

Alaska Trauma Registry Data Dictionary

VERSION #2
Software: Collector

January 2002

Alaska DHSS
Section of CH/EMS

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DEMOGRAPHIC AND INJURY DATA

Medical Record Number: Enter permanent *medical record number* assigned for each patient on first hospital visit.

Patient Account Number: Enter unique, new *billing number* assigned for each patient on each hospital visit.

Admission Date: Enter arrival date.

Optional:

Patient Name: Enter patient's last name, first name, and middle initial.

Example: [Moore, Martha E]

Home Address: Enter patient's physical home address. List street, apt. #, city, state, zip, country. (Physical street address optional; city and state are mandatory.)

Do not enter a P.O. Box.

Example: 500 W. Victory, Anchorage, AK 99508

if from a country outside the USA, please enter the country.

Race: Enter patient race/ethnicity code.

- 1 White
- 2 Black
- 3 Hispanic
- 4 American Indian
- 5 Asian
- 6 Other
- 7 Pacific Islander
- 8 Alaska Native
- Unk Unknown

Sex: Enter patient sex.

- 1 Male
- 2 Female
- Unk Sex unknown

Birthdate: Enter patient birthdate.

01/20/1960

Age: Enter patient age.

8 months
19

Unk Age unknown

Fetus Enter fetus if fetal injury occurred and born, or fetal death occurred (if fetus was viable [greater than 20 weeks]).

Injury Date & Time: Enter date and time of injury.

06/13/2000 @ 18:20,
05/17/200 @ unk

Place of Injury E-Code: Enter the E849 location specific e-code of the injury:

Always refer to the definitions and examples listed below and the specific exclusions (located at the end of each category heading) when selecting the appropriate E-Code.

E849.0 - Home

Apartment	Boarding House
Farm House	Home Premises
House Residential	Noninstitutional place of residence
Private:	Swimming pool in private house or garden
Driveway	Yard of home
Home	
Walk	

Excludes: Home under construction but not yet occupied (E849.3)
Institutional place of residence (E849.7)

E849.1 – Farm

Farm buildings
Land under cultivation

Excludes: Farm house and home premises of farm (E849.0)

E849.2 – Mine and Quarry

Gravel pit
Sand pit
Tunnel under construction

E849.3 – Industrial Place and Premises

Building under construction	Dockyard
Factory:	Building
Premises	Garage (place of work)
Industrial yard	Loading platform (factory,store)
Plant, industrial	Railway yard
Shop (place of work)	Warehouse
Workhouse	

E849.4 – Place for Recreation and Sport

Amusement park	Baseball field
Beach resort	Tennis court
Fives court	Football field
Golf course	Gymnasium
Hockey field	Vacation camp/resort
Sports palace	Lake resort
Mountain resort	Playground, including school playground
Public park	Racecourse
Resort NOS	Riding school
Rifle range	Seashore resort
Skating rink	Sports ground

E849.5 – Street and Highway

Frozen river used as roadway in winter City streets
Rural roadway

E849.6 – Public Buildings

Building (including adjacent grounds) used by the general public or by a particular group of the public, such as:

Airport	Bank
Café	Casino
Church	Cinema
Clubhouse	Courthouse
Dance hall	Garage building (for car storage)
Hotel	Market
Movie house	Music hall
Nightclub	Office
Office building	Opera house
Post office	Public hall
Radio broadcasting station	Restaurant
School (state, public, private)	Shop
Station (bus, railway)	Store
Theater	

Excludes: Home garage (849.0) Industrial building or workplace (849.3)

E849.7 – Residential Institution

Children's home	Dormitory
Hospital	Jail
Orphanage	Prison

E849.8 – Other Specified Places

Beach NOS	Canal	Caravan site NOS
Derelict house	Desert	Dock
Forest	Harbor	Hill
Lake NOS	Pond or pool (natural)	Prairie
Public place NOS	Railway line	Reservoir
River	Sea	Seashore NOS
Stream	Swamp	Trailer court
Wilderness	Woods	

E849.9 – Unspecified Place

No mention in the chart anywhere the location of the injury.

Place of Injury *Specify:* For every case please list the specific location of the injury, use the above list for examples. The most common specific place of injury are:

Home	Grade School
Highschool	Bar
Wilderness	Off-road
Ocean	River
Mountain	Oil Rig
Other person's house	Daughter's home
Road	Highway
City street intersection	Ski resort

Patient Status: Enter who designated patient as needing treatment or not by your trauma team:

- 1 **Prehospital Unstable:**
Designated by prehospital care team, clinic, or other medical provider prior to patient arrival at this hospital as unstable, and as such will need a trauma team response in emergency department.
- 2 **ER Unstable:**
Designated by emergency department personnel as unstable and as such will need a trauma team response by emergency department. Usually occurs after the patient arrival at this hospital or upon hearing prehospital report hospital personnel upgrade patient status to "unstable".
- 3 **Prehospital Potentially Unstable:**
Designated by prehospital care team, clinic, or other medical provider prior to patient arrival at this hospital as unstable, and as such will need a trauma team response in emergency department.
- 4 **Stable Admit:** All others stable trauma patients admitted through the emergency department, direct admits or scheduled admission. A stable trauma patient does not require a trauma team response.

Injury Location: Enter physical address of injury. List street, apt. #, city, state, zip, country.
(Physical street address optional; city and state are mandatory.)

Do not enter a P.O. Box.

If from a country outside the USA, please enter the country.

If injury occurred at sea enter port of entry into Alaska.

Examples: 500 W. Victory, Anchorage, AK 99508
20 miles from Kodiak in Bering Sea
Mile 70 Parks Highway, Sutton, AK

Cause of Injury Primary Ecode: Enter primary E-Code for mechanism of injury.

Enter "Unk", "E800.0" through "E998" ICD-9-CM E-Codes.
Example: E960.0

*A patient that was in a fight and then stumbled and fell off a 12 foot deck. The **primary Ecode** would be E960.0 and the secondary Ecode would be E882.*

Cause of Injury Secondary Ecode: Enter secondary E-Code for mechanism of injury.

Enter "Unk", "E800.0" through "E998" ICD-9-CM E-Codes.

Example: E882

*A patient that was in a fight and stumbled and fell off a 12 foot deck. The primary Ecode would be E960.0 and the **secondary Ecode** would be E882.*

Injury Type: Enter type of trauma (force of injury, not resulting injury).

Blunt – Injury resulting from diffuse blunt trauma is recorded as blunt, e.g. crush, acceleration/deceleration. ACS Resource definition: nonpenetrating injury.

Penetrating – Injury resulting from tissue penetration or perforation by an object, e.g., bullet, knife, glass shards. ACS Resource definition: piercing, entering deeply.

Burn - Tissue injury from excessive exposure to chemical, thermal, electrical, or radioactive agents (Taber's).

An open wound may result from blunt trauma. Example: MVC - open fracture. Be sure to document the force of the injury and not the type of injury. If there are two causes of injury, choose the mechanism of injury which caused the most severe injury. Example: patient was assaulted with fist (blunt) and stabbed (penetrating) resulting in a concussion and laceration of the lungs. Record as penetrating.

Intent: Enter intent of injury:

Intentional, Self-Inflicted
Intentional, Assault
Non-intentional (accidental)
Unknown

% TBSA of 2nd and 3rd degree burns: Enter total percentage of body surface area involved with 2nd and 3rd degree burns using "Rule of Nine". ("Rule of Nine" reference attached.)

40%

Mechanism of Injury: Enter injury circumstances and activity of patient at time of injury.

Please enter information about perpetrator - relationship to victim; alcohol involvement. Also enter if loss of consciousness (LOC) occurred and how long.

Driver of small compact car fell asleep, wandered into oncoming lane, hit head on by full-sized pick-up, and had had a 6-pack of beer before crash, unconscious at scene.

Protective Equipment: Enter patient safety equipment. Enter up to three that apply.

- 1 None
- 2 Lap belt only
- 3 Infant/child seat
- 4 Air bag (deployed)
- 5 Helmet
- 6 Other, specify:
- 7 Safety belt/harness (3-point vehicle restraint, lap & shoulder belts)**
- 8 Padding/Protective Clothing
- 9 Personal flotation device
- 10 Hard Hat
- 11 Safety Goggles
- 12 Booster Seat
- NA Not applicable--such as fall in bathroom
- Unk Unknown

Examples of "others" would be fire suite, goggles, steel-tip boots, bullet-proof vest. etc.

Work Related: Enter whether injury was work-related.

No Definitely not work-related
Yes Definitely work-related
Unk Unknown if work-related

Industry: Enter the occupation of the patient if injury is work-related.

NA Injury was not work-related.
Unk Occupation unknown.

Logging	Felling logs
Transportation of logs	Fishing
Mining	Oil/gas
Agriculture	Construction
Air transportation	Land transportation
Water transportation	Service industry
Manufacturing	Wood products
Fish processing	Military
Other	Subsistence, other
Subsistence trapping	Subsistence fishing
Subsistence hunting	Subsistence whaling
Subsistence gathering	

Occupation: Using free texts enter description of job duties at time of injury. Specify fishing vessel when applicable, i.e. trawler.

Fish processor on trawler

NA Injury was not work-related
Unk Injury was work-related but occupation unknown.

AMBULANCE/PREHOSPITAL DATA

First medically attended transport (ambulance) from scene. Routine transports to and from airfields are not included here unless treatment is initiated.

Primary Ambulance:

Mode of Transport:

1	Ground Ambulance
2	Rotor Air Ambulance
3	Public Safety/Law Enforcement
4	Private Auto/Walk-in
5	<i>Other – please don't use</i>
6	Fixed Wing Ambulance
7	Helicopter without medical attendant
8	Helicopter with medical attendant
9	Commercial air without medical attendant
10	Commercial air with medical attendant
Unk	

Ambulance Name: Enter prehospital service (ambulance) name.

Girdwood EMS

NA Not treated at injury scene by prehospital care team.
Unk Treated by prehospital care team but service unknown.

Rig/Unit Number: Enter rig or unit number assigned by local ambulance service.

"Medic 12 of Anchorage Fire Department".

Amb Run #: Enter run number assigned by ambulance.

NA Not treated at injury scene by prehospital care team.
Unk Treated at injury scene by prehospital care team but report number unknown.
126 Treated at injury scene by prehospital care team and report number known.

Report Present: Enter if EMS report is present in the hospital chart.

Yes Treated at injury scene by prehospital care team and EMS report included in hospital chart.
No Treated at injury scene by prehospital care team and EMS report not included in hospital chart.
Unk Treated by prehospital care team but unknown if EMS report included in hospital chart.
NA Not treated at injury scene by prehospital care team.

Highest Level of Provider: Enter the highest provider level caring for patient during this ambulance transport:

0 ETT
1 EMT-I
2 EMT-II
3 EMT-III
3 EMT-Defib
5 EMT-Paramedic
6 Community Health Aide
7 Mid-Level Practitioner, Nurse Practitioner, Physician's Assistant
8 Registered Nurse
9 Physician
NA
Unk

Was patient extricated? Enter if the patient requires extrication from the scene.

Yes
No
Unk

Extrication is defined as any action that disentangles or frees from entrapment or delays in transport. This element is not restricted to MVAs.

Time Required (minutes): Enter the total number of minutes required for extrication.

*Extrication time is inclusive of the time taken to extricate the individual from the injury scene to the ambulance, and must **only include extrication performed by the prehospital care provider or health care provider***

Time VS Recorded: Enter the time (military) the first prehospital vital signs were taken and recorded.

Paralytic Agents Used: Enter if paralytic agents were used.

Yes
No
Unk

Examples of paralytic drugs include:

<i>Succinylcholine</i>	<i>anecline</i>	<i>vecuronium</i>
<i>Norcuron</i>	<i>pancuronium</i>	<i>pavulon</i>
<i>atracurion</i>	<i>metubine</i>	<i>arduan</i>
<i>metocurine</i>	<i>gallamine</i>	<i>flaxedil</i>
<i>mivacurium</i>	<i>mivacron</i>	<i>doxacurium</i>
<i>nuromax</i>	<i>pipecuronium</i>	

Intubated: Enter if patient was intubated.

Yes
No
Unk

Method of Intubation: Enter route of intubation.

Oral
Nasal
NA
Unk

Bagged or Ventilated: Enter if patient is bagged or ventilated.

Yes
No
Unk

Pulse Rate: Enter patient's **first** recorded prehospital pulse rate.

Respiratory rate (unassisted): Enter patient's **first** recorded **unassisted** respiratory rate.

Record actual (unassisted) patient rate only. Do not use bagged or controlled rates. If patient is bagged or on ventilator, this assessment requires that the patient's respiratory rate be obtained while not using those aides. If patient's actual rate cannot be obtained enter "Unk".

Systolic Blood pressure: Enter patient's **first** recorded systolic blood pressure.

GCS: Enter **initial** total prehospital Glasgow Coma Scale, range from "3" to "15".

"13" Treated at injury scene by prehospital care team and total initial prehospital Glasgow Coma Scale known to be 13.

EYE: Enter eye open response:

- 1 None
- 2 To Pain
- 3 To Voice
- 4 Spontaneous

VERBAL: Enter verbal response.

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented

MOTOR: Enter motor response:

- 1 None
- 2 Extension
- 3 Abnormal flexion
- 4 Withdraws
- 5 Localizes pain
- 6 Obeys commands

Interventions: Enter life-saving interventions (free text or P-Code) completed at the scene and en route from scene to the hospital:

See Section #6 on "Life-Saving Interventions/Procedures"

Call Received: Enter time (military) call was received.

Ambulance Dispatched: Enter time (military) when ambulance dispatched.

En Route: Enter time (military) when ambulance left ambulance barn en route to injury scene.

Arrive @ Scene: Enter time (military) when ambulance arrives at injury scene.

Arrive @ Patient: Enter time (military) when ambulance *personnel* arrive at patient.

Left Scene: Enter time(military) when ambulance left scene en route to hospital or to rendezvous site.

Rendezvous Time: Enter time (military) when ambulance arrives at rendezvous site.

Rendezvous Site: Enter address or location of rendezvous site.

"Portage train station"

Arrive at Hospital: Enter time (military) when ambulance arrives at hospital.

Second Ambulance from the Scene

Scenario for when to enter information in "Second Ambulance": First ambulance at scene calls for helicopter ambulance (i.e., Big Lake Ambulance calls LifeGuard helicopter) or another ambulance service (AFD ambulance to meet to meet ground ambulance and transport patient to your facility; or two ground ambulances are used to transport the patient from the injury scene.

Enter information if a second ambulance is involved in the prehospital care and/or transport of the patient from the scene to the first hospital.

Refer to Primary Ambulance section for question definitions and/or response options.

REFERRING FACILITY/TRANSPORT DATA

"Facility Referring to You and Mode of Transport to You"

Referring Facility: Enter name of the facility (clinic or hospital) transferring patient to your facility.

"Norton Sound Hospital ER"

Facility Type: Enter type or level of care provided at transferring facility:

Hospital Emergency Department
Hospital Inpatient
Clinic

City: Enter the name of the city (or village) in which the clinic is located.

Arrival Date/Time (Referring Facility): Enter date and time (military) patient arrived at the referring facility.

Departure Date/Time (Referring Facility): Enter date and time (military) patient left the referring facility en route to your facility.

Late Referral (Referring Facility): Enter reason that patient was transferred after remaining at the facility more than 6 hours:

- | | |
|-----------|---|
| 1 | Unexpected patient deterioration |
| 2 | Surgery (performed before transport) |
| 3 | Lack of Receiving MD |
| 4 | Weather |
| 5 | Prolonged resuscitation |
| 6 | Unavailability of transport |
| 7 | Patient or guardian refusal |
| 8 | Delayed diagnosis |
| 9 | Complication developed |
| 10 | Unavailability of receiving facility |
| NA | No delay, schedule transport/transfer |

Unknown

Transfer Rationale: Enter rationale (reason) patient is being transferred to your facility.

Medical *(needs medical care/service not provided at your facility)*

Financial *(payor request, insurance preferred provider)*

Personal *(patient's or family's request)*

Other – specify *(no beds, cat scan not working, surgeon unavailable, lack of nursing staff, etc.)*

Time VS Recorded: Enter the time (military) the **first** referring facility vital signs were taken and recorded.

Temp: Enter patient's **first** temperature (**in Fahrenheit**) recorded at the transferring facility.

Route: Enter route of patient's temperature.

Tympanic

Oral

Axillary

Rectal

Foley

Other

Unk

Paralytic Agents Used: Enter if paralytic agents were used.

Yes

No

Unk

Examples of paralytic drugs include:

succinylcholine

anecline

vecuronium

norcuron

pancuronium

pavulon

atracurion

metubine

arduan

metocurine

gallamine

flaxedil

mivacurium

mivacron

doxacurium

nuromax

pipecuronium

Intubated: Enter if patient was intubated.

Yes

No

Unk

Method of Intubation: Enter route of intubation.

Oral

Nasal

Unk

Bagged or Ventilated: Enter If patient is bagged or ventilated.

Yes

No

Unk

Pulse Rate: Enter patient's **first** recorded pulse rate.

Respiratory rate (unassisted): Enter patient's **first** recorded **unassisted** respiratory rate.

Record actual (unassisted) patient rate only. Do not use bagged or controlled rates. If patient is bagged or on ventilator, this assessment requires that the patient's respiratory rate be obtained while not using those aides. If patient's actual rate cannot be obtained enter "Unk".

Systolic Blood pressure: Enter patient's **first** recorded systolic blood pressure.

GCS: Enter **initial** total prehospital Glasgow Coma Scale, range from "3" to "15".

"13" Treated at injury scene by prehospital care team and total initial prehospital Glasgow Coma Scale known to be 13.

EYE: Enter eye open response:

- 1 None
- 2 To Pain
- 3 To Voice
- 4 Spontaneous

VERBAL: Enter verbal response.

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented

MOTOR: Enter motor response:

- 1 None
- 2 Extension
- 3 Abnormal flexion
- 4 Withdraws
- 5 Localizes pain
- 6 Obeys commands

ETOH/BAC: Enter alcohol blood test or breathalyzer results from referring facility if tested within 6 hours of the injury.

"240"

Drug Screen Results: Enter name of any of the drugs that test positive from the referring facility if tested within 6 hours of the injury.

Not tested
None (all negative)
Unk – tested but results are not available

Amphetamine
Cocaine
PCP

Barbiturate
Marijuana

Benzodiazepine
Opiate

Referring Facility Interventions:

Enter life-saving interventions (free text or P-Code) completed at the referring facility:

See Section #6 Life-saving Procedures

Transporting Ambulance to Your Facility

Mode of Transport: Enter type of transport used to move the patient from the referring facility to your facility.

- 1 Ground Ambulance
- 2 Rotor Air Ambulance
- 3 Public Safety/Law Enforcement
- 4 Private Auto/Walk-in
- 5 Other – *please don't use*
- 6 Fixed Wing Ambulance
- 7 Helicopter without medical attendant
- 8 Helicopter with medical attendant
- 9 Commercial air without medical attendant
- 10 Commercial air with medical attendant
- Unk

Transferring Ambulance Name: Enter transferring service (ambulance) name.

Valley Transport

- NA Not transported by prehospital care team.
- Unk Transferred by prehospital care team but service unknown.

Rig/Unit Number: Enter rig or unit number of the prehospital care service.

“Medic 12 of Anchorage Fire Department”

Transferring Amb Run #: Enter run number assigned by ambulance.

- 126 Transported by prehospital care team and report number known.
- NA Not transported by prehospital care team.
- Unk Transported by prehospital care team but report number unknown.

Report Present: Enter if transferring ambulance report is present in the hospital chart.

- Yes Transported by prehospital care team and EMS report included in hospital chart.
- No Transported by prehospital care team and EMS report not included in hospital chart.
- NA Not transported by prehospital care team.
- Unk Transported by prehospital care team but unknown if EMS report included in hospital chart.

Highest Level of Provider: Enter the highest provider level caring for patient during this ambulance transport:

- | | | | |
|---|---------|---|--|
| 0 | ETT | 6 | Community Health Aide |
| 1 | EMT-I | 7 | Mid-Level Practitioner,
Nurse Practitioner, Physician's Assistant |
| 2 | EMT-II | 8 | Registered Nurse |
| 3 | EMT-III | | |

4 EMT-Defib 9 Physician
5 EMT-Paramedic NA
Unk

Time VS Recorded: Enter the time (military) the first transferring ambulance vital signs were taken and recorded.

Paralytic Agents Used: Enter if paralytic agents were used.

Yes
No
Unk

Examples of paralytic drugs include:

<i>Succinylcholine</i>	<i>anecline</i>	<i>vocuronium</i>
<i>Norcuron</i>	<i>pancuronium</i>	<i>pavulon</i>
<i>atracurion</i>	<i>metubine</i>	<i>arduan</i>
<i>metocurine</i>	<i>gallamine</i>	<i>flaxedil</i>
<i>mivacurium</i>	<i>mivacron</i>	<i>doxacurium</i>
<i>nuromax</i>	<i>pipecuronium</i>	

Intubated: Enter if patient was intubated.

Yes
No
Unk

Method of Intubation: Enter route of intubation.

Oral
Nasal
NA
Unk

Bagged or Ventilated: Enter if patient is bagged or ventilated.

Yes
No
Unk

Pulse Rate: Enter patient's **first** recorded transferring ambulance pulse rate.

Respiratory rate (unassisted): Enter patient's **first** recorded **unassisted** respiratory rate.

Record actual (unassisted) patient rate only. Do not use bagged or controlled rates. If patient is bagged or on ventilator, this assessment requires that the patient's respiratory rate be obtained while not using those aides. If patient's actual rate cannot be obtained enter "Unk".

Systolic Blood pressure: Enter patient's **first** recorded transferring ambulance systolic blood pressure.

GCS: Enter **initial** total prehospital Glasgow Coma Scale, range from "3" to "15".

"13" Treated at injury scene by prehospital care team and total initial prehospital Glasgow Coma Scale known to be 13.

EYE: Enter eye open response:

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- 4 Spontaneous

VERBAL: Enter verbal response.

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented

MOTOR: Enter motor response:

- 1 None
- 2 Extension
- 3 Abnormal flexion
- 4 Withdraws
- 5 Localizes pain
- 6 Obeys commands

Call Received: Enter time (military) call was received by transferring ambulance.

**Ambulance Dispatched/
Doors Closed:** Enter time (military) when transferring ambulance dispatched of medevac documents "doors closed".

Departure: Enter time (military) when transferring ambulance departed for referring hospital/clinic.

Arrive @ Hospital/Clinic: Enter time (military) when transferring ambulance arrives at referring hospital/clinic.

Depart Hospital/Clinic: Enter time(military) when transferring departs referring hospital/clinic.

Arrive at City: Enter time (military) when transferring ambulance arrives at your city.

Collector program will use ED arrival time to determine total transferring ambulance time.

Transferring Ambulance Interventions: Enter interventions (free text or P-Code) completed by the transferring prehospital care team:

See Section #6 Life-saving Procedures

ACUTE CARE DATA

Team Response: Enter ED team response for this patient at this hospital:

Trauma Consult Only (*can be a telephone call*)

Readmission

Trauma Team Activation – Partial

Trauma Team Activation – Full

NA

Unk

Readmission - must be:

- 1) *directly related to initial injury (such as complication from injury or complication of medical intervention of injury), and*
- 2) *within 60 days of discharge date of initial hospitalization*

Adm Date/Time: Enter date and time (military) patient enters the Emergency Department or if the patient is a direct admit, use the date of admission.

Time Left ED: Enter time (military) patient was discharged or left the Emergency Department or time of death.

This is the time the patient actually is taken to the final ED destination. If patient goes to x-ray, then to OR, include time in x-ray as ED time. If the patient dies in the ED, ED discharge time should equal time of death.

ED MD: Enter **first and last name** of emergency physician.

"John Hall"

NA Not seen by ED physician.

Unk Seen by ED physician but name unknown.

Time Called (Emergency): Enter military time emergency physician called (notified) by emergency department staff.

Arrival Time (ED MD): Enter military time of Emergency Department physician's arrival in emergency department.

"01:56"

NA Not seen by ED physician.

Unk Seen by ED physician but time unknown.

Surgeon: Enter name of general or trauma surgeon treating patient in the emergency department.

"Steve Kilkenney"

Time Called (Surgeon): Enter military time surgeon called (notified) by emergency department.

Arrival Time (Surgeon): Enter military time of surgeon's arrival in emergency department.

"01:56"

NA Not seen by surgeon in ED.

Unk Seen by surgeon in ED but time unknown.

Neurosurgeon: Enter name of neurosurgeon treating the patient in the emergency department.

Time Called (neurosurgeon): Enter military time neurosurgeon called (notified) by emergency department.

Arrival Time (neurosurgeon): Enter military time of neurosurgeon's arrival in emergency department.

"01:56"

NA Not seen by neurosurgeon in ED.

Unk Seen by neurosurgeon in ED but time unknown.

Anesthesiologist (or CRNA): Enter name of anesthesiologist treating the patient in the emergency department.

Time Called (anesthesiologist): Enter military time anesthesiologist called (notified) by emergency department.

Arrival Time (anesthesiologist): Enter military time of anesthesiologist arrival in emergency department.

"01:56"

NA Not seen by neurosurgeon in ED.

Unk Seen by neurosurgeon in ED but time unknown.

Other MDs: Enter name of other physicians treating the patient in the emergency department.

Time Called (other MDs): Enter military time surgeon called (notified) by emergency department.

Arrival Time (other MDs): Enter military time other physician's arrival in emergency department.

"01:56"

NA Not seen other physicians in ED.

Unk Seen by other physician in ED but time unknown.

Speciality: Enter speciality of other physicians treating the patient in the ED.

- 1 Trauma
- 2 Neurosurgery
- 3 Orthopedist
- 4 General Surgeon
- 5 Thoracic Surgeon
- 6 Other Surgical Specialty (e.g., ENT, Plastic Surgeon, Urologist)
- 7 Burn
- 8 Nonsurgical specialty (e.g., Internist, Pediatricians, Family Practice)
- 9 Pediatric Surgeon
- 10 ED

Initial ED/Hospital VS Time: Enter the time (military) when the **first** hospital (ED or inpatient unit if direct admit) vital signs were taken and recorded.

Temp: Enter patient's **first** temperature (in Fahrenheit) recording taken in the ED or hospital (direct admit).

Route: Enter route of patient's **first** temperature.

Tympanic
Oral
Axillary
Rectal
Foley
Unk
NA

Paralytic Agents Used: Enter if paralytic agents were used.

Yes
No
Unk

Examples of paralytic drugs include:

<i>Succinylcholine</i>	<i>anectine</i>	<i>vecuronium</i>
<i>Norcuron</i>	<i>pancuronium</i>	<i>pavulon</i>
<i>atracurion</i>	<i>metubine</i>	<i>arduan</i>
<i>metocurine</i>	<i>gallamine</i>	<i>flaxedil</i>
<i>mivacurium</i>	<i>mivacron</i>	<i>doxacurium</i>
<i>nuromax</i>	<i>pipecuronium</i>	

Intubated: Enter if patient was intubated (either during ED stay or prior to ED arrival).

Yes
No
Unk

Method of Intubation: Enter route of intubation.

Oral
Nasal
Unk

Bagged or Ventilated: Enter if patient is bagged or ventilated.

Yes
No
Unk

Pulse Rate: Enter patient's **first** recorded hospital pulse rate.

Respiratory rate (unassisted): Enter patient's **first** hospital recorded **unassisted** respiratory rate.

Record actual (unassisted) patient rate only. Do not use bagged or controlled rates. If patient is bagged or on ventilator, this assessment requires that the patient's respiratory rate be obtained while not using those aides. If patient's actual rate cannot be obtained enter "Unk".

Systolic Blood pressure: Enter patient's first recorded systolic blood pressure.

GCS: Enter initial total hospital Glasgow Coma Scale, range from "3" to "15".

"13" Total hospital Glasgow Coma Scale known to be 13.

EYE: Enter eye open response:

- 1 None
- 2 To Pain
- 3 To Voice
- 4 Spontaneous

VERBAL: Enter verbal response.

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented

MOTOR: Enter motor response:

- 1 None
- 2 Extension
- 3 Abnormal flexion
- 4 Withdraws
- 5 Localizes pain
- 6 Obeys commands

ETOH/BAC: Enter alcohol blood test or breathalyzer results from your facility if tested within 6 hours of the injury.

"240"

Suspected Alcohol Use: Enter evidence of suspected alcohol involvement in the injury event; documentation may be in prehospital record, emergency department chart, admission history and physician, alcohol testing, etc.

Yes
No

Drug Screen Results: Enter name of any of the drugs that test positive from your facility if **tested within 6 hours** of the injury.

Not tested
None (all negative)
Cannabis
Cocaine
PCP
Barbiturates
Amphetamine
Benzodiazepine
Opiates
Unk – tested but results not available

Suspected Drug Use: Enter evidence of suspected drug of abuse involvement in the injury event; documentation may be in prehospital record, emergency department chart, admission history and physician, alcohol testing, etc.

Yes
No

Time of Head CT from ED: Enter time (military) the patient goes for initial head cat scan.

Remember to list all CT completed (including the initial CT listed here) during patient's ED stay under the procedure/operative section.

Result of Head CT: Enter result of initial CT scan list above:

Positive (abnormal – injuries found)
Negative (normal – no injuries found or only non-trauma conditions identified).

Time of Abdominal CT from ED: Enter time (military) the patient goes for initial abdominal cat scan.

Result of Abdominal CT: Enter result of initial CT scan list above:

Positive (abnormal – injuries found)
Negative (normal – no injuries found or only non-trauma conditions identified).

ED Pt Disposition: Enter patients *final* destination from the ED **OR** if the patient was a direct admission, record unit patient admitted to initially:

0 Acute Care Hospital (transfer)
1 ICU
2 PCU/Stepdown/Telemetry
3 Floor
4 OR
5 Morgue
6 Other – please don't use
7 Observation (admit < 23 hours; may be up to 72 hours – dictated by hospital)
8 Left AMA
Unknown

Admitting MD: Enter **first and last name** of admitting physician.

"Steve Kilkenny"

NA
Unk

Speciality: Enter speciality of other physicians treating the patient in the ED.

- 1 Trauma
- 2 Neurosurgery
- 3 Orthopedist
- 4 General Surgeon
- 5 Thoracic Surgeon
- 6 Other Surgical Specialty (e.g., ENT, Plastic Surgeon, Urologist)
- 7 Burn
- 8 Nonsurgical specialty (e.g., Internist, Pediatricians, Family Practice)
- 9 Pediatric Surgeon
- 10 ED

ED Interventions and Time: Enter life-saving interventions (free text or P-Code) performed in the emergency department *and time* it was completed. List intervention by name or by P-Code.

See Section #6 - "Life Saving Interventions/Procedures"

*Optional Section
ED Discharge Vital Signs*

ED Discharge Vitals: Enter the last set of vital signs recorded in the emergency department recorded.

Recommend listing vital signs taken within 30 minutes of ED discharge.

Time: Enter time the last set of emergency department vital signs were recorded.

Temp: Enter patient's last temperature in Fahrenheit recording taken in the ED.

Route: Enter route of patient's last temperature.

- Tympanic
- Oral
- Axillary
- Rectal
- Foley
- Other
- NA

Paralytic Agents Used: Enter if paralytic agents were used at time of ED discharge.

- Yes
- No

Unk

Intubated: Enter if patient was intubated at time of ED discharge

Yes
No
Unk

Method of Intubation: Enter route of intubation.

Oral
Nasal
Unk

Bagged or Ventilated: Enter if patient is bagged or ventilated at time of ED discharge.

Yes
No
Unk

Pulse Rate: Enter patient's last recorded hospital pulse rate in ED.

Respiratory rate (unassisted): Enter patient's last hospital recorded *unassisted* respiratory rate.

Record actual (unassisted) patient rate only. Do not use bagged or controlled rates. If patient is bagged or on ventilator, this assessment requires that the patient's respiratory rate be obtained while not using those aides. If patient's actual rate cannot be obtained enter "Unk".

Systolic Blood pressure: Enter patient's last recorded systolic blood pressure.

GCS: Enter last total hospital Glasgow Coma Scale, range from "3" to "15" recorded in the ED.

PROCEDURES AND OPERATIONS DATA

Procedures/Operations: Enter life-saving procedures and operations during hospital stay. Enter ICD-9-Pcode or procedure description.

Location: Enter location of each procedure and operation.

- 1 Emergency Department
- 2 OR
- 3 ICU
- 4 Floor
- 5 PCU/Stepdown
- 6 Radiology
- 7 Special Procedures Lab
- 8 Prehospital (NFS)
- 9 Scene/Enroute from Scene
- 10 Referring Facility

11 Enroute from Referring Facility in transfer Ambulance

Date/Time: Enter date and time for each procedure and operation.

Physician Specialty: Enter specialty of admitting physician.

- 1 Trauma
- 2 Neurosurgery
- 3 Orthopedics
- 4 General Surgery
- 5 Thoracic Surgery
- 6 Other Surgical Service
- 7 Burn
- 8 Non-surgical Service
- 9 Pediatric Surgery
- 10 ED
- NA
- Unk

Physician: Enter name of physician performing or ordering each procedure or operation.

Injuries: Enter all traumatic injuries or poisoning diagnosis – list N-Codes or injury descriptions. Use N-Codes "800.00" through "995.9" ICD-9-CM injury codes.

OUTCOME DATA

Discharge Date: Enter date patient discharged from acute care hospitalization.

Discharge Status: Enter patient's status upon discharge from acute care hospitalization.

Alive
Died

Died in OR? If patient died, did death occur in operating room?

Yes
No
NA (Did not die.)

Total ICU Days: Enter total patient stay in intensive care unit (ICU).

Upgraded to ICU: Enter if patient had unplanned admission to ICU.

Yes Had unplanned admission to ICU (upgraded)
No ICU admission was planned
NA Not admitted to ICU

Total Blood: Enter total number of units of blood patient received or total cc of blood transfused for pediatric patients.

"4" units
"120 cc"

Impediment to Discharge: Enter reason patient *final* discharge from the hospital (inpatient stay) was delayed (other than for continued medical care).

- 1 None (no delay)
- 2 Financial
- 3 Social
- 4 Psychiatric
- 5 Non-availability of Rehab Facility
- 6 Non-availability of Long-term Facility
- 7 Other, specify: _____
- Unk

Discharge to: Enter patient's final destination upon discharge from this hospital.

- 0 Home, no assistance (back to same place they came from)
- 1 Home, health care
- 2 Home, rehab outpatient
- 3 Skilled Nursing Facility
- 4 Intermediate Care Facility
- 5 Rehab Facility
- 6 Acute Care Hospital
- 7 Medical Examiner/Morgue
- 8 Other, specify (assisted living)
- 9 Jail/Prison
- 10 Unable to complete treatment/AMA
- 11 Burn Center
- 12 Mental Health Institution
- Unk

Transferred:

Facility: Enter receiving facility name, including outpatient rehab.

"Harborview Medical Center"

Reason: Enter reason patient transferred to another health care facility.

Medical (*needs medical care/service not provided at your facility*)

Financial (*payor request, insurance preferred provider*)

Personal (*patient's or family's request*)

Other – specify

Discharge GCS: Enter total hospital Glasgow Coma Scale on day of discharge, range from "3" to "15".

Not necessary for patients transferred to another acute care facility. Intended to be GCS at end of acute care phase of hospitalization.

"13" Total discharge hospital Glasgow Coma Scale known to be 13.

EYE: Enter eye open response:

- 1 None
- 2 To Pain
- 3 To Voice
- 4 Spontaneous

VERBAL: Enter verbal response.

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented

MOTOR: Enter motor response:

- 1 None
- 2 Extension
- 3 Abnormal flexion
- 4 Withdraws
- 5 Localizes pain
- 6 Obeys commands

COMPLICATIONS

See Section 7 – Complications.

DISABILITY

Disability: Enter capability at **before injury and after injury at discharge** from this hospital.

EXCEPTION: Do not enter disability score after injury for patients transferred to another acute care hospital.

Feeding:

- 1 **Dependent with Total Help:** Requires maximal or total assistance for feeding or does not drink or take full meals by mouth, but must rely at least in part on other means of alimentation such as parental or gastrostomy feedings.
- 2 **Dependent with Partial Help:** Drinks and takes full meals by mouth chews and swallows, but requires supervision standby, cueing or coaxing and/or requires minimal or moderate physical assistance during drinking or eating. The patient does not rely on other means of alimentation such as parenteral or gastrostomy feedings.

- 3 **Independent with Device:** Requires prior preparation, e.g., opening cartons, pouring liquids, cutting meat, or buttering bread or requires an adaptive or assistive device such as straw, fork or rocking knife, or takes more than reasonable time but manages meals without helper during mealtime.
- 4 **Independent:** Eats from dish and drinks from cup presented in customary manner on table or tray, opens milk carton, pours liquid, cuts meat and butters bread.
- NA Expired.
- Unk Self-feeding capability unknown or patient transferred to another acute care facility.

Locomotion:

- 1 **Dependent with Total Help:** Requires maximal or total assistance to go as far as 100 feet and does not walk or operate a wheelchair as far as 50 feet independently.
- 2 **Dependent with Partial Help:** If walking, requires supervision standby, cueing or coaxing, minimal or moderate assistance to go as far as 150 feet in wheelchair or operates manual or electric wheelchair independently at least 50 feet.
- 3 **Independent with Device:** Walks a minimum of 150 feet but uses a brace orthosis or prosthesis on leg, special adaptive shoes, cane, crutches, or walker; takes more than a reasonable time or does not walk safely, e.g., is at risk of injury. If not walking, operates manual or electric wheelchair independently for a minimum of 150 feet; turns around; maneuvers chair to a table, bed, toilet; negotiates at least a 3% grade; maneuvers on rugs and over door sills.
- 4 **Independent:** Walks a minimum of 150 feet without assistive devices.
- NA Expired.
- Unk Locomotion capability unknown or patient transferred to another acute care facility.

Expression:

- 1 **Dependent with Total Help:** Does not express basic needs and wants even with an augmentative communication device or system.
- 2 **Dependent with Partial Help:** Expresses thoughts in a telegraphic or confused pattern or requires the prompts, cues or assistance of another person.
- 3 **Independent with Device:** Expresses complex ideas with mild difficulty but communicates basic needs and wants without difficulty. May require an augmentative communication device or system.
- 4 **Independent:** Expresses complex ideas intelligibly and fluently, verbally or nonverbally, including signing or writing.
- NA Expired.
- Unk Expression capability unknown or patient transferred to another acute care facility.

General Condition on Discharge: Enter patient's general condition upon discharge.

- 1 ***Good, Return to Previous Level of Function***
- 2 ***Temporary Disability, Expected to Return to Previous Level of Function***
- 3 ***Moderate Disability with Self Care***
- 4 ***Severe Disability, Dependent***
- 5 ***Persistent Vegetative State***
- NA
- Unk

Explanation of General Condition on Discharge:

- 5 **Persistent vegetative state:** This is used for patients who remain unresponsive and speechless for weeks or months until death or patients who show... no evidence of meaningful responsiveness. (Note:

to assess the *early GOS*, we can substitute the term "continued coma" because at the time of discharge from acute care, it is too early to diagnose "persistent vegetative state.")

Continued coma. Use this category in cases where the person is discharged or transferred to an extended medical care facility while still unconscious. (Note: this term in the *early GOS* corresponds to the later 'persistent vegetative state.')

- 4 Severe disability:** This is used to describe patients who are dependent for daily support by reason of mental or physical disability, usually a combination of both. This indicates that a patient is conscious but needs the assistance of another person for some activities of daily living every day.

Severe disability. Use this category when the following condition is documented in the medical record (or can be inferred) at the time of discharge from acute medical care:

- after discharge from acute care the person requires inpatient rehabilitation, extended medical care in an institution, or daily attendant care and supervision at home for an extended or indefinite length of time

- 3 Moderate disability:** This is used for patients that may be summarized as >independent but disabled. However, some previous activities, either at work or in social life, are now no longer possible by reason of either physical or mental deficit. The degree of independence required to reach this category is of a higher degree than that commonly described . . . as >independent for ADL."

Moderate disability. Use this category when *both* of the following conditions are documented in the medical record (or can be inferred) at the time of discharge from acute medical care:

- the person appears able to live independently—i.e., without daily supervision or assistance of another person, and
- the person appears unable to return to all usual activities (e.g., at work or school) for an extended or indefinite length of time

(Note: Most persons with moderate disability may be discharged from acute care to home. Some with multiple injuries, however, may need temporary arrangements for special care at home, in a rehabilitation unit, or in an extended medical care facility.)

- 2 Good recovery:** This is used for patients that have the capacity to resume normal occupational and social activities, although there may be minor physical or mental deficits. However, for various reasons, the patient may not have resumed all his previous activities, and in particular may not [necessarily] be working.

Good recovery. Use this category for cases when all of the following conditions are documented in the medical record (or can be inferred) at the time of discharge from acute medical care:

- the person is capable of independent living, and
- the person appears able to return soon to usual activities (e.g., at work or school).

(Note: Most persons with good recovery will be discharged from acute care to home without arrangements for special care at home. Some with multiple injuries, however, may be transferred to a rehabilitation unit or extended medical care facility, when the reasons for such transfer.)

Organ Donation: Enter organ(s) donated upon patient's death (list up to four if more than four enter 2 – all/multiple).

- 0 Not Asked
- 1 None – NFS (not further specified)
- 2 Refused
- 3 Unsuitable
- 4 All/Multiple
- 5 Adrenal Glands
- 6 Bone
- 7 Bone Marrow
- 8 Cartilage
- 9 Cornea
- 10 Dura Mater
- 11 Fascialata
- 12 Heart
- 13 Heart & Lungs
- 14 Heart & Valves
- 15 Kidneys
- 16 Liver
- 17 Lungs
- 18 Nerves
- 19 Pancreas
- 20 Skin
- 21 Tendons
- NA
- Unk

Medical Examiner Cases: Enter if patient has become a medical examiner case.

- Yes
- No
- NA
- Unk

Hospital Charges: Enter total charges by this hospital for this visit.

“\$10,418”
Unk

Payer Sources: Enter primary source of payment and secondary sources of payment to this hospital for this visit. Enter up to **four payer**, list the primary first.

- 1 None
- 2 Medicare
- 3 Medicaid
- 4 Worker's Comp
- 5 HMO
- 7 Car Insurance
- 8 Self Pay

- 9 Other
- 10 Champus (military dependents)
- 11 Welfare
- 12 Victim's
- 13 Private Insurance
- 14 Indian Health Service
- 15 Fisherman's Fund
- 16 Military (active or VA)
- 17 General Relief Medical
- 18 PPO
- Unk

QI/PI Audit Filters

Answer each of the following quality improvement/process improvement audit filters:

Hourly Vital Signs?

For critical care admissions, critical care transfer or patients who expire in the emergency department: Were hourly vitals recorded while in this emergency department?

- Yes Vitals obtained hourly.
- No Vitals not obtained hourly.
- NA Not treated in this emergency department or not critical care patient.
- Unk Unknown if vitals obtained hourly.

Hourly Neuro Checks?

For patients with a skull fracture and Glasgow Coma Scale \leq 12, or spinal cord injury: Were hourly neuro checks recorded while in this emergency department?

- Yes Neuro checks performed hourly.
- No Neuro checks not performed hourly.
- NA Not treated in this emergency department or does not meet criteria above.
- Unk Unknown if neuro checks performed hourly.

Reintubated within 48 hours of extubation?

Did the patient require reintubation within 48 hours of extubation?

- Yes
- No
- NA
- Unk

Urgent unplanned surgery > 24 hrs after admission?

Enter if an unanticipated operation performed more than 24 hours after admission.

- Unanticipated **abdominal** operation performed.
- Unanticipated **thoracic** operation performed.
- Unanticipated **vascular** operation performed.
- Unanticipated **cranial** operation performed.

NA No unanticipated operation performed.

Unplanned return to OR?

Enter hours for unplanned return to operating room.

- Yes Return to operating room but hours unknown.
- No Did not return to operating room .

Seen in ED within last 72 hours? Enter if patient was seen for this injury in the emergency department and discharged home from **this emergency department** within last 72 hours. Does not include scheduled surgery.

- NA Patient not seen for this injury in this emergency department within last 72 hours.
- Unk Unknown if patient seen for this injury and discharged from this emergency department within last 72 hours.
- No Patient seen for this injury and not discharged home from this emergency department within last 72 hours, i.e., left against medical advice or transferred to another hospital.
- Yes Patient seen for this injury and discharged home from this emergency department within last 72 hours.

Cervical spine injury/fx identified in ED?

Enter if C-spine injury was recognized in emergency department.

- Yes C-spine injury recognized in emergency department.
- No C-spine injury not recognized in emergency department.
- NA No C-spine injury or patient not treated in emergency department.
- Unk Unknown if C-spine injury; or C-spine injury but unknown if recognized in emergency department.

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