventilator Date

Description

Indicate the date the patient was taken off of the ventilator

Element Values

Relevant value for the data element

Data Format

[DATE]

Additional Information

- If the patient was transferred to another facility while on the ventilator, this field will be the discharge date from your facility
- If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.75.1 - Taken Off Ventilator Time

Description

Indicate the time the patient was taken off of the ventilator

Element Values

Relevant value for the data element

Data Format

[TIME]

Additional Information

- If the patient was transferred to another facility while on the ventilator, this field will be the discharge time from your facility
- If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.75.2 - Total Time On Ventilator

Description
Total time in minutes the patient was on the ventilator

Element Values
Relevant value for the data element

Data Format
[String]

Additional Information
▪ This field will automatically calculate using the date and time that the patient was placed on and taken off of the ventilator as documented in the previous fields ▪ If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.76 - Ventilator Details

Description
Indicate the ventilator details as they apply to your patient being placed on a ventilator

Element Values
Relevant value for the data element

Data Format
[TextArea]

Additional Information
If the patient was not placed on a ventilator, leave blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.58.1 - Total Calendar Days on Ventilator

Description

The count of each calendar day the patient has been on the ventilator

Element Values

Relevant value for the data element

Data Format

[String]

Additional Information

- This field will automatically calculate using the date that the patient was placed on and taken off of the ventilator as documented in the previous fields
- If the patient was not placed on a ventilator, this field will be blank

STATE/HOSPITAL ELEMENT

Ventilator Hx - TR26.58.2 - Total Computed Time on Ventilator

Description

The total computed time the patient has been on the ventilator

Element Values

Relevant value for the data element

Data Format

[String]

Additional Information

- This field will automatically calculate using the times that the patient was placed on and taken off of the ventilator as documented in the previous fields
- If the patient was not placed on a ventilator, this field will be blank

Trauma Quality Improvement Program

Measures for Processes of Care

*The elements in this section should be reported and transmitted ONLY by Regional Trauma Centers participating in TQIP

NTDB & STATE

TQIP – TR40.1– Venous Thromboembolism (VTE) Prophylaxis Type

Description
Type of first dose of VTE prophylaxis administered to patient at your hospital

Reporting Criterion
Report on all patients

Field Values	
5. None	8. Xa Inhibitor (Rivaroxaban, ect.)
6. LMWH (Dalteparin, Enoxaparin, ect)	10. Other
7. Direct Thrombin Inhibitor (Dabigatran, ect.)	11. Unfractionated Heparin (UH)

Data Format
[COMBO] Single-Choice

Additional Information

- Element value "5. None" is reported if the first dose of Venous Thromboembolism Prophylaxis is administered post discharge order date/time
- Venous Thromboembolism Prophylaxis Types which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Venous Thromboembolism Prophylaxis Types
- Exclude sequential compression devices
- Element Value "10. Other" is reported if "Coumadin" and/or "aspirin" are given as Venous Thromboembolism Prophylaxis
- Element value "5. None" is reported for patients who refuse VTE prophylaxis

NTDB & STATE

TQIP– TR40.2– Venous Thromboembolism (VTE) Prophylaxis Date

Description

Date of administration of first dose of VTE prophylaxis administered to patient at your hospital

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[DATE]

Additional Information

- Reported as YYYY-MM-DD
- Refers to date upon which patient first received the prophylactic agent indicated in VTE Prophylaxis Type element
- The null value "Not Applicable" is reported if Venous Thromboembolism Prophylaxis Type is "5. None."

NTDB & STATE

TQIP– TR40.3– VTE Prophylaxis Time

Description

Time of administration of first dose of VTE prophylaxis administered to patient at your hospital

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TIME]

Additional Information

- Reported as HH:MM military time
- Refers to time at which patient first received the prophylactic agent indicated in VTE Prophylaxis Type element
- The null value "Not Applicable" is reported if Venous Thromboembolism Prophylaxis Type is "5. None"

NTDB & STATE

TQIP – Packed Red Blood Cells

Description

Volume of packed red blood cells transfused (CCs [mLs]) within first 4 hours after ED/Hospital arrival

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Refers to amount of transfused packed red blood cells (CCs [mLs]) within first 4 hours after arrival to your hospital
- If no packed red blood cells were given, then volume reported should be 0 (zero).
- EXCLUDE:
    - Packed red blood cells transfusing upon patient arrival
    - Cell Saver blood

NTDB & STATE

TQIP – Whole Blood

Description

Volume of whole blood transfused (CCs [mLs]) within first 4 hours after ED/hospital arrival

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Refers to amount of transfused whole blood (CCs [mLs]) within first 4 hours after arrival to your hospital
- If no whole blood was given, then volume reported should be 0 (zero)
- EXCLUDE:
    - Whole blood transfusing upon patient arrival
    - Cell Saver blood

NTDB & STATE

TQIP – Plasma

Description

Volume of plasmas (CCs [mLs]) transfused within first 4 hours after ED/hospital arrival

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Refers to amount of transfused fresh frozen, thawed, or never frozen plasma (CCs [mLs]) within first 4 hours after arrival to your hospital
- EXCLUDE:
    - Plasma transfusing upon patient arrival
    - Cell Saver blood
- If no plasma was given, then volume reported should be 0 (zero)

NTDB & STATE

TQIP – Platelets

Description

Volume of platelets (CCs [mLs]) transfused within first 4 hours after arrival to your hospital

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Refers to amount of transfused platelets (CCs [mLs]) within first 4 hours after arrival at your hospital
- EXCLUDE:
    - Platelets transfusing upon patient arrival
    - Cell Saver blood
- If no platelets were given, then volume reported should be 0 (zero)

NTDB & STATE

TQIP – Cryoprecipitate

Description

Volume of solution enriched with clotting factors transfused (CCs [mLs]) within first 4 hours after ED/hospital arrival

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TEXT]

Additional Information

- Refers to amount of transfused cryoprecipitate (CCs [mLs]) within first 4 hours after arrival to your hospital
- EXCLUDE:
    - Cryoprecipitate transfusing upon patient arrival
    - Cell Saver blood
- If no cryoprecipitate was given, then volume reported should be 0 (zero)

NTDB & STATE

TQIP– TR40.12– Angiography

Description

First interventional angiogram for hemorrhage control within first 24 hours of ED/hospital arrival

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

1. None
2. Angiogram only
3. Angiogram with embolization
4. Angiogram with stenting

Data Format

[COMBO] Single-Choice

Additional Information

- Limiting reporting angiography data to the first 24 hours following ED/hospital arrival
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Excludes computerized tomographic angiography (CTA)
- Only report Element value "4. Angiogram with stenting" if stenting was performed specifically for hemorrhage control

NTDB & STATE

TQIP– TR40.13– Angiography Date

Description

Date the first angiogram with or without embolization was performed

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

Relevant value for data element

Data Format

[DATE]

Additional Information

- Reported as YYYY-MM-DD
- The null value "Not Applicable" is reported if the data element Angiography is "1. None"
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Procedure start date is the date of needle insertion in the groin

NTDB & STATE

TQIP– TR40.14– Angiography Time

Description

Time the first angiogram with or without embolization was performed

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

Relevant value for data element

Data Format

[TIME]

Additional Information

- Reported as HH:MM military time
- The null value "Not Applicable" is reported if the data element Angiography is "1. None"
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Procedure start time is the time of needle insertion in the groin

NTDB & STATE

TQIP– TR40.18– Embolization Site

Description

Organ/site of embolization for hemorrhage control

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

1. Liver
2. Spleen
3. Kidneys
4. Pelvic (iliac, gluteal, obturator)
5. Retroperitoneum (lumbar, sacral)
6. Peripheral vascular (neck, extremities)
8. Other

Data Format

[COMBO] Multiple-Choice

Additional Information

- The null value "Not Applicable" is reported if Angiography is "1. None", "2. Angiogram Only", or "4. Angiogram with stenting"
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Report all that apply

NTDB & STATE

TQIP– TR40.19– Hemorrhage Surgery Control Type

Description

First type of surgery for hemorrhage control within the first 24 hours of ED/hospital arrival

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

1. None
2. Laparotomy
3. Thoracotomy
4. Sternatomy
5. Extremity
6. Neck
7. Mangled extremity/traumatic amputation
8. Other skin/soft tissue (e.g. scalp laceration)
9. Extraperitoneal Pelvic Packing

Data Format

[COMBO] Single-Choice

Additional Information

- If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Element Value "1. None" is reported if Surgery for Hemorrhage Control Type is not a listed Element Value option

NTDB & STATE

TQIP– TR40.20– Hemorrhage Surgery Control Date

Description

Date of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

Relevant value for data element

Data Format

[DATE]

Additional Information

- Reported as YYYY-MM-DD
- If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon
- The null value "Not Applicable" is reported if Surgery for Hemorrhage Control Type is "1. None"
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion
- Procedure start time is defined as the time the incision was made (or the procedure started)

NTDB & STATE

TQIP– TR40.21– Hemorrhage Surgery Control Time

Description

Time of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival

Reporting Criterion

Report on all patients with transfused packed red blood cells or whole blood within first 4 hours after ED/hospital arrival

Field Values

Relevant value for data element

Data Format

[TIME]

Additional Information

- Reported as HH:MM military time
- If unclear if surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon
- The null value "Not Applicable" is reported if Surgery for Hemorrhage Control Type is "1. None"
- The null value "Not Applicable" is reported for patients that do not meet the reporting criteria
- Procedure start time is defined as the time the incision was made (or the procedure started)

NTDB & STATE

TQIP– TR40.15– Withdrawal of Life Supporting Treatment

Description

Treatment was withdrawn based on a decision to either remove or withhold further life supporting intervention. This decision must be documented in the medical record and is often, but not always associated with a discussion with the legal next of kin.

Reporting Criterion

Report on all patients

Field Values

1. Yes	2. No	▪ Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

▪ DNR not a requirement.

▪ A note to limit escalation of treatment qualifies as a withdrawal of life supporting treatment. These interventions are limited to: ventilator support (with or without extubation), dialysis or other forms of renal support, institution of medications to support blood pressure or cardiac function, or a specific surgical, interventional or radiological procedure (e.g. decompressive craniectomy, operation for hemorrhage control, angiography). Note that this Description provides equal weight to the withdrawal of an intervention already in place (e.g. extubation) and a decision not to proceed with a life-supporting intervention (e.g. intubation).

▪ Excludes the discontinuation of CPR and typically involves prior planning.

▪ DNR order is not the same as withdrawal of life supporting treatment.

▪ Element Value ”2. No” should be reported for patients whose time of death, according to your hospital's Description, was prior to the removal of any interventions or escalation of care.

NTDB & STATE

TQIP– TR40.16– Withdrawal of Life Supporting Treatment Date

Description

Indicate the date the treatment was withdrawn

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[DATE]

Additional Information

- Reported as YYYY-MM-DD.
- The null value "Not Applicable" is reported for patients when Withdrawal of Life Supporting Treatment is "2. No."
- Report the date the first of any existing life-supporting intervention(s) is withdrawn (e.g. extubation). If no intervention(s) is in place, record the time the decision not to proceed with a life-supporting intervention(s) occurs (e.g. intubation).

NTDB & STATE

TQIP– TR40.17– Withdrawal of Life Supporting Treatment Time

Description

Indicate the time the treatment was withdrawn

Reporting Criterion

Report on all patients

Field Values

Relevant value for data element

Data Format

[TIME]

Additional Information

- Reported as HH:MM military time.
- The null value "Not Applicable" is reported for patients when Withdrawal of Life Supporting Treatment is "2. No."
- Report the time the first of any existing life-supporting intervention(s) is withdrawn (e.g. extubation). If no intervention(s) is in place, record the time the decision not to proceed with a life-supporting intervention(s) occurs (e.g. intubation).

NTDB & STATE

TQIP– TR39.1– Highest GCS Total

Description

Indicate highest total GCS on calendar day after ED/hospital arrival

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

Relevant value for data element

Data Format

[NUMBER]

Additional Information

- Refers to highest total GCS on calendar day after ED/hospital arrival to index hospital, where index hospital is the hospital abstracting the data.
- Requires review of all data sources to obtain the highest GCS total on the calendar day after ED/hospital arrival.
- If patient is intubated then the GCS Verbal score is equal to 1.
- Best obtained when sedatives or paralytics are withheld as part of sedation holiday.
- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", report this as GCS of 15 IF there is no other contradicting documentation.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- The null value “Not Known/Not Recorded” is reported if reporting Highest GCS Motor 40.
- If reporting Highest GCS Total, the null value “Not Applicable” is reported if the patient is discharged from your hospital prior to the next calendar day.

NTDB & STATE

TQIP– TR39.2– GCS Motor Score of Highest GCS Total

Description

Indicate highest GCS motor on calendar day after ED/hospital arrival

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

Pediatric (≤ 2 years):	**Adult:**
1. No motor response	1. No motor response
2. Extension to pain	2. Extension to pain
3. Flexion to pain	3. Flexion to pain
4. Withdrawal from pain	4. Withdrawal from pain
5. Localizing pain	5. Localizing pain
6. Appropriate response to stimulation	6. Obeys commands

Data Format

[COMBO] Multiple-Choice

Additional Information

- Refers to highest GCS motor on calendar day after arrival to index hospital, where index hospital is the hospital abstracting the data.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- Requires review of all data sources to obtain the highest GCS motor score on calendar day after ED/hospital arrival.
- Best obtained when sedatives or paralytics are withheld as part of sedation holiday.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. For example, the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation.
- The null value “Not Known/Not Recorded” is reported if reporting Highest GCS Motor 40.
- If reporting Highest GCS Motor, the null value “Not Applicable” is reported if the patient is discharged from your hospital prior to the next calendar day.

NTDB & STATE

TQIP– TR39.3– GCS Qualifiers with Highest GCS Total

Description

Documentation of factors potentially affecting the highest GCS on calendar day after ED/hospital arrival.

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

1. Patient chemically sedated or paralyzed
2. Obstruction to the patient's eye
3. Patient intubated
4. Valid GCS: patient was not sedated, not intubated, and did not have obstruction to the eye

- Not Applicable
- Not Known/Not Recorded

Data Format

[COMBO] Multiple-Choice

Additional Information

- Refers to highest GCS assessment qualifier score on calendar day after ED/hospital arrival to index hospital, where index hospital is the hospital abstracting the data.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- Requires review of all data sources to obtain the highest GCS motor score on calendar day after ED/hospital arrival, which might occur after the ED phase of care.
- Identifies medical treatments given to the patient that may affect the best assessment of GCS. This element does not apply to self-medication the patient may have administered (i.e. ETOH, prescriptions, etc.).
- Must be the assessment qualifier for the Highest GCS Total on calendar day after ED/hospital arrival.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be reported.
- Neuromuscular blockade is typically induced following the administration of agents like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these

are the most common agents, please review what might be typically used in your center so it can be identified in the medical record.

▪ Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.

▪ Report all that apply.

▪ The null value “Not Known/Not Recorded” is reported if reporting Highest GCS Motor 40.

▪ If reporting GCS Assessment Qualifier Component of Highest GCS Total, the null value “Not Applicable” is reported if the patient is discharged from your hospital prior to the next calendar day.

NTDB & STATE

TQIP– TR39.40.2– GCS Motor Component of Highest GCS 40 Total

Description

Indicate highest GCS 40 motor on calendar day after ED/hospital arrival.

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

Pediatric < 5 years:	**Adult:**
1. None	1. None
2. Extension to pain	2. Extension
3. Flexion to pain	3. Abnormal Flexion
4. Localizes pain	4. Normal Flexion
5. Obeys commands	5. Localizing
0. Not Testable	6. Obeys commands
	0. Not Testable

Data Format

[COMBO] Multiple-Choice

Additional Information

- Refers to highest GCS 40 motor on calendar day after arrival to index hospital, where index hospital is the hospital abstracting the data.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- Requires review of all data sources to obtain the highest GCS 40 motor score on the calendar day after ED/hospital arrival.
- If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. (E.g. The chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be reported, IF there is no other contradicting documentation.)
- Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).

- The null value “Not Known/Not Recorded” is reported if Highest GCS – Motor is reported.
- If reporting Highest GCS 40 – Motor, the null value “Not Applicable” is reported if the patient’s ED Discharge Date or Hospital Discharge Date is prior to the next calendar day.

NTDB & STATE

TQIP– TR40.32– Initial ED/Hospital Pupillary Response

Description

Indicate physiological response of the pupil size within 30 minutes or less of ED/hospital arrival.

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

1. Both reactive
2. One reactive
3. Neither reactive

Data Format

[COMBO] Multiple-Choice

Additional Information

- Please note that first recorded hospital vitals do not need to be from the same assessment.
- If a patient does not have a listed element value recorded, but there is documentation related to their pupillary response such as PERRL "Pupils Equal Round Reactive to Light" report Element Value “1. Both reactive” IF there is no other contradicting documentation.
- The null value "Not Known/Not Recorded" should be reported if this information is not documented or if assessment is unable to be obtained due to facial trauma and/or foreign object in the eye.
- Element value “2. One reactive” should be reported for patients who have a prosthetic eye.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.

NTDB & STATE

TQIP– TR40.33– Midline Shift

Description

> 5mm shift of the brain past its center line within 24 hours after time of injury.

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

1. Yes	2. No	3. Not Imaged (e.g. CT Scan, MRI)

Data Format

[COMBO] Single-Choice

Additional Information

- If there is documentation of "massive" midline shift in lieu of >5mm shift measurement, report element value “1. Yes.”
- Radiological and surgical documentation from transferring facilities should be considered for this data element.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- The null value "Not Known/Not Recorded" is reported if both the injury date and injury time are unknown.
- If the injury time is unknown, but there is supporting documentation that the injury occurred within 24- hours of any CT measuring a >5mm shift, report the element value "1. Yes" if there is no other contradicting documentation.
- If the patient was not imaged within 24 hours from the time of injury, report the element value "3. Not Imaged (e.g. CT Scan, MRI)."

NTDB & STATE

TQIP– TR39.40.2– Cerebral Monitor

Description

Indicate all cerebral monitors that were placed, including any of the following: ventriculostomy, subarachnoid bolt, camino bolt, external ventricular drain (EVD), licox monitor, jugular venous bulb.

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

1. Intraventricular drain/catheter (e.g. ventriculostomy; external ventricular drain)
2. Intraparenchymal pressure monitor (e.g. Camino bolt, subarachnoid bolt, intraparenchymal catheter)
3. Intraparenchymal oxygen monitor (e.g. Licox)
4. Jugular venous bulb
5. None

Data Format

[COMBO] Multiple-Choice

Additional Information

- Refers to insertion of an intracranial pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI.
- Cerebral monitor placed at a referring facility would be acceptable if such a monitor was used by the receiving facility to monitor the patient.
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- Report all that apply.

NTDB & STATE

TQIP– TR39.5– Cerebral Monitor Date

Description
Indicate the date of first cerebral monitor placement

Reporting Criterion
Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values
Relevant value for data element

Data Format
[DATE]

Additional Information
▪ Reported as YYYY-MM-DD. ▪ The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None." ▪ The null value "Not Applicable" is reported for patients that do not meet the reporting criterion. ▪ If the cerebral monitor was placed at the referring facility, cerebral monitor date must be the date of insertion at the referring facility.

NTDB & STATE

TQIP– TR39.5.1– Cerebral Monitor Time

Description

Indicate the time of first cerebral monitor placement

Reporting Criterion

Report on patients with at least one injury in AIS head region, excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

Field Values

Relevant value for data element

Data Format

[TIME]

Additional Information

- Reported as HH:MM military time.
- The null value "Not Applicable" is reported if the data element Cerebral Monitor is "5. None."
- The null value "Not Applicable" is reported for patients that do not meet the reporting criterion.
- If the cerebral monitor was placed at the referring facility, cerebral monitor time must be the time of insertion at the referring facility.

NTDB Preexisting/Hospital Events Tab Elements

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Acute Kidney Injury (AKI)

Description

Acute Kidney Injury, AKI (stage 3), is an abrupt decrease in kidney function
KDIGO (Stage 3) Table:
(SCr) 3 times baseline
OR
Increase in SCr to ≥ 40 mg/dl (≥ 3536 µmol/l)
OR
Initiation of renal replacement therapy OR, In patients < 18 years, decrease in eGFR to <35 ml/min per 173 m^2
OR
Urine output <03 ml/kg/h for > 24 hours
OR
Anuria for > 12 hours

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of AKI must be documented in the patient's medical record
- If the patient or family refuses treatment (e.g., dialysis,) the condition is still considered to be present if a combination of oliguria and creatinine are present
- EXCLUDE patients with renal failure that were requiring chronic renal replacement therapy such as periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration prior to injury
- Consistent with the March 2012 Kidney Disease Improving Global Outcome (KDIGO) Guideline

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Acute Respiratory Distress Syndrome (ARDS)

Description

Timing: Within 1 week of known clinical insult or new or worsening respiratory symptoms

Chest imaging: Bilateral opacities – not fully explained by effusions, lobar/lung collage, or nodules

Origin of edema: Respiratory failure not fully explained by cardiac failure of fluid overload Need objective assessment (e.g., echocardiography) to exclude hydrostatic edema if no risk factor present

Oxygenation:

Mild - 200 mm Hg < PaO2/FIO2 < 300 mm Hg With PEEP or CPAP >= 5 cm H2Oc

Moderate - 100 mm Hg < PaO2/FIO2 < 200 mm Hg With PEEP >5 cm H2O

Severe - PaO2/FIO2 < 100 mm Hg With PEEP or CPAP >5 cm H2O

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of ARDS must be documented in the patient's medical record
- Consistent with the 2012 New Berlin Description

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Alcohol Withdrawal Syndrome

Description

Characterized by tremor, sweating, anxiety, agitation, depression, nausea, and malaise It occurs 6-48 hours after cessation of alcohol consumption and, when uncomplicated, abates after 2-5 days It may be complicated by grand mal seizures and may progress to delirium (known as delirium tremens)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- Documentation of alcohol withdrawal must be in the patient's medical record
- Consistent with the 2019 World Health Organization (WHO) Description of Alcohol Withdrawal Syndrome

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Cardiac Arrest with CPR

Description

Cardiac arrest is the sudden cessation of cardiac activity after hospital arrival The patient becomes unresponsive with no normal breathing and no signs of circulation If corrective measures are not taken rapidly, this condition progresses to sudden death

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- Cardiac Arrest must be documented in the patient's medical record
- EXCLUDE patients whose ONLY episode of cardiac arrest with CPR was on arrival to your hospital
- INCLUDE patients who, after arrival at your hospital, have had an episode of cardiac arrest evaluated by hospital personnel, and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Catheter-Associated Urinary Tract Infection (CAUTI)

Description

A urinary tract infection (UTI) where an indwelling urinary catheter was in place for > 2 calendar days on the date of event, with day of device placement being Day 1,

AND

An indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for more than 2 consecutive days in an inpatient location and then removed, the date of event for the UTI must be the day of device discontinuation or the next day for the UTI to be catheter-associated.

January 2016 CDC CAUTI Criterion SUTI 1a:

Patient must meet 1, 2, and 3 below:

1. Patient had an indwelling urinary catheter in place for the entire day on the date of event and such catheter had been in place for >2 calendar days, on that date (day of device placement = Day 1) AND was either:
   - Present for any portion of the calendar day on the date of event, OR
   - Removed the day before the date of event
2. Patient has at least one of the following signs or symptoms:
   - Fever (>38°C)
   - Suprapubic tenderness with no other recognized cause
   - Costovertebral angle pain or tenderness with no other recognized cause
3. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria >10^5 CFU/ml

January 2016 CDC CAUTI Criterion SUTI 2:

Patient must meet 1, 2 and 3 below:

1. Patient is ≤1 year of age
2. Patient has at least one of the following signs or symptoms:
   - fever (>380°C)
   - hypothermia (<360°C)
   - apnea with no other recognized cause
   - bradycardia with no other recognized cause
   - lethargy with no other recognized cause
   - vomiting with no other recognized cause
   - suprapubic tenderness with no other recognized cause
3. Patient has a urine culture with no more than two species of organisms, at least one of which is bacteria of ≥10^5 CFU/ml

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format
[COMBO] Single-Choice

Additional Information
▪ Onset of symptoms began after arrival to your ED/Hospital ▪ A diagnosis of UTI must be documented in the patient's medical record ▪ Consistent with the January 2019 CDC defined CAUTI

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Central Line-Associated Bloodstream Infection (CLABSI)

Description

A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC) was in place for > 2 calendar days on the date of event, with day of device placement being Day 1,

AND

The line was also in place on the date of event or the day before If a CL or UC was in place for > 2 calendar days and then removed, the date of event of the LCBI must be the day of discontinuation or the next day to be a CLABSI If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day 1 "Access" is defined as line placement, infusion or withdrawal through the line Such lines continue to be eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharge (as per the Transfer Rule) Note that the "de-access" of a port does not result in the patient's removal from CLABSI surveillance

January 2016 CDC Criterion LCBI 1:
Patient has a recognized pathogen identified from one or more blood specimens by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)

AND
Organism(s) identified in blood is not related to an infection at another site

OR
January 2016 CDC Criterion LCBI 2:
Patient has at least one of the following signs or symptoms: fever (>38°C), chills, or hypotension

AND
Organism(s) identified from blood is not related to an infection at another site

AND
the same common commensal (i.e., diphtheroids [Corynebacterium spp not C diphtheria], Bacillus spp [not B anthracis], Propionibacterium spp, coagulase-negative staphylococci [including S epidermidis], viridans group streptococci, Aerococcus spp, and Micrococcus spp) is identified from two or more blood specimens drawn on separate occasions, by a culture or nonculture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST) Criterion elements must occur within the Infection Window Period, the 7-day time period which includes the collection date of the positive blood, the 3 calendar days before and the 3 calendar days after

OR

January 2016 CDC Criterion LCBI 3:
Patient ≤ 1 year of age has at least one of the following signs or symptoms: fever (>38° C), Page 130 of 209 hypothermia (<36°C), apnea, or bradycardia

AND
Organism(s) identified from blood is not related to an infection at another site

AND
the same common commensal (ie, diphtheroids [Corynebacterium spp not C diphtheriae], Bacillus spp [not B anthracis], Propionibacterium spp, coagulase-negative staphylococci [including S epidermidis], viridans group streptococci, Aerococcus spp, Micrococcus spp) is identified from two or more blood specimens drawn on separate occasions, by a culture or nonculture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (eg, not Active Surveillance Culture/Testing (ASC/AST) Criterion elements must occur within the Infection Window Period, the 7-day time period which includes the collection date of the positive blood, the 3 calendar days before and the 3 calendar days after

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/hospital.
- A diagnosis of CLABSI must be documented in the patient's medical record.
- Consistent with the January 2016 CDC defined CLABSI.

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Deep Surgical Site Infection

Description

Must meet the following criteria:

Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) According to list in Table 2

AND

involves deep soft tissues of the incision (e.g., fascial and muscle layers)

AND

patient has at least ***one*** of the following:

a. purulent drainage from the deep incision
b. a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee and organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed

AND

patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness A culture or non-culture based test that has a negative finding does not meet this criterion c an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test

COMMENTS: There are two specific types of deep incisional SSIs:

1 Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)

2 Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)

Table 2 Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative

Procedure Categories Day 1 = the date of the procedure

30-day Surveillance			
Code	Operative Procedure	Code	Operative Procedure
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery

Element Values		
▪ Yes	▪ No	▪ Not Known/Not Recorded

Data Format
[COMBO] Single-Choice

Additional Information
▪ Onset of symptoms began after arrival to your ED/hospital.
▪ A diagnosis of SSI must be documented in the patient's medical record
▪ Consistent with the January 2019 CDC defined SSI

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Deep Vein Thrombosis (DVT)

Description

The formation, development, or existence of a blood clot or thrombus within the venous system, which may be coupled with inflammation

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/hospital.
- The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava
- A diagnosis of DVT must be documented in the patient's medical record, which may be confirmed by venogram, ultrasound, or CT

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Delirium

Description

Acute onset of behaviors characterized by restlessness, illusions, and incoherence of thought and speech. Delirium can often be traced to one or more contributing factors, such as a severe or chronic medical illness, changes in your metabolic balance (such as low sodium), medication, infection, surgery, or alcohol or drug withdrawal

OR

Patient test positive after using an objective screening tool like the Confusion Assessment Method (CAM or the Intensive Care Delirium Screening Checklist (ICDSC)

OR

A diagnosis of delirium documented in the patient's medical record

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- EXCLUDE: Patient's whose delirium is due to alcohol withdrawal

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Myocardial Infarction (MI)

Description

An acute myocardial infarction must be noted with documentation of ECG changes indicative of an acute MI

AND

New elevation in troponin greater than three times upper level of the reference range in the setting of suspected myocardial ischemia

AND

Physician diagnosis of an acute myocardial infarction that occurred subsequent to arrival at your center

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Organ/Space Surgical Site Infection

Description

Must meet the following criteria:

Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

Patient has at least ***one*** of the following:

a. purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage)

b. organisms are identified from an aseptically-obtained fluid or tissue in the organ/space by a culture or non-culture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)

c. an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test

AND

meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3 These criteria are found in the Surveillance Descriptions for Specific Types of Infections chapter

Table 2 Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories Day 1 = the date of the procedure

30-day Surveillance			
Code	Operative Procedure	Code	Operative Procedure
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Cesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THUR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory Laparotomy

90-day Surveillance	
Code	Operative Procedure
BRST	Breast surgery
CARD	Cardiac surgery
CBGB	Coronary artery bypass graft with both chest and donor site incisions
CBGC	Coronary artery bypass graft with chest incision only
CRAN	Craniotomy
FUSN	Spinal fusion
FX	Open reduction of fracture
HER	Herniorrhaphy
HPRO	Hip prosthesis
KPRO	Knee prosthesis
PACE	Pacemaker surgery
PVBY	Peripheral vascular bypass surgery
VSHN	Ventricular shunt

Table 3. Specific Sites of an Organ/Space SSI.

Code	Site	Code	Site
BONE	Osteomyelitis	LUNG	Other infections of the respiratory tract
BRST	Breast abscess mastitis	MED	Mediastinitis
CARD	Myocarditis or pericarditis	MEN	Meningitis or ventriculitis
DISC	Disc space	ORAL	Oral cavity (mouth, tongue, or gums)
EAR	Ear, mastoid	OREP	Other infections of the male or female reproductive tract
EMET	Endometritis	PJI	Periprosthetic Joint Infection
ENDO	Endocarditis	SA	Spinal abscess without meningitis
EYE	Eye, other than conjunctivitis	SINU	Sinusitis
GIT	GI tract	UR	Upper respiratory tract
HEP	Hepatitis	USI	Urinary System Infection
IAB	Intraabdominal, not specified	VASC	Arterial or venous infection
IC	Intracranial, brain abscess or dura	VCUF	Vaginal cuff
JNT	Joint or bursa		

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format
[COMBO] Single-Choice

Additional Information
▪ Onset of symptoms began after arrival to your ED/Hospital ▪ A diagnosis of SSI must be documented in the patient's medical record ▪ Consistent with the January 2019 CDC defined SSI

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Osteomyelitis

Description

Osteomyelitis must meet at least one of the following criteria:

1. Patient has organisms identified from bone by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment (eg, not Active Surveillance Culture/Testing (ASC/AST))
2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam
3. Patient has at least two of the following localized signs or symptoms: fever (>380°C), swelling*, pain or tenderness*, heat*, or drainage*

AND at least *one* of the following:

a. organisms identified from blood by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment (eg, not Active Surveillance Culture/Testing (ASC/AST)) in a patient with imaging test evidence suggestive of infection (eg, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc]), which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis)
b. imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis)

* With no other recognized cause

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of osteomyelitis must be documented in the patient's medical record
- Consistent with the January 2020 CDC definition of Bone and Joint infection

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Pressure Ulcer

Description

A localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated Equivalent to NPUAP Stages II-IV, Unstageable/Unclassified, and Suspected Deep Tissue Injury

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- Pressure Ulcer documentation must be in the patient's medical record
- Consistent with the NPUAP 2014

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Pulmonary Embolism (PE)

Description

A lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins or the pelvic venous system

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- Consider the condition present if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive pulmonary arteriogram or positive CT angiogram and/or a diagnosis of PE is documented in the patient's medical record
- Exclude sub segmental PE's

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Severe Sepsis

Description

Severe sepsis: Sepsis plus organ dysfunction, hypotension (low blood pressure), or hypoperfusion (insufficient blood flow) to 1 or more organs

Septic shock: Sepsis with persisting arterial hypotension or hypoperfusion despite adequate fluid resuscitation

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of Sepsis must be documented in the patient's medical record
- Consistent with the American College of Chest Physicians and the Society of Critical Care Medicine October 2010

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Stroke/CVA

Description

A focal or global neurological deficit of rapid onset and NOT present on admission The patient must have at least one of the following symptoms:

- Change in level of consciousness
- Hemiplegia
- Hemiparesis
- Numbness or sensory loss affecting on side of the body
- Dysphasia or aphasia
- Hemianopia
- Amaurosis fugax
- Other neurological signs or symptoms consistent with stroke

AND:

- Duration of neurological deficit ≥24 h

OR:

- Duration of deficit <24 h, if neuroimaging (MR, CT, or cerebral angiography) documents a new hemorrhage or infarct consistent with stroke, or therapeutic intervention(s) were performed for stroke, or the neurological deficit results in death

AND:

- No other readily identifiable non-stroke cause, eg, progression of existing traumatic brain injury, seizure, tumor, metabolic or pharmacologic etiologies, is identified

AND:

- Diagnosis is confirmed by neurology or neurosurgical specialist or neuroimaging procedure (MR, CT, angiography) or lumbar puncture (CSF demonstrating intracranial hemorrhage that was not present on admission)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of stroke/CVA must be documented in the patient's medical record

▪ Although the neurologic deficit must not present on admission, risk factors predisposing to stroke (eg, blunt cerebrovascular injury, dysrhythmia) may be present on admission

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Superficial Incisional Surgical Site Infection

Description

Must meet the following criteria:

Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)

AND

involves only skin and subcutaneous tissue of the incision

AND

patient has at least one of the following:

a. purulent drainage from the superficial incision
b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (eg, not Active Surveillance Culture/Testing (ASC/AST))
c. superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and culture or non-culture based testing is not performed

AND

patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat A culture or non-culture based test that has a negative finding does not meet this criterion

d. diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee

COMMENTS: There are two specific types of superficial incisional SSIs:

1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (eg, C-section incision or chest incision for CBGB)

2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (eg, donor site incision for CBGB)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information
▪ Onset of symptoms began after arrival to your ED/Hospital ▪ A diagnosis of SSI must be documented in the patient's medical record ▪ Consistent with the January 2019 CDC defined SSI

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Unplanned Admission to ICU

Description

Patients admitted to the ICU after initial transfer to the floor, and/or patients with an unplanned return to the ICU after initial ICU discharge

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Must have occurred during the patient's initial stay at your hospital
- EXCLUDE: Patients with a planned ICU stay post-operative
- INCLUDE: Patients who required ICU care due to an event that occurred during surgery or in the PACU

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Unplanned Intubation

Description

Patient requires placement of an endotracheal tube and mechanical or assisted ventilation manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Must have occurred during the patient's initial stay at your hospital
- In patients who were intubated in the field or Emergency Department, or those intubated for surgery, unplanned intubation occurs if they require reintubation > 24 hours after extubation

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Unplanned Visit to the Operating Room

Description

Patients with an unplanned operative procedure

OR

Patients returned to the operating room after initial operation management of a related previous procedure

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Must have occurred during the patient's initial stay at your hospital
- EXCLUDE: Pre-planned, staged and/or procedures for incidental findings
- EXCLUDE: Operative management related to a procedure that was initially performed prior to arrival at your center
- EXCLUDE: Non-urgent tracheostomy and percutaneous endoscopic gastrostomy

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Ventilator-Associated Pneumonia (VAP)

Description

A pneumonia where the patient is on mechanical ventilation for > 2 calendar days on the date of event, with day of ventilator placement being Day 1,

AND

The ventilator was in place on the date of event or the day before

***Please refer to the most up to date copy of the National Trauma Data Standard Dictionary for the VAP Algorithm table**

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Onset of symptoms began after arrival to your ED/Hospital
- A diagnosis of pneumonia must be documented in the patient's medical record
- Consistent with the January 2019 CDC defined VAP

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Description

A disorder involving inattention, hyperactivity, or impulsivity requiring medication for treatment

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to ED/Hospital arrival
- A diagnosis of ADD/ADHD must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Advance Directive Limiting Care

Description

The patient had a written request to limit life-sustaining treatment that restricted the care for the patient during this patient care event.

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to arrival at your center
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available
- Report element value "No" for patients with Advanced Directives that did not limit life-sustaining treatments during this patient care event
- The written request was signed/dated by the patient and/or his /her designee prior to arrival at your center
- Life-sustaining treatments include but are not limited to intubation, ventilator support, CPR, transfusion of blood products, dialysis or other forms of renal support, institution of medications to support blood pressure or cardiac function, or a specific surgical, interventional or radiological procedure (e.g. decompressive craniectomy, operation for hemorrhage control, angiography)

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Alcohol Use Disorder

Description

Descriptors documented in the medical record consistent with the diagnostic criteria of alcohol use disorder OR a diagnosis of alcohol use disorder documented in the patient's medical record

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Consistent with American Psychiatric Association (APA) DSM 5, 2013
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Angina Pectoris

Description

Chest pain or discomfort due to coronary heart disease Usually causes uncomfortable pressure, fullness, squeezing or pain in the center of the chest. Patient may also feel discomfort in the neck, jaw, shoulder, back or arm. Symptoms may be different in women than men.

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of angina including microvascular angina, Prinzmetal's angina, stable angina, unstable angina and variant angina, must be documented in the patient's medical record. ▪ Consistent with American Heart Association (AHA), May 2015
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Anticoagulant Therapy

Description

Documentation in the medical record of the administration of medication (anticoagulants, antiplatelet agents, thrombin inhibitors, thrombolytic agents) that interferes with blood clotting

ANTICOAGULANTS	ANTIPLATELET AGENTS	THROMBIN INHIBITORS	THROMBOLYTIC AGENTS
Fondaparinux	Tirofiban	Bevalirudin	Alteplase
Warfarin	Dipyridamole	Argatroban	Reteplase
Dalteparin	Anagrelide	Lepirudin, Hirudin	Tenacteplase
Lovenox	Eptifibatide	Drotrecogin alpha	Kabikinase
Pentasaccaride	Dipyridamole	Dabigatran	tPA
APC	Clopidogrel		
Ximelagatran	Cilostazol		
Pentoxifylline	Abciximab		
Rivaroxaban	Ticlopidine		
Apixaban	Prasugrel		
Heparin	Ticagrelor		

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Anticoagulant must be part of the patient's active medication
- Exclude patients whose only anticoagulant therapy is chronic Aspirin
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Bleeding Disorder

Description

A group of conditions that result when the blood cannot clot properly

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A Bleeding Disorder diagnosis must be documented in the patient's medical record (e.g. Hemophilia, von Willebrand Disease, Factor V Leiden)
- Consistent with American Society of Hematology, 2015
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Cerebral Vascular Accident (CVA)

Description

A history prior to injury of a cerebrovascular accident (embolic, thrombotic, or hemorrhagic) with persistent residual motor sensory or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensory deficit, impaired memory)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of CVA must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Chronic Obstructive Pulmonary Disease (COPD)

Description

Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used but are now included within the COPD diagnosis.

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of COPD must be documented in the patient's medical record
- Do not include patients whose only pulmonary disease is acute asthma
- Do not include patients with diffuse interstitial fibrosis or sarcoidosis
- Consistent with World Health Organization (WHO), 2019
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Chronic Renal Failure

Description

Chronic renal failure prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of Chronic Renal Failure must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Cirrhosis

Description

Documentation in the medical record of cirrhosis, which might also be referred to as end stage liver disease

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy, or ascites with notation of liver disease, then cirrhosis should be considered present
- A diagnosis of Cirrhosis, or documentation of Cirrhosis by diagnostic imaging studies or a laparotomy/laparoscopy, must be in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Myocardial Infarction (MI)

Description

History of a MI in the six months prior to injury

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of MI must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Congenital Anomalies

Description

Documentation of a cardiac, pulmonary, body wall, CNS/spinal, GI, renal, orthopedic, or metabolic anomaly

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Only report on patients ≤ 18 years-of-age
- A diagnosis of a Congenital Anomaly must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available
- The null value “Not Applicable” must be reported for patients > 18 years-of-age

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Congestive Heart Failure (CHF)

Description

The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at an increased ventricular filling pressure

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of CHF must be documented in the patient's medical record
- To be included, this condition must be noted in the medical record as CHF, congestive heart failure, or pulmonary edema with onset of increasing symptoms within 30 days prior to injury
- Common manifestations are:
    - Abnormal limitation in exercise tolerance due to dyspnea or fatigue
    - Orthopnea (dyspnea or lying supine)
    - Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea)
    - Increased jugular venous pressure
    - Pulmonary rales on physical examination
    - Cardiomegaly
    - Pulmonary vascular engorgement
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Currently Receiving Chemotherapy for Cancer

Description

A patient who is currently receiving any chemotherapy treatment for cancer prior to injury

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Chemotherapy may include, but is not restricted to, oral and parenteral treatment with chemotherapeutic agents for malignancies such as colon, breast, lung, head and neck, and gastrointestinal solid tumors as well as lymphatic and hematopoietic malignancies such as lymphoma, leukemia, and multiple myeloma
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Current Smoker

Description

A patient who reports smoking cigarettes every day or some days within the last 12 months

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Exclude patients who report smoke cigars or pipes or smokeless tobacco (chewing tobacco or snuff)
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Dementia

Description

Documentation in the patient's medical record of dementia including senile or vascular dementia (e.g., Alzheimer's)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of Dementia must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Diabetes Mellitus

Description

Diabetes mellitus that requires exogenous parenteral insulin or an oral hypoglycemic agent

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of Diabetes Mellitus must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Disseminated Cancer

Description

Cancer that has spread to one or more sites in addition to the primary site AND in the presence of multiple metastases indicates the cancer is widespread, fulminant, or near terminal

Element Values

- Yes
- No
- Not Known/Not Recorded*

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Another term describing disseminated cancer is metastatic cancer
- Common sites of metastases include major organs, (eg, brain, lung, liver, meninges, abdomen, peritoneum, pleura, bone)
- A diagnosis of Cancer that has spread to one or more sites must be documented in the patient's medical record
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Functionally Dependent Health Status

Description

Pre-injury functional status may be represented by the ability of the patient to complete age appropriate activities of daily living (ADL)

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Activities of Daily Living include: bathing, feeding, dressing, toileting, and walking
- Include patients whom prior to injury, and as a result of cognitive or physical limitations relating to a pre-existing medical condition, was partially dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Hypertension

Description

History of persistent elevated blood pressure requiring antihypertensive medication

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- A diagnosis of Hypertension must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available
- Report element value “Yes” for patients who were non-compliant with their prescribed antihypertensive medication

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Mental/Personality Disorders

Description

History of a diagnosis and/or treatment for the following disorder(s) documented in the patient's medical record:

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder
- Social Anxiety Disorder
- Posttraumatic Stress Disorder
- Antisocial Personality Disorder

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Consistent with American Psychiatric Association (APA) DSM 5, 2013
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Peripheral Arterial Disease (PAD)

Description

The narrowing or blockage of the vessels that carry blood from the heart to the legs It is primarily caused by the buildup of fatty plaque in the arteries, which is called atherosclerosis PAD can occur in any blood vessel, but it is more common in the legs than the arms

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Consistent with Centers for Disease Control, 2014 Fact Sheet
- A diagnosis of PAD must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Pregnancy

Description

Pregnancy confirmed by lab, ultrasound, or other diagnostic tool OR diagnosis of pregnancy documented in the patient's medical record

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to arrival at your center
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Prematurity

Description

Babies born before 37 weeks of pregnancy are completed

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Only report on patients ≤ 18 years-of-age
- A diagnosis of Prematurity, or delivery before 37 weeks of pregnancy are completed, must be documented in the patient's medical record
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available
- The null value “Not Applicable” must be reported for patients > 18 years-of-age

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events - Steroid Use

Description

Regular administration of oral or parenteral corticosteroid medications within 30 days prior to injury for a chronic medical condition

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to injury
- Examples of oral or parenteral corticosteroid medications are: prednisone and dexamethasone
- Examples of chronic medical conditions are: COPD, asthma, rheumatologic disease, rheumatoid arthritis, and inflammatory bowel disease
- Exclude topical corticosteroids applied to the skin, and corticosteroids administered by inhalation or rectally
- The null value “Not Known/Not Recorded” is only reported if no past medical history is available

NTDB & STATE/HOSPITAL ELEMENT

NTDB Preexisting/Hospital Events – Substance Use Disorder

Description

Descriptors documented in the patient's medical record consistent with the diagnostic criteria of substance use disorders specifically cannabis, hallucinogens, inhalants, opioids, sedative/hypnotics, and stimulants (e.g. patient has a history of drug use; patient has a history of opioid use) OR diagnosis of any of the following documented in the patient's medical record:

- Cannabis Use Disorder; Other Cannabis-Induced Disorder; Unspecified Cannabis-Related Disorder
- Phencyclidine Use Disorder; Other Hallucinogen Use Disorder; Hallucinogen Persisting Perception Disorder; Other Phencyclidine-Induced Disorder; Other Hallucinogen-Induced Disorder; Unspecified Phencyclidine-Related Disorder; Unspecified Hallucinogen-Related Disorder
- Inhalant Use Disorder; Other Inhalant-Induced Disorder; Unspecified Inhalant-Related Disorder
- Opioid Use Disorder; Other Opioid-Induced Disorder; Unspecified Opioid-Related Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder; Other Sedative, Hypnotic, or Anxiolytic-Induced Disorder; Unspecified Sedative, Hypnotic, or Anxiolytic-Related Disorder
- Stimulant Use Disorder; Other Stimulant-Induced Disorder; Unspecified Stimulant-Related Disorder

Element Values

- Yes
- No
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- Present prior to arrival at your center
- Consistent with the American Psychiatric Association (APA) DSM 5, 2013
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available

Outcome Tab Element

STATE/HOSPITAL ELEMENT
Outcome - TR25.44 - Hospital Length of Stay- Calendar Days (Physical D/C)

Description
Indicate the number of days the patient was admitted to the hospital

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
This field will be auto-generated based on the elapsed number of days from hospital admit to hospital discharge

STATE/HOSPITAL ELEMENT

Outcome - TR25.44Mins - Hospital Length of Stay (Total Minutes) (Physical D/C)

Description
Indicate the total number of minutes the patient was admitted to the hospital

Element Values
Relevant value for the data element

Data Format
[NUMBER]

Additional Information
This field will be auto-generated based on the elapsed time in minutes from hospital admit to hospital discharge

NTDB & STATE/HOSPITAL ELEMENT

Outcome - TR26.9 - Total ICU Days

Description

Indicate the cumulative amount of time spent in the ICU Each partial or full day should be measured as one calendar day

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Reported in full day increments with any partial calendar day counted as a full calendar day
- The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart
- The null value "Not Known/Not Recorded" is reported if any dates are missing
- If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day
- At no time should the ICU LOS exceed the Hospital LOS
- The null value "Not Applicable" is reported if the patient had no ICU days according to the above Description

Example #	Start Date	Start Time	Stop Date	Stop Time	LOS
A.	01/01/11	01:00	01/01/11	04:00	1 day (one calendar day)
B.	01/01/11	01:00	01/01/11	04:00	
	01/01/11	16:00	01/01/11	18:00	1 day (2 episodes within one calendar day)
C.	01/01/11	01:00	01/01/11	04:00	
	01/02/11	16:00	01/02/11	18:00	2 days (episodes on 2 separate calendar days)
D.	01/01/11	01:00	01/01/11	16:00	
	01/02/11	09:00	01/02/11	18:00	2 days (episodes on 2 separate calendar days)
E.	01/01/11	01:00	01/01/11	16:00	
	01/02/11	09:00	01/02/11	21:00	2 days (episodes on 2 separate calendar days)
F.	01/01/11	Unknown	01/01/11	16:00	1 day
G.	01/01/11	Unknown	01/02/11	16:00	2 days (patient was in ICU on 2 separate calendar days)
H.	01/01/11	Unknown	01/02/11	16:00	
	01/02/11	18:00	01/02/11	Unknown	2 days (patient was in ICU on 2 separate calendar days)
I.	01/01/11	Unknown	01/02/11	16:00	
	01/02/11	18:00	01/02/11	20:00	2 days (patient was in ICU on 2 separate calendar days)
J.	01/01/11	Unknown	01/02/11	16:00	
	01/03/11	18:00	01/03/11	20:00	3 days (patient was in ICU on 3 separate calendar days)
K.	Unknown	Unknown	01/02/11	16:00	
	01/03/11	18:00	01/03/11	20:00	Unknown (can't compute total)

NTDB & STATE/HOSPITAL ELEMENT

Outcome - TR26.58 - Total Vent Days

Description

Indicate the cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day

Element Values

Relevant value for the data element

Data Format

[NUMBER]

Additional Information

- Excludes mechanical ventilation time associated with OR procedures
- Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days
- Reported in full day increments with any partial calendar day counted as a full calendar day
- The calculation assumes that the date and time of starting and stopping Ventilator episode are recorded in the patient's chart
- The null value "Not Known/Not Recorded" is reported if any dates are missing
- At no time should the Total Vent Days exceed the Hospital LOS
- The null value "Not Applicable" is reported if the patient was not on the ventilator according to the above Description

Example #	Start Date	Start Time	Stop Date	Stop Time	LOS
A.	01/01/11	01:00	01/01/11	04:00	1 day (one calendar day)
B.	01/01/11	01:00	01/01/11	04:00	
	01/01/11	16:00	01/01/11	18:00	1 day (2 episodes within one calendar day)
C.	01/01/11	01:00	01/01/11	04:00	
	01/02/11	16:00	01/02/11	18:00	2 days (episodes on 2 separate calendar days)
D.	01/01/11	01:00	01/01/11	16:00	
	01/02/11	09:00	01/02/11	18:00	2 days (episodes on 2 separate calendar days)
E.	01/01/11	01:00	01/01/11	16:00	
	01/02/11	09:00	01/02/11	21:00	2 days (episodes on 2 separate calendar days)

NTDB & STATE/HOSPITAL ELEMENT

Outcome - TR2.5 - Primary Method of Payment

Description

Indicate the primary source of payment for hospital care

Element Values

- Not Billed (for any reason)
- Medicare
- Medicaid
- Private/Commercial Insurance
- Self Pay
- Other Government
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "Private/Commercial Insurance"
- Primary methods of payments which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values Refer to the NTDS Change Log for a full list of retired Primary Methods of Payments

STATE/HOSPITAL ELEMENT

Outcome - TR2.8 - Reimbursed Charges

Description
Indicate the amount in reimbursed charges

Element Values
Relevant value for the data element

Data Format
[MONEY]

Additional Information
▪ If there are no reimbursed charges, leave blank

STATE/HOSPITAL ELEMENT

Outcome - TR2.7 - Secondary Method of Payment

Description

Indicate the secondary source of payment for hospital care

Element Values

- Self Pay
- Private/Commercial Insurance
- Other Government
- Other
- Not Billed (for any reason)
- Medicare
- Medicaid
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "Private/Commercial Insurance"
- If there is no secondary method of payment, leave field blank

STATE/HOSPITAL ELEMENT

Outcome - TR2.18 - Third Method of Payment

Description

Indicate the third method of payment for hospital care

Element Values

- Not Billed (for any reason)
- Medicare
- Medicaid
- Private/Commercial Insurance
- Self Pay
- Other Government
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

- No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "Private/Commercial Insurance"
- If there is not a third method of payment, leave field blank

STATE/HOSPITAL ELEMENT

Outcome - TR2.9 - Billed Hospital Charges

Description
Indicate the total amount of charges the patient was billed for the hospital stay

Element Values
Relevant value for the data element

Data Format
[MONEY]

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR2.10 - Work Related

Description

Indicate whether the injury was work related

Element Values

- Select
- No
- Yes
- Not Known/Not Recorded

Data Format

[COMBO] Single-Choice

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR44.3 - Admission Ward

Description
Indicate the ward the patient was admitted to

Element Values
Relevant value for the data element

Data Format
[COMBO] Single-Choice

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR44.4 - Bed Number

Description
Indicate the bed number the patient was admitted to

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR44.5 - Consultant/Staff

Description
Indicate the consultant/staff that admitted the patient

Element Values
Relevant value for the data element

Data Format
[COMBO] Single-Choice

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR44.6 - Medical Specialty

Description

Indicate the medical specialty that admitted the patient

Element Values

▪ Acute Rehabilitation Medicine ▪ Anesthesia ▪ Bariatric ▪ Burn ▪ Cardiology ▪ Cardiothoracic Surgery ▪ Chemical Dependency ▪ Critical Care Medicine ▪ Critical Care Surgery ▪ Dentistry ▪ Dermatology ▪ Ear Nose Throat ▪ Endocrinology ▪ Family Medicine ▪ Gastroenterology	▪ General Pediatrics ▪ General Surgery ▪ Geriatric ▪ Gynecology ▪ Hand ▪ Hematology Oncology ▪ Hospitalist ▪ Infectious Disease ▪ Internal Medicine ▪ Kidney Transplant ▪ Liver ▪ Neonatal ▪ Nephrology ▪ Neurology ▪ Neurosurgery	▪ Not Applicable ▪ Not Known/Not Recorded ▪ Obstetric ▪ Oculoplastic ▪ Ophthalmology ▪ Oral Maxillofacial Surgery ▪ Orthopedic Surgeon ▪ Pain ▪ Pediatric Cardiology ▪ Pediatric Critical Care Medicine ▪ Pediatric Dentistry ▪ Pediatric Gastroenterology ▪ Pediatric Hematology Oncology	▪ Pediatric Hospitalist ▪ Pediatric Infectious Disease ▪ Pediatric Intensivist ▪ Pediatric Nephrology ▪ Pediatric Neurology ▪ Pediatric Orthopedic ▪ Pediatric Pulmonary ▪ Plastic Surgeon ▪ Psychology ▪ Pulmonary ▪ Rheumatology ▪ Trauma Surgeon ▪ Urology ▪ Vascular Surgery ▪ Select

Data Format

[COMBO] Single-Choice

Additional Information

STATE/HOSPITAL ELEMENT

Outcome - TR44.1 - Admission Date

Description
Indicate the date the patient was admitted to the hospital

Element Values
Relevant value for the data element

Data Format
[DATE]

Additional Information
▪ Collected as MM-DD-YYYY

STATE/HOSPITAL ELEMENT

Outcome - TR44.9 - Total Log of Admission Time

Description
Indicate the total amount of time that the patient was admitted to the hospital

Element Values
Relevant value for the data element

Data Format
[STRING]

Additional Information
This field will be generated based on the elapsed time in minutes from hospital admit to hospital discharge

STATE/HOSPITAL ELEMENT

Outcome - TR25.27 - Hospital Department Discharge Disposition

Description

Indicate the disposition of the patient when discharged from the hospital

Element Values

- Select
- Not Applicable
- Not Known/Not Recorded

1. Discharged/Transferred to a short-term General Hospital for Inpatient Care
2. Discharged/Transferred to an Intermediate Care Facility (ICF)
3. Discharged/Transferred to home under care of organized home health service
4. Left against medical advice or discontinued care
5. Deceased/Expired
6. Discharged to home or self-care (routine discharge)
7. Discharged/Transferred to Skilled Nursing Facility (SNF)
8. Discharged/Transferred to hospice care
10. Discharged/Transferred to court/law enforcement
11. Discharged/Transferred to Inpatient Rehabilitation Facility (IRF) or designated unit
12. Discharged/Transferred to Long Term Care Hospital (LTCH)
13. Discharged/Transferred to psychiatric hospital or psychiatric distinct part unit of a hospital
14. Discharged/Transferred to another type of institution not defined elsewhere

Data Format

[COMBO] Single-Choice

Additional Information

- Element value "6. Home" refers to the patient's current place of residence (e.g., Prison, Child Protective Services, etc.)
- Element values based upon UB-04 disposition coding
- Disposition to any other non-medical facility should be coded as 6.
- Disposition to any other medical facility should be reported as 14.
- The null value "Not Applicable" is reported if ED Discharge Disposition = 4, 5, 6, 9, 10, or 11.
- Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions
- If multiple orders were written, report the final disposition order

STATE/HOSPITAL ELEMENT

Outcome - TR5.27 - Clinical Note Type

Description

Indicate the type of clinical note related to the injury of the patient which are significant to the care of the patient

Element Values

- Select
- Demographic Notes
- Emergency Department Notes
- Handover Notes
- Injury Notes
- Intervention Page Notes
- Quality Notes
- Trauma Service Investigations Note
- Trauma Service Issues Note
- Trauma Service Operation Note
- Trauma Service Plan Not

Data Format

[COMBO] Single-Choice

Additional Information

If there are no clinical notes relating to this patient's injury, leave field blank

STATE/HOSPITAL ELEMENT

Outcome - TR5.24 - Clinical Note

Description
Indicate the notes related to the injury of the patient which are significant to the care of the patient

Element Values
Relevant value for the data element

Data Format
[TextArea]

Additional Information
If there are no clinical notes relating to this patient's injury, leave field blank

STATE/HOSPITAL ELEMENT

Outcome - TR5.26 - Clinical Note Entered by

Description
Indicate the name of the person who created the notes related to the injury of the patient which are significant to the care of the patient

Element Values
Relevant value for the data element

Data Format
[TEXT]

Additional Information
If there are no clinical notes relating to this patient's injury, leave field blank

STATE/HOSPITAL ELEMENT

Outcome - TR525 - Clinical Note Date/Time

Description
Indicate the date and time when notes related to the injury of a patient which are significant to the care of the patient are taken

Element Values
Relevant value for the data element

Data Format
[DateTime]

Additional Information
If there are no clinical notes relating to this patient's injury, leave field blank

Section B: State of Wyoming Element List

Registry Title	Data Section (TR)	National Trauma Data Dictionary	Wyoming Trauma Data Dictionary
Medical Record Number	TR1.2		STATE REQUIRED
Registry Number	TR5.12		STATE REQUIRED
Account Number	TR1.27		STATE REQUIRED
Incident Date	TR5.12	NTDB REQUIRED	
Last Name	TR1.9		STATE REQUIRED
Patient's First Name	TR1.8		STATE REQUIRED
Middle Initial	TR1.10		STATE REQUIRED
Date of Birth	TR1.7	NTDB REQUIRED	
Age (at date of incident)	TR1.12	NTDB REQUIRED	
Age Units	TR1.14	NTDB REQUIRED	
Height in inches	TR1.6.1		STATE REQUIRED
Height	TR1.6		STATE REQUIRED
Estimated Body Weight	TR1.6.5		STATE REQUIRED

Race	TR1.16	NTDB REQUIRED	
Ethnicity	TR1.17	NTDB REQUIRED	
Gender	TR1.15	NTDB REQUIRED	
Address	TR1.18		STATE REQUIRED
City	TR1.21	NTDB REQUIRED	
County	TR1.22	NTDB REQUIRED	
State	TR1.23	NTDB REQUIRED	
Postal Code	TR1.20	NTDB REQUIRED	
Country	TR1.19	NTDB REQUIRED	
Alternate Residence	TR1.13	NTDB REQUIRED	
Injury Description	TR20.12		STATE REQUIRED
ICD 10 Location	TR200.5	NTDB REQUIRED	
Incident Location Zip Code	TR5.6	NTDB REQUIRED	
Incident Country	TR5.11	NTDB REQUIRED	
Incident City	TR5.10	NTDB REQUIRED	
Incident County	TR5.9	NTDB REQUIRED	
Incident State	TR5.7	NTDB REQUIRED	
ICD 10 Injury	TR200.3	NTDB REQUIRED	

Intentionality	TR200.3.2		STATE REQUIRED
Trauma Type	TR200.3.3		STATE REQUIRED
Report of Physical Abuse	TR41.1	NTDB REQUIRED	
Investigation of Physical Abuse	TR41.2	NTDB REQUIRED	
Caregiver at Discharge	TR41.3	NTDB REQUIRED	
Safety Device Used	TR29.24	NTDB REQUIRED	
Arrived From	TR16.22		STATE REQUIRED
Transported To Your Facility By	TR8.8		
Inter-facility Transfer	TR25.54	NTDB REQUIRED	
Trauma Alert Type	TR17.22	NTDB REQUIRED	
Vehicular, Pedestrian, Other Risk Injury	TR17.47	NTDB REQUIRED	
Run Number	TR7.1		STATE REQUIRED
Service	TR7.3		STATE REQUIRED
Unit Notified Date	TR9.1	NTDB REQUIRED	
En Route Date	TR9.17		STATE REQUIRED
En Route Time	TR9.2		STATE REQUIRED
Arrive Scene - Date	TR9.2.1	NTDB REQUIRED	
Arrive Scene - Time	TR9.3	NTDB REQUIRED	

Leave Scene- Date	TR9.3	NTDB REQUIRED	
Leave Scene- Time	TR9.4	NTDB REQUIRED	
Arrive Hospital	TR8.10	NTDB REQUIRED	
Transport Mode	TR15.32	NTDB REQUIRED	
Destination Determination	TR15.38		STATE REQUIRED
EMS Report Status	TR15.53		STATE REQUIRED
Pre Hospital Cardiac Arrest	TR15.39	NTDB REQUIRED	
CPR Performed	TR15.41		STATE REQUIRED
CPR Location	TR18.97		STATE REQUIRED
Tube Thoracostomy	TR18.96		STATE REQUIRED
Needle Thoracostomy	TR15.40		STATE REQUIRED
Airway Management	TR15.30		STATE REQUIRED
Fluids	TR15.31		STATE REQUIRED
Medications	TR15.36		STATE REQUIRED
Temperature Maintained	TR15.37		STATE REQUIRED
Appropriate Wound Management	TR15.37		STATE REQUIRED
Referring Hospital	TR33.1		STATE REQUIRED
Referring Hospital Arrival Date	TR33.2		STATE REQUIRED

Referring Hospital Arrival Time	TR33.3		STATE REQUIRED
Discharge Date	TR33.30		STATE REQUIRED
Discharge Time	TR33.31		STATE REQUIRED
Transported to referring facility by	TR33.48		STATE REQUIRED
Physician Name	TR33.4		STATE REQUIRED
Medical Record Number	TR33.45		STATE REQUIRED
Referring Hospital Vitals Date	TR33.54		STATE REQUIRED
Referring Hospital Vitals Time			STATE REQUIRED
Sys BP	TR33.5		STATE REQUIRED
Dia BP	TR33.40		STATE REQUIRED
Pulse Rate	TR33.6		STATE REQUIRED
Temperature: Celsius	TR33.7		STATE REQUIRED
Temperature: Fahrenheit	TR33.7.1		STATE REQUIRED
Resp Rate	TR33.8		STATE REQUIRED
Resp Assistance	TR33.9		STATE REQUIRED
Supplemental Oxygen	TR33.10		STATE REQUIRED
O2Sat	TR33.11		STATE REQUIRED
AVPU	TR33.44		STATE REQUIRED

Glasgow Eye	TR33.12		STATE REQUIRED
Glasgow Verbal	TR33.13.2		STATE REQUIRED
Glasgow Motor	TR33.14.2		STATE REQUIRED
GCS Qualifier	TR33.16		STATE REQUIRED
Manual GCS	TR33.15		STATE REQUIRED
GCS Total Calc	TR33.50		STATE REQUIRED
Manual RTS	TR33.17		STATE REQUIRED
RTS Calc	TR33.51		STATE REQUIRED
PTS	TR33.32		STATE REQUIRED
Hospital ICU	TR33.18		STATE REQUIRED
Hospital OR	TR33.19		STATE REQUIRED
CPR Performed	TR33.20		STATE REQUIRED
CT Head	TR33.21		STATE REQUIRED
CT Abd/Pelvis	TR33.22		STATE REQUIRED
CT Chest	TR33.23		STATE REQUIRED
Abdominal Ultrasound	TR33.24		STATE REQUIRED
Aortogram	TR33.25		STATE REQUIRED
Arteriogram	TR33.26		STATE REQUIRED

Airway Management	TR33.27		STATE REQUIRED
Referring Hospital Medication Given	TR33.28		STATE REQUIRED
Destination Determination	TR33.29		STATE REQUIRED
CT Cervical	TR33.33		STATE REQUIRED
Imaging Head	TR33.34		STATE REQUIRED
Imaging Chest	TR33.35		STATE REQUIRED
Imaging Abd/Pelvis	TR33.36		STATE REQUIRED
Echo	TR33.37		STATE REQUIRED
TPA Administered	TR33.38		STATE REQUIRED
Sent to Cath Lab	TR33.39		STATE REQUIRED
Direct Admit to Hospital	TR17.30		STATE REQUIRED
Date Arrived in ED/Acute Care	TR18.55	NTDB REQUIRED	
Time Arrived in ED/Acute Care	TR18.56	NTDB REQUIRED	
ED Attending MD/Staff	TR18.131		STATE REQUIRED
ED Attending MD/Staff Service Type	TR18.132		STATE REQUIRED
Decision to Discharge/Transfer Date	TR17.41	NTDB REQUIRED	
Decision to Discharge/Transfer Time	TR17.42	NTDB REQUIRED	
Date Discharged from ED	TR17.25		STATE REQUIRED

Time Discharged from ED	TR17.26		STATE REQUIRED
Length of Stay in ED (Physical D/C)	TR17.99		STATE REQUIRED
ED Disposition	TR17.27	NTDB REQUIRED	
Signs of Life	TR27.14	NTDB REQUIRED	
Admitting MD/Staff	TR18.98		STATE REQUIRED
Admitting Service	TR18.99		STATE REQUIRED
Trauma Team Activation	TR17.21		STATE REQUIRED
Date Changed	TR17.78.1		STATE REQUIRED
Time Changed	TR17.78.1.1		STATE REQUIRED
Upgrade/Downgrade	TR17.78.2		STATE REQUIRED
New Activation Level	TR17.78.3		STATE REQUIRED
Old Activation Level	TR17.78.4		STATE REQUIRED
Consulting Services	TR17.29		STATE REQUIRED
Initial Assessment Vitals Date	TR18.104		STATE REQUIRED
Initial Assessment Vitals Time	TR18.110		STATE REQUIRED
Systolic Blood Pressure	TR18.11	NTDB REQUIRED	
Diastolic Blood Pressure	TR18.13		STATE REQUIRED
Pulse Rate	TR18.2	NTDB REQUIRED	

Temperature (Celsius)	TR18.30	NTDB REQUIRED	
Temperature (Fahrenheit)	TR18.30.1	NTDB REQUIRED	
Temperature Route	TR18.147	NTDB REQUIRED	
Oxygen Saturation	TR18.31	NTDB REQUIRED	
Respiratory Rate	TR18.7	NTDB REQUIRED	
Supplemental Oxygen	TR18.109	NTDB REQUIRED	
RTS Calc	TR18.135		STATE REQUIRED
PTS	TR21.10		STATE REQUIRED
Glasgow Eye	TR18.14	NTDB REQUIRED	
Glasgow Verbal	TR18.15.2	NTDB REQUIRED	
Glasgow Motor	TR18.16.2	NTDB REQUIRED	
GCS Qualifier	TR18.21	NTDB REQUIRED	
GCS Total Calc	TR18.22	NTDB REQUIRED	
Glasgow Coma Score 40 (Eye)	TR18.40.2	NTDB REQUIRED	
Glasgow Coma Score 40 (Verbal)	TR18.41.2	NTDB REQUIRED	
Glasgow Coma Score 40 (Motor)	TR18.42.2	NTDB REQUIRED	
GCS 40 Total Calc	TR18.44.1		STATE REQUIRED
GCS 40 Manual Total	TR18.44		STATE REQUIRED

AVPU	TR18.53		STATE REQUIRED
Airway Management	TR14.36		STATE REQUIRED
CPR Performed	TR18.71		STATE REQUIRED
Backboard Removed Date	TR18.176		STATE REQUIRED
Backboard Removed Time	TR18.177		STATE REQUIRED
Blood Product Location	TR22.20		STATE REQUIRED
Blood Product	TR22.21		STATE REQUIRED
Units of Blood	TR22.22		STATE REQUIRED
Blood Product Measurement	TR22.23		STATE REQUIRED
Blood Ordered Date	TR22.14		STATE REQUIRED
Blood Ordered Time	TR22.17		STATE REQUIRED
Crossmatch Date	TR22.15		STATE REQUIRED
Crossmatch Time	TR22.18		STATE REQUIRED
Patient's Anticoagulant Meds	SK38.203.1		STATE REQUIRED
Anticoagulant Reversal Medication Administered	SK38.163		STATE REQUIRED
Antibiotic Therapy	TR18.189		STATE REQUIRED
First Antibiotic Administration Date	TR18.190		STATE REQUIRED
First Antibiotic Administration Time	TR18.190.1		STATE REQUIRED

Alcohol Use Indicator/Alcohol Screen	TR18.46	NTDB REQUIRED	
Drug Use Indicator	TR18.45		STATE REQUIRED
Drug Screen	TR18.91	NTDB REQUIRED	
Hematocrit	TR18.95		STATE REQUIRED
Base Deficit	TR18.93		STATE REQUIRED
Bicarb - HCO3	TR18.117		STATE REQUIRED
Radiology Type	TR18.160		STATE REQUIRED
Radiology Region	TR18.143		STATE REQUIRED
Date Radiology Performed	TR18.163		STATE REQUIRED
Time Radiology Performed	TR18.163.1		STATE REQUIRED
Radiology Results	TR18.161		STATE REQUIRED
ICD 10 Diagnosis	TR200.1	NTDB REQUIRED	
Diagnosis Comments	TR200.120		STATE REQUIRED
ICD 10 AIS Codes	TR200.14.1	NTDB REQUIRED	
Additional AIS Codes	TR201.0		STATE REQUIRED
Diagnosis - ISS Region			STATE REQUIRED
ISS - Injury Severity Score			STATE REQUIRED
Probability of Survival			STATE REQUIRED

New Injury Severity Score			STATE REQUIRED
Comorbid Condition	TR21.21	NTDB REQUIRED	
Co-Morbid Condition Notes	TR21.23	NTDB REQUIRED	
ICD 10 Procedure	TR200.2	NTDB REQUIRED	
Procedure Performed Location	TR22.29		STATE REQUIRED
Physician Performing the Procedure	TR200.10		STATE REQUIRED
Procedure Comments	TR200.7		STATE REQUIRED
Date Procedure Performed	TR200.8	NTDB REQUIRED	
Time Procedure Performed	TR200.9	NTDB REQUIRED	
Service Type of the Physician	TR200.6		STATE REQUIRED
Resource Utilization	TR26.59		STATE REQUIRED
Placed on Ventilator Date	TR26.74		STATE REQUIRED
Placed on Ventilator Time	TR26.74.1		STATE REQUIRED
Taken Off Ventilator Date	TR26.75		STATE REQUIRED
Taken Off Ventilator Time	TR26.75.1		STATE REQUIRED
Total Time On Ventilator	TR26.75.2		STATE REQUIRED
Ventilator Details	TR26.76		STATE REQUIRED
Total Calendar Days on Ventilator	TR26.58.1		STATE REQUIRED

Total Computed Time on Ventilator	TR26.58.2		STATE REQUIRED
Acute Kidney Injury (AKI)		NTDB REQUIRED	
Acute Respiratory Distress Syndrome (ARDS)		NTDB REQUIRED	
Alcohol Withdrawal Syndrome		NTDB REQUIRED	
Cardiac Arrest with CPR		NTDB REQUIRED	
Catheter-Associated Urinary Tract Infection (CAUTI)		NTDB REQUIRED	
Central Line-Associated Bloodstream Infection (CLABSI)		NTDB REQUIRED	
Deep Surgical Site Infection		NTDB REQUIRED	
Deep Vein Thrombosis (DVT)		NTDB REQUIRED	
Myocardial Infarction (MI)		NTDB REQUIRED	
Organ/Space Surgical Site Infection		NTDB REQUIRED	
Osteomyelitis		NTDB REQUIRED	
Pressure Ulcer		NTDB REQUIRED	
Pulmonary Embolism (PE)		NTDB REQUIRED	
Severe Sepsis		NTDB REQUIRED	
Stroke/CVA		NTDB REQUIRED	
Superficial Incisional Surgical Site Infection		NTDB REQUIRED	
Unplanned Admission to ICU		NTDB REQUIRED	

Unplanned Intubation		NTDB REQUIRED	
Ventilator-Associated Pneumonia (VAP)		NTDB REQUIRED	
Unplanned Return to the Operating Room		NTDB REQUIRED	
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)		NTDB REQUIRED	
Advance Directive Limiting Care		NTDB REQUIRED	
Alcohol Use Disorder		NTDB REQUIRED	
Angina Pectoris		NTDB REQUIRED	
Anticoagulant Therapy		NTDB REQUIRED	
Bleeding Disorder		NTDB REQUIRED	
Cerebral Vascular Accident (CVA)		NTDB REQUIRED	
Chronic Obstructive Pulmonary Disease (COPD)		NTDB REQUIRED	
Chronic Renal Failure		NTDB REQUIRED	
Cirrhosis		NTDB REQUIRED	
Myocardial Infarction (MI)		NTDB REQUIRED	
Congenital Anomalies		NTDB REQUIRED	
Congestive Heart Failure (CHF)		NTDB REQUIRED	
Currently Receiving Chemotherapy for Cancer		NTDB REQUIRED	
Current Smoker		NTDB REQUIRED	

Dementia		NTDB REQUIRED	
Diabetes Mellitus		NTDB REQUIRED	
Disseminated Cancer		NTDB REQUIRED	
Functionally Dependent Health Status		NTDB REQUIRED	
Hypertension		NTDB REQUIRED	
Mental/Personality Disorders		NTDB REQUIRED	
Peripheral Arterial Disease (PAD)		NTDB REQUIRED	
Prematurity		NTDB REQUIRED	
Steroid Use		NTDB REQUIRED	
Substance Abuse Disorder		NTDB REQUIRED	
Hospital Length of Stay-Calendar Days (Physical D/C)	TR25.44		STATE REQUIRED
Hospital Length of Stay (Total Minutes) (Physical D/C)	TR25.44.Mins		STATE REQUIRED
Total ICU Days	TR26.9	NTDB REQUIRED	
Total Vent Days	TR26.58	NTDB REQUIRED	
Primary Method of Payment	TR2.5	NTDB REQUIRED	
Reimbursed Charges	TR2.8		STATE REQUIRED
Secondary Method of Payment	TR2.7		STATE REQUIRED
Third Method of Payment	TR2.18		STATE REQUIRED

Billed Hospital Charges	TR2.9		STATE REQUIRED
Work Related	TR2.10		STATE REQUIRED
Admission Ward	TR44.3		STATE REQUIRED
Bed Number	TR44.4		STATE REQUIRED
Consultant/Staff	TR44.5		STATE REQUIRED
Medical Specialty	TR44.6		STATE REQUIRED
Admission Date	TR44.1		STATE REQUIRED
Total Log of Admission Time	TR44.9		STATE REQUIRED
Hospital Department Discharge Disposition	TR25.27		STATE REQUIRED
Clinical Note Type	TR5.27		STATE REQUIRED
Clinical Note	TR5.24		STATE REQUIRED
Clinical Note Entered by	TR5.26		STATE REQUIRED
Clinical Note Date/Time	TR5.25		STATE REQUIRED

Section C: 2022 Data Dictionary Change Log

Admission Year	Element Name	Change Location	Change Text
2022	ALL ELEMENTS	Definition	CHANGED TO: Description
2022	WHOLE BLOOD	Additional Information	ADDED: "EXCLUDE: Cell Saver blood."
2022	PLASMA	Additional Information	ADDED: "EXCLUDE: Cell Saver blood."
2022	PLATELETS	Additional Information	ADDED: "EXCLUDE: Cell Saver blood."
2022	PACKED RED BLOOD CELLS	Additional Information	ADDED: "EXCLUDE: Cell Saver blood."
2022	CRYOPRECIPITATE	Additional Information	ADDED: "EXCLUDE: Cell Saver blood."
2022	DISSEMINATED CANCER (Pre-existing Condition)	Description	CHANGED TO: "Cancer that has spread to one or more sites in addition to the primary site AND in the presence of multiple metastases indicates the cancer is widespread, fulminant, or near terminal."
2022	DISSEMINATED CANCER (Pre-existing Condition)	Additional Information	CHANGED TO: "Another term describing disseminated cancer is "metastatic cancer.""
2022	STEROID USE (Pre-existing Condition)	Description	CHANGED TO: "Regular administration of oral or parenteral corticosteroid medications within 30 days prior to injury for a chronic medical condition."
2022	OSTEOMYELITIS (Hospital Event)	Additional Information	UPDATED: To be consistent with the January 2020 CDC definition of Bone and Joint Infection.

2022	ICD-10 HOSPITAL PROCEDURES	Additional Information	ADDED: Plain radiography of whole body, Plain radiography of whole skeleton, and Plain radiography of infant whole body to the Diagnostic and Therapeutic Imaging.
2022	HYPERTENSION (Pre-Existing Condition)	Description	CHANGED TO: History of persistent elevated blood pressure requiring antihypertensive medication.
2022	HYPERTENSION (Pre-Existing Condition)	Additional Information	ADDED: Report Element Value '1. Yes' for patients who were non-compliant with their prescribed antihypertensive medication.
2022	UNPLANNED VISIT TO THE OPERATING ROOM (Hospital Event)	Additional Information	EXCLUDE: Non-urgent tracheostomy and percutaneous endoscopic gastrostomy
2022	UNPLANNED ADMISSION TO ICU (Hospital Event)	Additional Information	ADDED: "EXCLUDE: Patients with a planned ICU stay post-operative. INCLUDE: patients who required ICU care due to an event that occurred during surgery or in the PACU."
2022	ADVANCED DIRECTIVE LIMITING CARE (Pre-Existing Condition)	Description	CHANGED TO: The patient had a written request to limit life-sustaining treatment that restricted the care for the patient during this patient care event.
2022	ADVANCED DIRECTIVE LIMITING CARE (Pre-Existing Condition)	Additional Information	ADDED: Report Element Value "2. No" for patients with Advanced Directives that did not limit life-sustaining treatments during this patient care event.
2022	PREMATURITY (Pre-Existing Condition)	Additional Information	Only report on patient's ≤18 years-of-age.
2022	PREMATURITY (Pre-Existing Condition)	Additional Information	The null value "Not Applicable" must be reported for patient's > 18 years-of-age.
2022	CONGENITAL ANOMALIES (Pre-Existing Condition)	Additional Information	Only report on patient's ≤18 years-of-age.

2022	CONGENITAL ANOMALIES (Pre-Existing Condition)	Additional Information	The null value "Not Applicable" must be reported for patient's > 18-years-of-age.
2022	VENOUS THROMBOEMBOLISM PROPHYLAXIS TYPE	Additional Information	ADDED: Element Value "5. None" is reported for patients who refuse VTE prophylaxis.
2022	ACUTE KIDNEY INJURY (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	ACUTE KIDNEY INJURY (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	ALCOHOL WITHDRAWAL SYNDROME (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	ALCOHOL WITHDRAWAL SYNDROME (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	CARDIAC ARREST WITH CPR (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	CARDIAC ARREST WITH CPR (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.

2022	CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	DEEP SURGICAL SITE INFECTION (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	DEEP SURGICAL SITE INFECTION (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	DEEP VEIN THROMBOSIS (DVT) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	DEEP VEIN THROMBOSIS (DVT) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	DELIRIUM (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	DELIRIUM (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	MYOCARDIAL INFARCTION (MI) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	MYOCARDIAL INFARCTION (MI) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital

2022	ORGAN/SPACE SURGICAL SITE INFECTION (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	ORGAN/SPACE SURGICAL SITE INFECTION (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	OSTEOMYELITIS (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	OSTEOMYELITIS (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	PULMONARY EMBOLISM (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	PULMONARY EMBOLISM (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	PRESSURE ULCER (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	PRESSURE ULCER (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	SEVERE SEPSIS (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	SEVERE SEPSIS (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	STROKE/CVA (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	STROKE/CVA (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	SUPERFICIAL INCISIONAL SURGICAL SITE INFECTION (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.

2022	SUPERFICIAL INCISIONAL SURGICAL SITE INFECTION (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	VENTILATOR-ASSOCIATED PNEUMONIA (VAP) (Hospital Event)	Additional Information	REMOVED: Must have occurred during the patient's initial stay at your hospital.
2022	VENTILATOR-ASSOCIATED PNEUMONIA (VAP) (Hospital Event)	Additional Information	ADDED: Onset of symptoms began after arrival to your ED/hospital
2022	EXTREMITY COMPARTMENT SYNDROME (Hospital Event)	ELEMENT	RETIRED
2022	LOWEST ED/HOSPITAL SYSTOLIC BLOOD PRESSURE	ELEMENT	RETIRED
2022	ANGINA PECTORIS (Pre-Existing Condition)	Additional Information	CHANGED TO: A diagnosis of angina including microvascular angina, Prinzmetal's angina, stable angina, unstable angina and variant angina, must be documented in the patient's medical record.
2022	ADVANCED DIRECTIVE LIMITING CARE (Pre-Existing Condition)	Additional Information	ADDED: The written request was signed/dated by the patient and/or his/her designee prior to arrival at your center
2022	ADVANCED DIRECTIVE LIMITING CARE (Pre-Existing Condition)	Additional Information	ADDED: Life-sustaining treatments include but are not limited to intubation, ventilator support, CPR, transfusion of blood products, dialysis or other forms of renal support, institution of medications to support blood pressure or cardiac function, or a specific surgical, interventional or radiological procedure (e.g. decompressive craniectomy, operation for hemorrhage control, angiography)