

**Maryland State Trauma Registry
Data Dictionary for Pediatric Patients**

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Maryland State Trauma Registry

Designated Maryland pediatric trauma centers are required to maintain a comprehensive trauma registry as outlined in COMAR 30.08.05.03 and 30.08.05.14. The registry is a web-based registry designed and maintained by ESO. The server that houses the data resides within the MIEMSS building in Baltimore, Maryland. Each trauma center must enter data as outlined in this data dictionary.

The patients that should be included in the registry are outlined in Appendix A. Data for those patients that arrive and are treated in the trauma centers should be included in the registry. A basic set of data elements must be entered into the registry by the following deadlines:

January to March – Due by the second week of May of that year
April to June – Due by the second week of August of that year
July to September – Due by the second week of November of that year
October to December – Due by the second week of February of the following year

The data elements that need to be included in the registry by these deadlines are outlined in Appendix R.

Registry data required for each patient that is discharged from the trauma centers between June 1 and May 31 will be due by mid-July of the same year. The data elements due for this submission are outlined in Appendix R.

Included in each data element definition are:

SCREEN NAME - contains the text that appears to the left of the data element on the data-entry screen

DATA ELEMENT – name as it appears in the Report Writer

DESCRIPTION - contains a brief description

TAB – the tab within the registry in which the data element resides

SUBTAB – the subtab within the registry in which the data element resides

FORMAT - contains the length and format.

VALIDATIONS – shows whether the data element is mandatory, conditional or optional. Mandatory or conditional data elements are required by MIEMSS, the National Trauma Data Bank (NTDB) or are needed for the ACS Audit Filters.

If a data element is mandatory, then there must be an entry for that data element. The data element may not be left blank. If the information is not known, “unknown” may be entered. If the data element is conditional, then the specifications as to when that data element must be filled out will be detailed in the corresponding descriptions. NTDB required elements will have a red star by the data element within the trauma registry.

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**Data Dictionary
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Section I: Demographics

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1. SCREEN NAME: **PATIENT NAME: LAST**
DATA ELEMENT: **PAT_NAME_L**
DESCRIPTION: **Patient Last Number**
TAB: Trauma Add
FORMAT: 50-Byte Text
VALIDATIONS: Mandatory - MIEMSS

Enter patient's last name, if known. Titles such as Jr., Sr., etc. are included in this field.

2. SCREEN NAME: **FIRST**
DATA ELEMENT: **PAT_NAME_F**
DESCRIPTION: **Patient First Name**
TAB: Trauma Add
FORMAT: 30-Byte Text
VALIDATIONS: Mandatory - MIEMSS

Enter patient's first name, if known. Do not include titles such as Jr., Sr., etc.

3. SCREEN NAME: **MI**
DATA ELEMENT: **PAT_NAME_MI**
DESCRIPTION: **Patient Middle Initial**
TAB: Trauma Add
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the patient's middle initial, if known.

4. SCREEN NAME: **PATIENT ARRIVAL**
DATA ELEMENT: **PAT_A_DATE_M, PAT_A_DATE_D, PAT_A_DATE_Y**
DESCRIPTION: **Patient Arrival Date**
TAB: Trauma Add
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as MM DD YYYY.

Enter the date that the patient arrived at this hospital.

5. SCREEN NAME: **PATIENT ARRIVAL**
DATA ELEMENT: **PAT_A_TIME_H, PAT_A_TIME_M**
DESCRIPTION: **Patient Arrival Time**
TAB: Trauma Add
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the patient arrived at this hospital.

6. SCREEN NAME: **ABTRACTOR**
DATA ELEMENT: **ABST**
DESCRIPTION: **Data Abtractor**
TAB: Demographic
SUBTAB: Record Info
FORMAT: 9-Byte Text
VALIDATIONS: Optional

Enter the name of the person that was responsible for abstracting the information for this record for entry into the trauma registry.

7. SCREEN NAME: **PATIENT ORIGIN**
DATA ELEMENT: **PAT_ORIGIN**
DESCRIPTION: **Patient Origin**
TAB: Demographic
SUB-TAB: Record Info
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter the origin of the patient. A patient is only considered a transfer if he/she was transported by ambulance or helicopter or POV from another acute care hospital. If the transfer was initiated at the referring hospital and the patient was then brought in by POV, then the NTDB allows this patient to be considered a transfer. If a patient comes from another source which is not an acute care hospital, enter "other". If the patient is injured, goes home and then comes to the hospital, enter "other".

1. Scene of Injury
2. Transfer
3. Other

8. SCREEN NAME: **TRAUMA ALERT ID**
DATA ELEMENT: **INCL_SRC**
DESCRIPTION: **Trauma Alert ID**
TAB: Demographic
SUB-TAB: Record Info
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS

Enter the location where the patient was identified as a trauma patient needing the trauma services of this hospital. If no alert was called, enter "none".

1. Field
2. ED Arrival
3. Post ED Arrival
4. Another Hospital
5. None

9. SCREEN NAME: **PATIENT ACCOUNT #**
DATA ELEMENT: **PAT_ACCOUNT**
DESCRIPTION: **Patient Account Number**
TAB: Demographic
SUB-TAB: Record Info
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Mandatory - MIEMSS

Enter the number used by this hospital to bill charges for THIS VISIT of the patient to this hospital.

10. SCREEN NAME: **HISTORY #**
DATA ELEMENT: **PAT_REC_NUM**
DESCRIPTION: **History Number**
TAB: Demographics
SUB-TAB: Record Info
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Mandatory - MIEMSS

Enter the patient's PERMANENT hospital medical record number, which should be identical to the History Number reported to the Hospital Services Cost Review Commission (HSCRC).

11. SCREEN NAME: **VISIT #**
DATA ELEMENT: **VISIT_NUM**
DESCRIPTION: **Visit Number**
TAB: Demographics
SUB-TAB: Record Info
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory - MIEMSS

Enter the visit number for the patient. This number is a sequential number representing how many times this patient has been entered into the trauma registry at this hospital.

12. SCREEN NAME: **READMISSION FLAG**
DATA ELEMENT: **PREV_ADM_YN**
DESCRIPTION: **Readmission Flag**
TAB: Demographic
SUB-TAB: Record Info
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS

This field is used to indicate whether or not the patient is being admitted after having been released from this ED or from this hospital. The previous release must relate to the same injury.

13. SCREEN NAME: **TIME TO READMISSION**
DATA ELEMENT: **FLAGGED_RS**
DESCRIPTION: **Time to Readmission**
TAB: Demographic
SUB-TAB: Record Info
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional - MIEMSS

If the patient was readmitted to this institution, indicate whether or not the patient had been released within the last 72 hours.

1. Within the last 72 hours
2. After 72 hours
3. Unspecified

14. SCREEN NAME: **NTDB**
DATA ELEMENT: **REG_INC_YN01**
DESCRIPTION: **NTDB Inclusion**
TAB: Demographics
SUB-TAB: Record Info
FORMAT: Yes/No
VALIDATIONS: Mandatory – NTDB

If this patient should be included with the submission of records to the NTDB, enter “Y”.
See the current NTDB data dictionary for a list of the type of injuries sustained by the patient for inclusion in the NTDB.

15. SCREEN NAME: **SSN**
DATA ELEMENT: **PAT_SSN**
DESCRIPTION: **Social Security Number**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 3,2,4-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter the patient's social security number.

16. SCREEN NAME: **DATE OF BIRTH**
DATA ELEMENT: **DOB_DATE_M, DOB_DATE_D, DOB_DATE_Y**
DESCRIPTION: **Date of Birth**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter as MM DD YYYY.

Enter the patient's date of birth. If the date of birth is not known, enter "unk".

17. SCREEN NAME: **AGE**
DATA ELEMENT: **AGE_VALUE**
DESCRIPTION: **Age Value**
TAB: Demographics
SUB-TAB: Record Info
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient's date of birth is known, this field will be auto-filled with the patient's age. If the patient's date of birth is not known, enter the patient's age value, if known. If the patient's age is not known, but an estimated age is documented in either the pre-hospital or hospital notes, enter that age. If there is not an estimation of age in any of the notes, enter "unk".

18. SCREEN NAME: **AGE**
DATA ELEMENT: **AGE_UNIT**
DESCRIPTION: **Age Unit**
TAB: Demographics
SUB-TAB: Record Info
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient's date of birth is known, this field will be auto-filled with the patient's age. If the patient's date of birth is not known, enter the patient's age unit, if an age value was entered in AGE_VALUE (field #17). If there is not an estimation of age in any of the notes, enter "unknown".

1. Years
2. Months
3. Days
4. Estimated in Years
5. Hours
6. Minutes
7. Weeks

19. SCREEN NAME: **GENDER**
DATA ELEMENT: **PAT_GENDER**
DESCRIPTION: **Gender**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the patient's gender.

1. Male
2. Female

20. SCREEN NAME: **GENDER IDENTITY**
DATA ELEMENT: **PAT_GENDER_ID**
DESCRIPTION: **Gender Identity**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the gender identity of the patient.

1. Transgender-Female (The Patient Identifies as Transgender Male-to-Female)
2. Transgender-Male (The Patient Identifies as Transgender Female-to-Male)
3. Non-Binary (The Patient Does Not Identify with Male or Female)
4. Male (The Patient Identifies as Male)
5. Female (The Patient Identifies as Female)
6. Other (Other Gender Identity)
7. Non-Disclosed (The Patient Does Not Wish to Disclose Gender Identity)

21. SCREEN NAME: **RACE**
DATA ELEMENT: **PAT_RACE01**
DESCRIPTION: **Race**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the patient's race, if known. If the patient is Hispanic or Latino, but the race is not known, enter "unknown" and enter "1" (Hispanic or Latino) in PAT_ETHNIC (field #23).

1. White
2. African American/Black
4. American Indian
5. Pacific Islander
6. Asian
8. Other

22. SCREEN NAME: **RACE**
DATA ELEMENT: **PAT_RACE02**
DESCRIPTION: **Race**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient states more than one race, enter the second race.

1. White
2. African American/Black
4. American Indian
5. Pacific Islander
6. Asian
8. Other

23. SCREEN NAME: **ETHNICITY**
DATA ELEMENT: **PAT_ETHNIC**
DESCRIPTION: **Ethnicity**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the patient's ethnicity, if known.

1. Hispanic or Latino
2. Not Hispanic or Latino

24. SCREEN NAME: **ZIP**
DATA ELEMENT: **PAT_ADR_ZIP**
DESCRIPTION: **Zip Code of Residence**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 5,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the zip code of the patient's residence. If the patient resides outside of the United States, enter "/" for not applicable. Zip code of residence is the place where the patient actually resides. Do not enter a temporary zip code of residence, such as one used during a visit, business trip, or vacation. Zip code of residence during attendance at college is not considered temporary and should be considered the place of residence. If the patient is in the military, either use the patient's current mailing address or the address that is in this hospital's registration system. If a patient has been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility. If the patient is homeless, enter "n/a" per NTDB.

25. SCREEN NAME: **POSTAL CODE**
DATA ELEMENT: **PAT_ADR_POST**
DESCRIPTION: **Postal Code**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 10-Byte Alphanumeric
VALIDATIONS: Conditional – NTDB

If the patient resides in a country other than the United States, enter the patient's postal code of residence.

26. SCREEN NAME: **CITY**
DATA ELEMENT: **PAT_ADR_CI**
DESCRIPTION: **City of Residence**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 60-Byte Text
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #24), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the name or abbreviation of the city. Use the criteria as specified for PAT_ADR_ZIP. If the patient is a transient or is homeless, enter HOMELESS. If a patient does not reside in a city or town, enter the commonly used name for the place or location of residence.

27. SCREEN NAME: **STATE**
DATA ELEMENT: **PAT_ADR_ST**
DESCRIPTION: **State of Residence**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 2-Byte Alphanumeric
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #24), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the two-character code for the state in which the patient resides. Use the criteria as specified for PAT_ADR_ZIP. If the patient resides outside of the United States, enter "/" for not applicable. See Appendix C for the state codes.

28. SCREEN NAME: **COUNTY**
DATA ELEMENT: **PAT_ADR_CO**
DESCRIPTION: **County of Residence**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 5-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #24), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the Federal Information Processing System (FIPS) county in which the patient resides. Use the criteria as specified for PAT_ADR_ZIP. If the patient resides outside of the United States, enter “/” for not applicable. See Appendix B for the FIPS county codes.

29. SCREEN NAME: **COUNTRY**
DATA ELEMENT: **PAT_ADR_CY_S**
DESCRIPTION: **Country of Residence**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 2-Byte Alphanumeric
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #24), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the two-character code for the patient's country of residence. Use the criteria as specified for PAT_ADR_ZIP. See Appendix N for the country codes.

30. SCREEN NAME: **ALTERNATE RESIDENCE**
DATA ELEMENT: **PAT_ADR_ALT**
DESCRIPTION: **Alternate Home Residence 1**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – NTDB

If the patient does not have a valid zip code, enter the patient's alternate home residence.

1. Homeless
2. Undocumented Citizen
3. Migrant
4. Foreign Visitor

31. SCREEN NAME: **ALTERNATE RESIDENCE**
DATA ELEMENT: **PAT_ADR_ALT2**
DESCRIPTION: **Alternate Home Residence 2**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – NTDB

If the patient does not have a valid zip code, enter the second type of patient's alternate home residence, if applicable.

1. Homeless
2. Undocumented Citizen
3. Migrant
4. Foreign Visitor

32. SCREEN NAME: **ALTERNATE RESIDENCE**
DATA ELEMENT: **PAT_ADR_ALT3**
DESCRIPTION: **Alternate Home Residence 3**
TAB: Demographic
SUB-TAB: Patient
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – NTDB

If the patient does not have a valid zip code, enter the third type of patient's alternate home residence.

1. Homeless
2. Undocumented Citizen
3. Migrant
4. Foreign Visitor

Section II: Injury

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33. SCREEN NAME: **INJURY**
DATA ELEMENT: **INJ_DATE_M, INJ_DATE_D, INJ_DATE_Y**
DESCRIPTION: **Injury Date**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter date as MM DD YYYY.

Enter the date on which the patient's injury occurred. Estimate, if necessary. This date may differ from the date of admission to the hospital. Enter this date regardless of whether the patient arrived at the hospital directly from the scene or was transferred from another acute care hospital to this hospital.

34. SCREEN NAME: **INJURY**
DATA ELEMENT: **INJ_TIME_H, INJ_TIME_M**
DESCRIPTION: **Time of Injury**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of injury to the patient. Enter the time only if it is known or if there is documentation available that shows a reasonable estimate. If the PCR report does not have a documented injury time, it is acceptable to use 5 minutes before the 911 call received time unless it is documented otherwise in the report narrative. Enter "" if estimated time of injury is not known.

35. SCREEN NAME: **ICD 10 LOCATION CODE**
DATA ELEMENT: **INJ_PLC_ICD10**
DESCRIPTION: **Location of Injury**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 7-Byte Fixed with 1 Decimal Place
VALIDATIONS: Mandatory – MIEMSS, NTDB

Click on menu look up icon to select the ICD-10 code which indicates the type of place where the injury occurred.

36. SCREEN NAME: **IF UNSPECIFIED**
DATA ELEMENT: **INJ_PLC_MEMO**
DESCRIPTION: **Unspecified Place of Injury**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: Memo Field
VALIDATIONS: Conditional - MIEMSS

If the place of injury is not known, enter any relevant information that is known. This data element will be activated only if INJ_PLC_ICD10 (field #35) is "unknown".

37. SCREEN NAME: **MAARS #**
DATA ELEMENT: **INJ_POL_RP_NUM**
DESCRIPTION: **MAARS Number**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 7-Byte Integer
VALIDATIONS: Optional

Enter the number from the Maryland Automobile Accident Reporting System (MAARS) form, if known and applicable. The MAARS form is filled out by the police.

38. SCREEN NAME: **ZIP**
DATA ELEMENT: **INJ_ADR_ZIP**
DESCRIPTION: **Zip Code of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 5,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the zip code in which the injury occurred, if known.

39. SCREEN NAME: **POSTAL CODE**
DATA ELEMENT: **INJ_ADR_POST**
DESCRIPTION: **Postal Code**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 10-Byte Alphanumeric
VALIDATIONS: Conditional – NTDB

If the patient was injured in a country other than the United States, enter the postal code in which the injury occurred, if known.

40. SCREEN NAME: **CITY**
DATA ELEMENT: **INJ_ADR_CI**
DESCRIPTION: **City of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 60-Byte Alphanumeric
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in INJ_ADR_ZIP (field #38), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the city in which the injury occurred, if known.

41. SCREEN NAME: **STATE**
DATA ELEMENT: **INJ_ADR_ST**
DESCRIPTION: **State of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Alphanumeric
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in INJ_ADR_ZIP (field #38), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the two-character code for the state in which the injury occurred, if known. See Appendix C for state codes.

42. SCREEN NAME: **COUNTY**
DATA ELEMENT: **INJ_ADR_CO**
DESCRIPTION: **County of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 5-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #38), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the Federal Information Processing System (FIPS) county in which the injury occurred, if known. See Appendix B for the FIPS county codes.

43. SCREEN NAME: **COUNTRY**
DATA ELEMENT: **INJ_ADR_CY_S**
DESCRIPTION: **Country of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Alphanumeric
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #38), this data element will be autofilled. If a valid United States zip code has not been entered because it is either unknown or not applicable, enter the country in which the injury occurred, if known. See Appendix N for country codes.

44. SCREEN NAME: **PROPER USAGE**
DATA ELEMENT: **INJ_PDEV_UA01**
DESCRIPTION: **Proper Usage of Protective Devices**
TAB: Injury
SUBTAB: Injury Information
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If it was explicitly mentioned in the patient's chart that any of the protective devices were not used properly, enter "N". If proper usage was questioned, enter "unknown". If the devices were used properly (there was no mention in the chart of either improper or questionable usage), enter "Y". If no protective devices were used at all, enter "not applicable".

45. SCREEN NAME: **RESTRAINTS**
DATA ELEMENT: **INJ_RESTR**
DESCRIPTION: **Restraints Used**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the restraint used by the patient at the time of the injury. Assume the restraint was properly used unless it is explicitly mentioned somewhere in the patient's chart that proper usage is questioned or the restraint was used improperly. If the restraint was used improperly, enter the restraint that was used in this field and enter "N" in proper usage, INJ_PDEV_UA01 (field #44). If proper usage is questioned, enter the restraint that was used in this field and enter "unknown" in proper usage, INJ_PDEV_UA01. If the patient is less than eight years old and the PCR report specifies only that the patient was "restrained", enter "unknown" for restraint. If the patient is eight years old or above and the PCR report specifies only that the patient was "restrained", enter "seatbelt - NFS" for restraint. If the patient was "double-buckled" with another child, then enter the appropriate choice for seatbelt and "no" for proper usage. If no restraints were used, enter "none" regardless of the mechanism of the injury. The choices for restraint can also be found by clicking on the "Protective Devices" button.

1. None
2. Seatbelt - Lap and Shoulder
3. Seatbelt - Lap Only
4. Seatbelt - Shoulder Only
5. Seatbelt - NFS
6. Child Booster Seat
7. Child Car Seat
8. Infant Car Seat
9. Truck Bed Restraint

46. SCREEN NAME: **RESTRAINTS**
DATA ELEMENT: **INJ_RESTR2**
DESCRIPTION: **Restraints Used**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If there was a second restraint used by the patient at the time of injury, enter the second type of restraint.

1. None
2. Seatbelt - Lap and Shoulder
3. Seatbelt - Lap Only
4. Seatbelt - Shoulder Only
5. Seatbelt - NFS
6. Child Booster Seat
7. Child Car Seat
8. Infant Car Seat
9. Truck Bed Restraint

47. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG01**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient was in a motor vehicle crash and there was not an airbag in the vehicle, enter "no airbags in vehicle". If there are airbags in the vehicle, enter whether or not an airbag was deployed at the time of injury. If an airbag was deployed, enter the type of airbag. If it is not known what type of airbag was deployed, enter "airbag type unknown (deployed)". The choices for airbag can also be found by clicking on the "Protective Devices" button.

1. No Airbags in Vehicle
2. Airbags Did Not Deploy
3. Front (Deployed)
4. Side (Deployed)
5. Airbag Deployed Other (Knee, Airbelt, Curtain, etc.)
6. Airbag Type Unknown (Deployed)

48. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG02**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient was in a motor vehicle crash and more than one airbag was deployed at the time of injury, enter the second type of airbag.

3. Front (Deployed)
4. Side (Deployed)
5. Airbag Deployed Other (Knee, Airbelt, Curtain, etc.)
6. Airbag Type Unknown (Deployed)

49. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG03**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient was in a motor vehicle crash and more than two airbags were deployed at the time of injury, enter the third type of airbag.

3. Front (Deployed)
4. Side (Deployed)
5. Airbag Deployed Other (Knee, Airbelt, Curtain, etc.)
6. Airbag Type Unknown (Deployed)

50. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PDEV01**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If the patient was wearing protective equipment at the time of injury, enter the type of protective equipment. If no protective equipment was worn, enter "none" regardless of the mechanism of the injury. The choices for protective equipment can also be found by clicking on the "Protective Devices" button.

1. None
2. Helmet
3. Eye Protection
4. Protective Clothing
5. Protective Non-Clothing Gear (e.g., Shin Guard, Padding)
6. Hard Hat
7. Personal Floatation Device
8. Other

51. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PDEV02**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient was wearing more than one type of protective equipment at the time of injury, enter the second type of protective equipment.

2. Helmet
3. Eye Protection
4. Protective Clothing
5. Protective Non-Clothing Gear (e.g., Shin Guard, Padding)
6. Hard Hat
7. Personal Floatation Device
8. Other

52. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PDEV03**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

If the patient was wearing more than two types of protective equipment at the time of injury, enter the third type of protective equipment.

2. Helmet
3. Eye Protection
4. Protective Clothing
5. Protective Non-Clothing Gear (e.g., Shin Guard, Padding)
6. Hard Hat
7. Personal Floatation Device
8. Other

53. SCREEN NAME: **WORK RELATED**
DATA ELEMENT: **INJ_WORK_YN**
DESCRIPTION: **Work Relatedness of Injury**
TAB: Injury
SUBTAB: Injury Information
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter "Y" if it known for certain that the injury was associated with the patient's work activity or employment. Be sure to include:

- Assault at work
- Injury at work in a family business or farm
- Automobile and other transport related to work, but NOT injuries occurring while in transit to or from work.
- A rideshare driver involved in an incident while responding to a request for service or in transit with a customer

Enter "N" if the injury is definitely not related to any work or employment activity. Enter "*" if there is any uncertainty.

54. SCREEN NAME: **OCCUPATIONAL INDUSTRY**
DATA ELEMENT: **PAT_JOB_TYPE**
DESCRIPTION: **Occupational Industry**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – NTDB

Enter the patient's occupation industry, if known. This data element will only be activated if INJ_WORK_YN (field #53) = "Y".

1. Finance, Insurance and Real Estate
2. Manufacturing
3. Retail Trade
4. Transportation and Public Utilities
5. Agriculture, Forestry, Fishing
6. Professional and Business Services
7. Education and Health Services
8. Construction
9. Government
10. Natural Resources and Mining
11. Information Services
12. Wholesale Trade
13. Leisure and Hospitality
14. Other Services

55. SCREEN NAME: **OCCUPATION**
DATA ELEMENT: **PAT_JOB**
DESCRIPTION: **OCCUPATION**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – NTDB

Enter the patient's occupation, if known. This data element will only be activated if INJ_WORK_YN (field #53) = "Y".

1. Business and Financial Operations Occupations
2. Architecture and Engineering Occupations
3. Community and Social Services Occupations
4. Education, Training, and Library Occupations
5. Healthcare Practitioners and Technical Occupations
6. Protective Service Occupations
7. Building and Grounds Cleaning and Maintenance
8. Sales and Related Occupations
9. Farming, Fishing and Forestry Occupations
10. Installation, Maintenance and Repair Occupations
11. Transportation and Material Moving Occupations
12. Management Occupations
13. Computer and Mathematical Occupations
14. Life, Physical and Social Science Occupations
15. Legal Occupations
16. Arts, Design, Entertainment, Sports and Media
17. Healthcare Support Occupations
18. Food Preparation and Serving Related
19. Personal Care and Service Occupations
20. Office and Administrative Support Occupations
21. Construction and Extraction Occupations
22. Production Occupations
23. Military Specific Occupations

56. SCREEN NAME: **SPECIFY**
DATA ELEMENT: **PAT_JOB_S**
DESCRIPTION: **Specific Patient Occupation**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 50-Byte Alphanumeric
VALIDATIONS: Optional

Enter a textual description of the patient's occupation, if known. This data element will only be activated if INJ_WORK_YN (field #53) = "Y".

57. SCREEN NAME: **REPORT OF PHYSICAL ABUSE**
DATA ELEMENT: **INJ_ABUSE_RP_YN**
DESCRIPTION: **Report of Physical Abuse**
TAB: Injury
SUBTAB: Injury Information
FORMAT: Yes/No
VALIDATIONS: Optional – MIEMSS

If a report of suspected physical abuse was made to law enforcement or protective services, enter "Y". This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.

58. SCREEN NAME: **INVESTIGATION OF PHYSICAL ABUSE**
DATA ELEMENT: **INJ_ABUSE_INVST_YN**
DESCRIPTION: **Investigation of Physical Abuse**
TAB: Injury
SUBTAB: Injury Information
FORMAT: Yes/No
VALIDATIONS: Optional

If an investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse, enter "Y". This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse. This data element will only be activated if INJ_ABUSE_RP_YN (field #57) = "Y".

59. SCREEN NAME: **PRIMARY ICD 10 MECHANISM**
DATA ELEMENT: **INJ_ECODE_ICD10_01**
DESCRIPTION: **Primary External Cause of Injury**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 8-Byte Fixed with 1 Decimal Place
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter the ICD-10 mechanism of injury code for the event or circumstance that was most responsible for the principal anatomic injury to the patient. If two or more events cause separate injuries, an external cause code should be reported for each cause. Use the following Multiple Cause Coding Hierarchy as specified in the NTDB data dictionary. 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.

Activity codes are not reported under the NTDB and should not be reported for this data element.

60. SCREEN NAME: **SECONDARY ICD 10 MECHANISM**
DATA ELEMENT: **INJ_ECODE_ICD10_02**
DESCRIPTION: **Secondary External Cause of Injury**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 8-Byte Fixed with 1 Decimal Place
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter the ICD-10 mechanism of injury code for the event or circumstance that was secondarily responsible for the principal anatomic injury to the patient. If there is not a secondary mechanism, enter "n/a".

61. SCREEN NAME: **TERTIARY ICD 10 MECHANISM**
DATA ELEMENT: **INJ_ECODE_ICD10_03**
DESCRIPTION: **Tertiary External Cause of Injury**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 8-Byte Fixed with 1 Decimal Place
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter the ICD-10 mechanism of injury code for the event or circumstance that was tertiary responsible for the principal anatomic injury to the patient. If there is not a tertiary mechanism, enter "n/a".

62. SCREEN NAME: **INJURY TYPE**
DATA ELEMENT: **INJ_TYPE01**
DESCRIPTION: **Primary Injury Type**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS

Enter the primary injury type. The primary injury is the injury requiring the most immediate treatment.

1. Blunt
2. Penetrating
3. Burn
4. Near Drowning
5. Hanging
6. Inhalation
7. Ingestion
8. Crush
9. Snake Bite/Spider Bite
10. Animal Bite/Human Bite
88. Other

63. SCREEN NAME: **INJURY TYPE**
DATA ELEMENT: **INJ_TYPE02**
DESCRIPTION: **Secondary Injury Type**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the secondary injury type. If there is not a secondary injury type, enter "n/a".

1. Blunt
2. Penetrating
3. Burn
4. Near Drowning
5. Hanging
6. Inhalation
7. Ingestion
8. Crush
9. Snake Bite/Spider Bite
10. Animal Bite/Human Bite

64. SCREEN NAME: **ICD 10 ACTIVITY**
DATA ELEMENT: **INJ_EACT_ICD10**
DESCRIPTION: **ICD 10 Activity**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the ICD-10 activity code only if the injury occurs while engaging in an activity that is in the defined pop-up list. See Appendix M for a list of the ICD-10 activity codes.

65. SCREEN NAME: **VEHICLE IMPACT**
DATA ELEMENT **INJ_IMP_LOC**
DESCRIPTION: **Point of Impact to the Vehicle**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient was an occupant in a motor vehicle crash, enter the point of vehicle impact, if known. If the patient was not an occupant in a motor vehicle crash, enter "not applicable".

1. Frontal
2. Left Front
3. Left Side
4. Left Rear
5. Right Front
6. Right Side
7. Right Rear
8. Rear
9. Rollover

66. SCREEN NAME: **HEIGHT OF FALL**
DATA ELEMENT: **INJ_FALL_HGT**
DESCRIPTION: **Height of Patient's Fall**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter the height of the patient's fall in feet.

67. SCREEN NAME: **PATIENT POSITION IN THE VEHICLE**
DATA ELEMENT: **INJ_VEH_POS**
DESCRIPTION: **Patient Position in the Vehicle**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient was an occupant in a motor vehicle crash, enter the patient's position within the motor vehicle, if known. If the patient was not an occupant in a motor vehicle crash, enter "not applicable".

1. Driver
2. Left (Non-Driver)
3. Middle
4. Right
5. Other

68. SCREEN NAME: **SEAT ROW #**
DATA ELEMENT: **INJ_VEH_ROW**
DESCRIPTION: **Seat Row in Vehicle**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

If the patient was an occupant in a motor vehicle crash, enter the seat row number in which the patient was sitting. If the patient was not an occupant in a motor vehicle crash, enter "not applicable".

69. SCREEN NAME: **VEHICULAR SPEED**
DATA ELEMENT: **INJ_IMP_SPEED**
DESCRIPTION: **Vehicular Speed**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter the speed of the vehicle if the vehicle was involved in the injury to the patient.

70. SCREEN NAME: **INJURY MECHANISMS**
DATA ELEMENT: **INJ_MECH01, INJ_MECH02, INJ_MECH03, INJ_MECH04,
INJ_MECH05, INJ_MECH06, INJ_MECH07, INJ_MECH08,
INJ_MECH09, INJ_MECH10**
- DESCRIPTION: **Injury Mechanisms**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: Screen with Check Boxes
VALIDATIONS: Conditional - MIEMSS

Click on the "Injury Mechanisms" button to display the list of injury mechanisms. Then, click on the appropriate injury mechanisms. Up to 10 injury mechanisms may be chosen. This data element should only be completed if applicable and known.

1. Auto-Pedestrian/Auto-Bicycle Injury
2. Blast
3. Broadside
4. Death at Scene
5. Ejection
6. Explosion
7. Extrication Time > 20 Min
8. Falls Under 1m (3.3 ft)
9. Falls 1m – 6m (3.3 – 19.7 ft)
10. Falls Over 6m (19.7 ft)
11. Head-On
12. High Speed Crash
13. Initial Speed > 40 mph
14. Intrusion approx > 12 inches
15. Major Auto Deformity > 20 inches
16. Motorcycle Crash > 20 mph
17. Pedestrian Thrown or Run Over
18. Rear-ended
19. Roll Over
20. T-Bone
21. Windshield Broken/Bent
22. Amputation Proximal to Wrist or Ankle
23. Limb Paralysis
24. Penetrating Injury
25. Not Applicable
26. Unknown

71. SCREEN NAME: **INJURY DESCRIPTION**
DATA ELEMENT: **INJ_CAU_MEMO**
DESCRIPTION: **Injury Description**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: Memo Field
VALIDATIONS: Mandatory – MIEMSS

Enter a concise statement describing how the injury occurred, including the following:

- The specific activity or task of the patient when the injury occurred
- Exactly how the injury was caused (e.g., landed on concrete, caught hand in lathe, struck windshield)
- The intentionality of the injury: unintentional, intentionally inflicted by another person, intentionally self-inflicted, intentionality undetermined. (Undetermined intentionality is for use in fatal and nonfatal injuries when, after investigation by the medical examiner, coroner, or other legal authority, it cannot be determined whether the injury was intentional or unintentional.)
- The reported relationship of offender to victim in an assault or homicide (e.g., spouse, other family, intimate acquaintance, friend, stranger)
- For transportation injuries, the patient's mode of transport (e.g., pedestrian, car, truck), location in the vehicle (e.g., driver, passenger), and the object with which the patient collided, if any (e.g. car, truck, tree) as well as any protective equipment used by the patient at the time of injury.

Section III: Prehospital

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72. SCREEN NAME: **LINK EMS INFORMATION**
DESCRIPTION: **Link for eMEDS® Records**
TAB: Prehospital
SUBTAB: Scene/Transport
VALIDATIONS: Conditional - MIEMSS

If the patient was brought to this hospital by EMS transport, the EMS record can be imported using the EMS Linkage Manager. Click on the link, "Link EMS Information", to search for the eMEDS® record. Search for the record using any of the following parameters: EMS Agency, Hospital, Patient Care Report Number, Incident Number, Patient Last Name, Patient First Name, Gender, Race, Age, Date of Birth, and/or Patient Arrival Date. Once the record is found, click on "Link" to import the eMEDS® data.

73. SCREEN NAME: **MODE**
DATA ELEMENT: **PHP_MODES**
DESCRIPTION: **PreHospital Mode of Transport**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB, ACS

Click on the "Add" button to first open the "Prehospital Response" window. Then, enter the mode of transportation by which the patient was transported from the scene to either this hospital, if the patient came from the scene, or to the original receiving hospital, if the patient was transferred to this hospital. If the patient was transported by a known mode of transport not listed below, enter "other" and then enter the mode of transport in the data element, "PP_MODE_SS" (field #74).

1. Public Ambulance - ALS
2. Public Ambulance - BLS
3. Private Ambulance - ALS
4. Private Ambulance - BLS
5. Maryland State Police Medevac Helicopter
6. Park Police Helicopter
7. Commercial Helicopter
8. Other Helicopter
9. Fixed-wing Air Ambulance
10. Public Safety Vehicle (Nonambulance, police car)
11. Private Vehicle
12. Walk-in
13. Public Ambulance, Unspecified
14. Private Ambulance, Unspecified
88. Other

74. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **PHP_MODE_SS**
DESCRIPTION: **Other Mode of Prehospital Transport**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 50-Byte Integer
VALIDATIONS: Conditional - MIEMSS

If the patient was transported to this hospital from the scene, or if the patient was transported to the original receiving hospital and was transferred to this hospital, by a mode of transport not listed above, enter the mode of transport. This data element will only be activated if PHP_MODES (field #73) equals "88" (other).

75. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PHP_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Scene/Transport
VALIDATIONS: Conditional - MIEMSS

Enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist.

76. SCREEN NAME: **UNIT**
DATA ELEMENT: **PHP_UNITS**
DESCRIPTION: **Unit**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the unit number of the medic unit that was involved in the care of the patient.

77. SCREEN NAME: **TRANSPORT ROLE**
DATA ELEMENT: **PHP_ROLES**
DESCRIPTION: **Role of the Medic Unit**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the role of this medic unit as it was involved in the care of this patient.

- 3. Non-Transport
- 5. Transport from Scene to Facility
- 6. Transport from Scene to Rendezvous
- 7. Transport from Rendezvous to Facility
- 8. Transport from/to Other
- 9. Transport from Non-Scene Location

78. SCREEN NAME: **INCIDENT #**
DATA ELEMENT: **PHP_INCIDENT_NUMS**
DESCRIPTION: **Incident Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Conditional - MIEMSS

Enter the incident number assigned by the central communications system, if known.

79. SCREEN NAME: **EMS RESPONSE #**
DATA ELEMENT: **PHP_RSP_NUMS**
DESCRIPTION: **EMS Response Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Conditional – MIEMSS, ACS

Enter the EMS Response Number for this patient care report.

80. SCREEN NAME: **PCR #**
DATA ELEMENT: **PHP_PCR_NUMS**
DESCRIPTION: **Patient Care Report Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Conditional – MIEMSS, ACS

Enter the appropriate patient care/runsheet number from the patient care report, if known. If it is from another state, enter the appropriate patient care/runsheet number.

81. SCREEN NAME: **PCR UUID**
DATA ELEMENT: **PHP_PCR_UUIDS**
DESCRIPTION: **Ambulance Run Sheet Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Conditional – MIEMSS, NTDB

If the state is using NEMSIS version 3.4.0, “unknown” should be entered for this data element for patients that arrived via EMS. For patients that arrive via other modes of transport, the response should be “n/a”. When the state changes to NEMSIS version 3.5, the field will need to be completed for patients that arrive via EMS with the PCR UUID number. If the patient is transferred from another facility, the response should be “n/a”. For patients with multiple modes of transport, report the PCR UUID assigned by the EMS agency that delivered the patient to your hospital.

82. SCREEN NAME: **CALL RECEIVED**
DATA ELEMENT: **PHP_C_DATES**
DESCRIPTION: **Date 911 Call Received**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the 911 center received the call for services for this patient.

83. SCREEN NAME: **CALL RECEIVED**
DATA ELEMENT: **PHP_C_TIMES**
DESCRIPTION: **Time 911 Call Received**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the 911 center received the call for services for this patient.

84. SCREEN NAME: **UNIT NOTIFIED BY DISPATCH**
DATA ELEMENT: **PHP_D_DATES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Date**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter was notified by dispatch for this prehospital patient encounter.

85. SCREEN NAME: **UNIT NOTIFIED BY DISPATCH**
DATA ELEMENT: **PHP_D_TIMES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Time**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter was notified by dispatch for this prehospital patient encounter.

86. SCREEN NAME: **EN ROUTE**
DATA ELEMENT: **PHP_E_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Left the Station**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter left the station en route to the scene of injury or site of prehospital patient encounter.

87. SCREEN NAME: **EN ROUTE**
DATA ELEMENT: **PHP_E_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Left the Station**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter left the station en route to the scene of injury or site of prehospital patient encounter.

88. SCREEN NAME: **ARRIVED AT LOCATION**
DATA ELEMENT: **PHP_A_DATES**
DESCRIPTION: **Date of Arrival at Scene**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter arrived at the scene of injury or site of prehospital patient encounter.

89. SCREEN NAME: **ARRIVED AT LOCATION**
DATA ELEMENT: **PHP_A_TIMES**
DESCRIPTION: **Time of Arrival at Scene**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter arrived at the scene of injury or site of prehospital patient encounter.

90. SCREEN NAME: **ARRIVED AT PATIENT**
DATA ELEMENT: **PHP_P_DATES**
DESCRIPTION: **Date Arrived at Patient's Side**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date that the prehospital clinician actually arrived at the patient's side.

91. SCREEN NAME: **ARRIVED AT PATIENT**
DATA ELEMENT: **PHP_P_TIMES**
DESCRIPTION: **Time Arrived at Patient's Side**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the prehospital clinician actually arrived at the patient's side.

92. SCREEN NAME: **DEPARTED LOCATION**
DATA ELEMENT: **PHP_L_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Left Scene**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter left from the scene of injury or site of first prehospital patient encounter.

93. SCREEN NAME: **DEPARTED LOCATION**
DATA ELEMENT: **PHP_L_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Left Scene**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter left from the scene of injury or site of first prehospital encounter.

94. SCREEN NAME: **ARRIVED AT DESTINATION**
DATA ELEMENT: **PHP_AD_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Arrived at Hospital**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter arrived at the hospital, if this unit transported the patient to the hospital.

95. SCREEN NAME: **ARRIVED AT DESTINATION**
DATA ELEMENT: **PHP_AD_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Arrived at Hospital**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter arrived at the hospital, if this unit transported the patient to the hospital.

96. SCREEN NAME: **PATIENT PRIORITY**
DATA ELEMENT: **PH_TRIAGE_DETAIL**
DESCRIPTION: **Patient Priority**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the treatment priority, 1 through 4, of the patient. This refers to the final priority at the scene assigned by the EMS clinician. If the patient is a transfer patient and the scene priority is known, enter the scene priority here.

1. Priority 1 - Patient Critically Ill or Injured (Immediate/Unstable)
2. Priority 2 – Patient Less Serious (Urgent/Potentially Life Threatening)
3. Priority 3 – Patient Non-Urgent
4. Priority 4 – Patient Does Not Require Medical Attention

97. SCREEN NAME: **PATIENT TRIAGE CATEGORY**
DATA ELEMENT: **PH_TRIAGE01, PH_TRIAGE02, PH_TRIAGE03, PH_TRIAGE04**
DESCRIPTION: **Patient Triage Category**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter up to 4 prehospital triage categories for this patient. This refers to the categories selected by the EMS clinician. If the patient is a transfer patient and the triage category(s) is known, enter the triage category(s) here. The choices for prehospital triage can also be found by clicking on the "Prehospital Triage Category" button. See Appendix A for a list of the prehospital triage categories.

98. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PHAS_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment
VALIDATIONS: Conditional - MIEMSS

Click on the "Add" button to the right of the "Prehospital Vitals" grid and enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist. More than one set of vitals can be added.

99. SCREEN NAME: **UNIT**
DATA ELEMENT: **PHAS_UNITS**
DESCRIPTION: **Unit**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 15-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter the unit number of the medic unit that was involved in the care of the patient.

100. SCREEN NAME: **RECORDED**
DATA ELEMENT: **PHAS_DATES**
DESCRIPTION: **Date Set of Vitals Taken**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that this set of vitals was taken at the scene.

101. SCREEN NAME: **RECORDED**
DATA ELEMENT: **PHAS_TIMES**
DESCRIPTION: **Time Set of Vitals Taken**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that this set of vitals was taken at the scene.

102. SCREEN NAME: **INTUBATED?**
DATA ELEMENT: **PHAS_INTUB_YNS**
DESCRIPTION: **Intubation at Time Vitals Taken**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: Yes/No
VALIDATIONS: Conditional - ACS

If the patient was intubated at the time that this set of vitals was taken, enter "Y".

103. SCREEN NAME: **RESPIRATION ASSISTED?**
DATA ELEMENT: **PHAS_ARR_YNS**
DESCRIPTION: **Respiration Assistance at Time Vitals Taken**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient had respiratory assistance at the time this set of vitals was taken, enter "Y".

104. SCREEN NAME: **SUPPLEMENTAL O2?**
DATA ELEMENT: **PHAS_SO2_YNS**
DESCRIPTION: **Supplemental Oxygen at Time Vitals Taken**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient received supplemental oxygen at the time this set of vitals was taken, enter "Y".

105. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **PHAS_SBPS, PHAS_DBPS**
DESCRIPTION: **Prehospital Blood Pressure**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3,3-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter the blood pressure in either arm by auscultation or palpation obtained by the responder at the scene. An absent carotid pulse corresponds to a systolic blood pressure of 0 mmHg. If the blood pressure was taken by palpation, enter the number of palpations in the systolic portion and enter "*" for the diastolic portion.

106. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **PHAS_PULSES**
DESCRIPTION: **Prehospital Pulse Rate**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter the pulse rate obtained by the responder at the scene. It is the number of spontaneous heart beats per minute. Record actual (unassisted) patient rate.

107. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **PHAS_URRS**
DESCRIPTION: **Prehospital Respiratory Rate**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter the respiratory rate obtained by the responder at the scene. It is the number of spontaneous respirations per minute. Record actual (unassisted) patient rate. If the patient is intubated with a controlled respiratory rate (bagged or ventilated), enter "1". If the patient is bagged and in full arrest, enter "0". If the patient is intubated but breathing on his/her own, enter the actual rate.

108. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **PHAS_SAO2S**
DESCRIPTION: **Prehospital Oxygen Saturation**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter the recorded oxygen saturation obtained by the responder at the scene. Enter the oxygen saturation as a percentage.

109. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **PHAS_GCS_EOS**
DESCRIPTION: **Prehospital GCS Eye Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter Glasgow scale 4, 3, 2, or 1. This component is the score obtained by the responder at the scene of the stimulus required to induce eye opening. See Appendix F for a description of the Glasgow Coma Scale.

110. SCREEN NAME: **VERBAL**
DATA ELEMENT: **PHAS_GCS_VRS**
DESCRIPTION: **Prehospital GCS Verbal Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter Glasgow scale 5, 4, 3, 2, or 1. This component is the score obtained by the responder at the scene of the stimulus required to elicit the best verbal response. See Appendix F for a description of the Glasgow Coma Scale.

111. SCREEN NAME: **MOTOR**
DATA ELEMENT: **PHAS_GCS_MRS**
DESCRIPTION: **Prehospital GCS Motor Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter Glasgow scale 6, 5, 4, 3, 2, or 1. This component is the score obtained by the responder at the scene of the stimulus required to elicit the best motor response. See Appendix F for a description of the Glasgow Coma Scale.

112. SCREEN NAME: **TOTAL**
DATA ELEMENT: **PHAS_GCSSC**
DESCRIPTION: **Prehospital GCS Total**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – MIEMSS

This field can be calculated by the software or entered directly by the user. If all three prehospital GCS components (field #'s 109 through 111) are enter by the user, then the software calculates the total, displays it, and stores the result in this field. If the user omits any of the three components, the cursor moves to this field and prompts for the total. If the components of the GCS are not present in the pre-hospital record, but there is documentation within the record that the patient is "Ax4", or that the patient has a normal mental status, a GCS total of "15" may be entered for this field if there is no contradicting documentation.

113. SCREEN NAME: **GCS 40: EYE**
DATA ELEMENT: **PHAS_GCS40_EOS**
DESCRIPTION: **Prehospital GCS 40 Eye Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 4, 3, 2, 1 or 0. This component is the score obtained by the responder at the scene of the stimulus required to induce eye opening. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

114. SCREEN NAME: **GCS 40: VERBAL**
DATA ELEMENT: **PHAS_GCS40_VRS**
DESCRIPTION: **Prehospital GCS 40 Verbal Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 5, 4, 3, 2, 1 or 0. This component is the score obtained by the responder at the scene of the stimulus required to elicit the best verbal response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

115. SCREEN NAME: **GCS 40: MOTOR**
DATA ELEMENT: **PHAS_GCS40_MRS**
DESCRIPTION: **Prehospital GCS 40 Motor Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 6, 5, 4, 3, 2, 1 or 0. This component is the score obtained by the responder at the scene of the stimulus required to elicit the best motor response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

116. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **PHAS_PTS_WTS**
DESCRIPTION: **Prehospital Range of Patient's Weight**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's weight as estimated by the responder at the scene. This data element will be grayed out if the patient is 15 years of age or older.

- 1. <10 kgs (22 lbs)
- 1. 10-20 kgs (22-44 lbs)
- 2. >20 kgs (44 lbs)

117. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **PHAS_PTS_CUTS**
DESCRIPTION: **Prehospital Cutaneous**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no open wounds at the time this set of vitals was taken. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. This data element will be grayed out if the patient is 15 years of age or older.

-1. Major/Penetrating
1. Minor
2. None

118. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **PHAS_PTS_AIRS**
DESCRIPTION: **Prehospital Airway**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "normal" if the patient airway is normal at the time this set of vitals was taken. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated. This data element will be grayed out if the patient is 15 years of age or older.

-1. Unmaintainable
1. Maintainable
2. Normal

119. SCREEN NAME: **CNS**
DATA ELEMENT: **PHAS_PTS_CNSS**
DESCRIPTION: **Prehospital CNS**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the level of consciousness of the patient at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

-1. Comatose
1. Obtunded
2. Awake

120. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **PHAS_PTS_SKLS**
DESCRIPTION: **Prehospital Skeletal Injury Type**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter “none” if there are no fractures at the time this set of vitals was taken. Enter “closed fracture” if there is only one fracture. Enter “open or multiple fractures” if there are open or multiple fractures. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Open/Multiple Fractures
- 1. Closed Fracture
- 2. None

121. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **PHAS_PTS_PLPS**
DESCRIPTION: **Prehospital Pulse Palpations**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient’s systolic blood pressure as obtained by the responder at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. SBP < 50 mmHg
- 1. SBP 50 – 90 mmHg
- 2. SBP > 90 mmHg

122. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PH_INT_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment
VALIDATIONS: Conditional - MIEMSS

Click on the “Add” button to the right of the “Prehospital Procedures (All Providers)” grid or click on the “Add Multiple Procedures” button. Enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist.

123. SCREEN NAME: **UNIT**
DATA ELEMENT: **PH_INT_US**
DESCRIPTION: **Unit**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 15-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the unit number of the medic unit that was involved in the care of the patient.

124. SCREEN NAME: **PROCEDURE**
DATA ELEMENT: **PH_INTS**
DESCRIPTION: **Treatments Rendered at the Scene**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, ACS

Click on the “Add” button and then click on the procedures that were performed by this prehospital unit only. See Appendix H for a list of the procedure types.

125. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PH_MED_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment
VALIDATIONS: Conditional - MIEMSS

Click on the “Add” button to the right of the “Prehospital Medications (All Providers)” grid or click on the “Add Multiple Medications” button. Enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist.

126. SCREEN NAME: **UNIT**
DATA ELEMENT: **PH_MED_US**
DESCRIPTION: **Unit**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 15-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the unit number of the medic unit that was involved in the care of the patient.

127. SCREEN NAME: **MEDICATIONS**
DATA ELEMENT: **PH_MEDS**
DESCRIPTION: **Medications Given at the Scene**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Click on the "Medications" button and then click on the medications that were given by this prehospital unit only. See Appendix Q for a list of the medications.

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Section IV: Referring Facility

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128. SCREEN NAME: **REFERRING FACILITY**
DATA ELEMENT: **RFS_FACLNK**
DESCRIPTION: **Transferring Hospital**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the number of the hospital from which the patient is being transferred, if applicable. A referring facility must be entered in order for all other referring facility data elements to be activated. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer). See Appendices D and E for the hospital codes.

129. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **RFS_FAC_S**
DESCRIPTION: **Other Transferring Hospital**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 50-Byte Text
VALIDATIONS: Conditional - MIEMSS

Enter the name of the hospital to which the patient was transferred, if applicable, and if the hospital was not listed in Appendix D or E. This data element will only be activated if RFS_FACLNK (field #128) = "886" ("other rehab center"), "887" ("other acute care facility") or "888" ("other"). The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

130. SCREEN NAME: **REGISTRY #**
DATA ELEMENT: **RFS_REV_ID_NUM**
DESCRIPTION: **Transferring Hospital Trauma Registry Number**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 40-Byte Text
VALIDATIONS: Conditional - MIEMSS

Enter this patient's registry number at the transferring hospital. This field is applicable only for those patients transferred from a hospital using a trauma registry (including a registry from another state), and only if the patient has been included in that hospital's trauma registry. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

131. SCREEN NAME: **ARRIVAL**
DATA ELEMENT: **RFS_A_DATE**
DESCRIPTION: **Transferring Hospital Arrival Date**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, ACS

Enter date as MM DD YYYY.

Enter the date the patient arrived at the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

132. SCREEN NAME: **ARRIVAL**
DATA ELEMENT: **RFS_A_TIME**
DESCRIPTION: **Transferring Hospital Arrival Time**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient arrived at the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

133. SCREEN NAME: **DEPARTURE**
DATA ELEMENT: **RFS_DIS_DATE**
DESCRIPTION: **Date Ambulance or Helicopter Left Transferring Hospital**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional - ACS

Enter as MM DD YYYY.

Enter the date the patient physically left the transferring hospital on the way to this hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

134. SCREEN NAME: **DEPARTURE**
DATA ELEMENT: **RFS_DIS_TIME**
DESCRIPTION: **Time Ambulance or Helicopter Left Transferring Hospital**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional - ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient physically left the transferring hospital on the way to this hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

135. SCREEN NAME: **RECORDED**
DATA ELEMENT: **RFAS_DATE**
DESCRIPTION: **Date Vitals Recorded at Transferring Facility**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the initial set of vitals were taken in the emergency department of the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

136. SCREEN NAME: **RECORDED**
DATA ELEMENT: **RFAS_TIME**
DESCRIPTION: **Time Vitals Recorded at Transferring Facility**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the initial set of vitals were taken in the emergency department of the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

137. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **RFAS_TEMP**
DESCRIPTION: **Temperature at Transferring Hospital**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 5-Byte Floating Decimal
VALIDATIONS: Optional

Enter the temperature upon initial assessment in the emergency department of the transferring hospital. If the temperature was not taken, enter "unknown". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

138. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **RFAS_TEMP_U**
DESCRIPTION: **Transferring Hospital Temperature Mode**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the mode by which the temperature was taken upon initial assessment in the emergency department of the transferring hospital. If the temperature was not taken, enter "unknown". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

1. Fahrenheit
2. Celsius

139. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **RFAS_TEMP_R**
DESCRIPTION: **Transferring Hospital Temperature Method**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the method by which the temperature was taken upon initial assessment in the emergency department of the transferring hospital. If the temperature was not taken, enter "unknown". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

1. Oral
2. Axillary
3. Tympanic
4. Rectal
5. Core
6. Temporal

140. SCREEN NAME: **PARALYTIC AGENTS?**
DATA ELEMENT: **RFAS_PAR_YN**
DESCRIPTION: **Paralytic Agents Given at Transferring Facility**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

If paralytic agents were given upon initial assessment in the emergency department of the transferring hospital, enter "Y". Otherwise enter "N". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

141. SCREEN NAME: **SEDATED?**
DATA ELEMENT: **RFAS_SED_YN**
DESCRIPTION: **Sedated at Transferring Facility**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient was sedated at the time that the initial assessment was performed in the emergency department of the transferring hospital, enter "Y". Otherwise, enter "N". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

142. SCREEN NAME: **EYE OBSTRUCTION?**
DATA ELEMENT: **RFAS_E_OB_YN**
DESCRIPTION: **Eye Obstruction at Transferring Facility**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient's eyes were obstructed at the time that the initial assessment was performed in the emergency department of the transferring hospital, enter "Y". Otherwise, enter "N". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

143. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **RFAS_SBP, RFAS_DBP**
DESCRIPTION: **Transferring Hospital Blood Pressure**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 3,3-Byte Integers
VALIDATIONS: Optional

This is the blood pressure in either arm by auscultation or palpation obtained upon initial assessment in the emergency department of the transferring hospital. An absent carotid pulse corresponds to a systolic blood pressure of 0 mmHg. If the blood pressure was taken by palpation, enter the number of palpations in the systolic portion and enter "*" for the diastolic portion. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

144. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **RFAS_PULSE**
DESCRIPTION: **Transferring Hospital Heart Rate**
TAB: Referring Hospital
SUBTAB: Assessment
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

This is the heart rate obtained upon initial assessment in the emergency department of the transferring hospital. It is the number of spontaneous heart beats per minute. Record actual (unassisted) patient rate. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

145. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **RFAS_URR**
DESCRIPTION: **Transferring Hospital Respiratory Rate**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

This is the respiratory rate obtained upon initial assessment in the emergency department of the transferring hospital. It is the number of spontaneous respirations per minute. Record actual (unassisted) patient rate. If the patient is intubated with a controlled respiratory rate (bagged or ventilated), enter "1". If the patient is bagged and in full arrest, enter "0". If the patient is intubated but breathing on his/her own, enter the actual rate. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

146. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **RFAS_SAO2**
DESCRIPTION: **Transferring Hospital Oxygen Saturation**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

This is the oxygen saturation obtained upon initial assessment in the emergency department of the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

147. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **RFAS_GCS_EO**
DESCRIPTION: **Transferring Hospital GCS Eye Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow score 4, 3, 2 or 1. This is the initial assessment obtained in the emergency department of the transferring hospital of the stimulus required to induce eye opening. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer). See Appendix F for a description of the Glasgow Coma Scale.

148. SCREEN NAME: **VERBAL**
DATA ELEMENT: **RFAS_GCS_VR**
DESCRIPTION: **Transferring Hospital GCS Verbal Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow score 5, 4, 3, 2 or 1. This is the initial assessment obtained in the emergency department of the transferring hospital of the stimulus required to elicit the best verbal response. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer). See Appendix F for a description of the Glasgow Coma Scale.

149. SCREEN NAME: **MOTOR**
DATA ELEMENT: **RFAS_GCS_MR**
DESCRIPTION: **Transferring Hospital GCS Motor Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow score 6, 5, 4, 3, 2 or 1. This is the initial assessment obtained in the emergency department of the transferring hospital of the stimulus required to elicit the best motor response. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer). See Appendix F for a description of the Glasgow Coma Scale.

150. SCREEN NAME: **TOTAL**
DATA ELEMENT: **RFAS_GCS**
DESCRIPTION: **Transferring Hospital GCS Total**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

This field can be calculated by the software or directly entered by the user. If all three transfer components (field #'s 147 through 149) are entered by the user, then the software calculates the total, displays it, and stores the result in this field. If the user omits any of the three components, the cursor moves to this field and prompts for the total. If the components of the GCS are not present in the referring facility record, but there is documentation within the record that the patient is "Ax4", or that the patient has a normal mental status, a GCS total of "15" may be entered for this field if there is no contradicting documentation. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

151. SCREEN NAME: **GCS 40: EYE**
DATA ELEMENT: **RFAS_GCS40_EO**
DESCRIPTION: **Referring Facility GCS 40 Eye Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 4, 3, 2, 1 or 0. This component is the score at the referring facility of the stimulus required to induce eye opening. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

152. SCREEN NAME: **GCS 40: VERBAL**
DATA ELEMENT: **RFAS_GCS40_VR**
DESCRIPTION: **Referring Facility GCS 40 Verbal Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 5, 4, 3, 2, 1 or 0. This component is the score obtained at the referring facility of the stimulus required to elicit the best verbal response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

153. SCREEN NAME: **GCS 40: MOTOR**
DATA ELEMENT: **RFAS_GCS40_MR**
DESCRIPTION: **Referring Facility GCS 40 Motor Component**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 6, 5, 4, 3, 2, 1 or 0. This component is the score obtained at the referring facility of the stimulus required to elicit the best motor response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

154. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **RFAS_PTS_WT**
DESCRIPTION: **Referring Facility Range of Patient's Weight**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's weight as estimated at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. <10 kgs (22 lbs)
- 1. 10-20 kgs (22-44 lbs)
- 2. >20 kgs (44 lbs)

155. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **RFAS_PTS_CUT**
DESCRIPTION: **Referring Facility Cutaneous**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no open wounds at the time this set of vitals was taken. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Major/Penetrating
- 1. Minor
- 2. None

156. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **RFAS_PTS_AIR**
DESCRIPTION: **Referring Facility Airway**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "normal" if the patient airway is normal at the time this set of vitals was taken. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Unmaintainable
- 1. Maintainable
- 2. Normal

157. SCREEN NAME: **CNS**
DATA ELEMENT: **RFAS_PTS_CNS**
DESCRIPTION: **Referring Facility CNS**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the level of consciousness of the patient at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Comatose
- 1. Obtunded
- 2. Awake

158. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **RFAS_PTS_SKL**
DESCRIPTION: **Referring Facility Skeletal Injury Type**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter “none” if there are no fractures at the time this set of vitals was taken. Enter “closed fracture” if there is only one fracture. Enter “open or multiple fractures” if there are open or multiple fractures. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

- 1. Open/Multiple Fractures
- 1. Closed Fracture
- 2. None

159. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **RFAS_PTS_PLP**
DESCRIPTION: **Referring Facility Pulse Palpations**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient’s systolic blood pressure as obtained at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

- 1. SBP < 50 mmHg
- 1. SBP 50 – 90 mmHg
- 2. SBP > 90 mmHg

160. SCREEN NAME: **PROCEDURE TYPE**
DATA ELEMENT: **RFPR_CATS**
DESCRIPTION: **Treatments Performed at the Transferring Hospital**
TAB: Referring Facility
SUBTAB: Treatment
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional - ACS

Click on the “Add” button and enter the procedure types for all procedures performed in the emergency department at the transferring hospital. See Appendix H for the listing of the emergency department treatment codes. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

161. SCREEN NAME: **DATE**
DATA ELEMENT: **RFPR_STR_DATES**
DESCRIPTION: **Transferring Hospital Treatment Date**
TAB: Referring Facility
SUBTAB: Treatment
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date(s) that the corresponding procedure(s) was performed at the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

162. SCREEN NAME: **TIME**
DATA ELEMENT: **RFPR_STR_TIMES**
DESCRIPTION: **Transferring Hospital Treatment Time**
TAB: Referring Facility
SUBTAB: Treatment
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time(s) that the corresponding procedure(s) was performed at the transferring hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

163. SCREEN NAME: **MODE**
DATA ELEMENT: **ITP_MODES**
DESCRIPTION: **Interfacility Mode of Transport**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Click on the “Add” button to first open the “Inter-Facility Provider” window. Then, enter the mode of transportation by which the patient was transported from the original receiving facility to this hospital. If the patient was transported by a known mode of transport not listed below, enter “other” and then enter the mode of transport in the data element, ITP_MODE_SS (field #164). The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

1. Public Ambulance - ALS
2. Public Ambulance - BLS
3. Private Ambulance - ALS
4. Private Ambulance - BLS
5. Maryland State Police Medevac Helicopter
6. Park Police Helicopter
7. Commercial Helicopter
8. Other Helicopter
9. Fixed-wing Air Ambulance
10. Public Safety Vehicle (Nonambulance, police car)
11. Private Vehicle
12. Walk-in
13. Public Ambulance, Unspecified
14. Private Ambulance, Unspecified
88. Other

164. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **ITP_MODE_SS**
DESCRIPTION: **Other Mode of Inter-Facility Transport**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 50-Byte Integer
VALIDATIONS: Conditional - MIEMSS

If the patient was transferred to this hospital from the original receiving facility by a mode of transport not listed above, enter the mode of transport. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer). This data element will only be activated if ITP_MODES (field #163) equals “88” (other).

165. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **ITP_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
VALIDATIONS: Optional

Enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

166. SCREEN NAME: **UNIT**
DATA ELEMENT: **ITP_UNITS**
DESCRIPTION: **Unit**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 15-Byte Integer
VALIDATIONS: Optional

Enter the unit number of the medic unit that was involved in the care of the patient. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

167. SCREEN NAME: **INCIDENT #**
DATA ELEMENT: **ITP_INCIDENT_NUMS**
DESCRIPTION: **Incident Number**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Optional

Enter the incident number assigned by the central communications system, if known. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

168. SCREEN NAME: **PCR #**
DATA ELEMENT: **ITP_PCR_NUMS**
DESCRIPTION: **Patient Care Report Number**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Optional

Enter the appropriate patient care report (PCR) number from the patient care report, if known. If it is from another state, enter the appropriate patient care report (PCR) number. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

169. SCREEN NAME: **PCR UUID**
DATA ELEMENT: **ITP_PCR_UUIDS**
DESCRIPTION: **Ambulance Run Sheet Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Conditional – MIEMSS, ACS

If the state is using NEMESIS version 3.4.0, “unknown” should be entered for this data element for patients that arrived via EMS. For patients that arrive via other modes of transport, the response should be “n/a”. When the state changes to NEMESIS version 3.5, the field will need to be completed for patients that arrive via EMS with the PCR UUID number. For patients with multiple modes of transport, report the PCR UUID assigned by the EMS agency that delivered the patient to your hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

170. SCREEN NAME: **CALL RECEIVED**
DATA ELEMENT: **ITP_C_DATES**
DESCRIPTION: **Date 911 Call Received**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date the 911 center received the call for services for this patient. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

171. SCREEN NAME: **CALL RECEIVED**
DATA ELEMENT: **ITP_C_TIMES**
DESCRIPTION: **Time 911 Call Received**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the 911 center received the call for services for this patient. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = “2” (transfer).

172. SCREEN NAME: **UNIT NOTIFIED BY DISPATCH**
DATA ELEMENT: **ITP_D_DATES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Date**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter was notified by dispatch to depart en route to the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

173. SCREEN NAME: **UNIT NOTIFIED BY DISPATCH**
DATA ELEMENT: **ITP_D_TIMES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Time**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter was notified by dispatch to depart en route for the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

174. SCREEN NAME: **EN ROUTE**
DATA ELEMENT: **ITP_E_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Left the Station**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter left the station en route to the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

175. SCREEN NAME: **EN ROUTE**
DATA ELEMENT: **ITP_E_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Left the Station**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter left the station en route to the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

176. SCREEN NAME: **ARRIVED AT LOCATION**
DATA ELEMENT: **ITP_A_DATES**
DESCRIPTION: **Date of Arrival at Referring Facility**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter arrived at the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

177. SCREEN NAME: **ARRIVED AT LOCATION**
DATA ELEMENT: **ITP_A_TIMES**
DESCRIPTION: **Time of Arrival at Referring Facility**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter arrived at the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

178. SCREEN NAME: **ARRIVED AT PATIENT**
DATA ELEMENT: **ITP_P_DATES**
DESCRIPTION: **Date Arrived at Patient's Side**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the prehospital clinician actually arrived at the patient's side. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

179. SCREEN NAME: **ARRIVED AT PATIENT**
DATA ELEMENT: **ITP_P_TIMES**
DESCRIPTION: **Time Arrived at Patient's Side**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the prehospital clinician actually arrived at the patient's side. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

180. SCREEN NAME: **DEPARTED LOCATION**
DATA ELEMENT: **ITP_L_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Left Hospital**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter left from the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

181. SCREEN NAME: **DEPARTED LOCATION**
DATA ELEMENT: **ITP_L_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Left Hospital**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter left from the original referring facility. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

182. SCREEN NAME: **ARRIVED AT DESTINATION**
DATA ELEMENT: **ITP_AD_DATES**
DESCRIPTION: **Date Ambulance or Helicopter Arrived at Hospital**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter arrived at the hospital, if this unit transported the patient to the hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

183. SCREEN NAME: **ARRIVED AT DESTINATION**
DATA ELEMENT: **ITP_AD_TIMES**
DESCRIPTION: **Time Ambulance or Helicopter Arrived at Hospital**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the ambulance or helicopter arrived at the hospital, if this unit transported the patient to the hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

184. SCREEN NAME: **INTER-FACILITY PROCEDURES**
DATA ELEMENT: **IT_INTS**
DESCRIPTION: **Treatments Performed During Transfer**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Click on the "Inter-Facility Procedures" button and click on the procedures that were performed by EMS personnel while in transit from the referring facility to this hospital. The user may choose up to 20 procedures. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer). See Appendix H for a list of the procedure types.

185. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **ITAS_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
VALIDATIONS: Optional

Click on the "Add" button to the right of the "Inter-Facility Vitals" grid and enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

186. SCREEN NAME: **UNIT**
DATA ELEMENT: **ITAS_UNITS**
DESCRIPTION: **Unit**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 15-Byte Integer
VALIDATIONS: Optional

Enter the unit number of the medic unit that was involved in the care of the patient. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

187. SCREEN NAME: **RECORDED**
DATA ELEMENT: **ITAS_DATES**
DESCRIPTION: **Date This Set of Vitals Taken**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that this set of vitals was taken during inter-facility transport. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

188. SCREEN NAME: **RECORDED**
DATA ELEMENT: **ITAS_TIMES**
DESCRIPTION: **Time This Set of Vitals Taken**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that this set of vitals was taken during inter-facility transport. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

189. SCREEN NAME: **INTUBATED?**
DATA ELEMENT: **ITAS_INTUB_YNS**
DESCRIPTION: **Intubation at Time Vitals Taken**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient was intubated at the time that this set of vitals was taken, enter "Y". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

190. SCREEN NAME: **RESPIRATION ASSISTED?**
DATA ELEMENT: **ITAS_ARR_YNS**
DESCRIPTION: **Respiration Assistance at Time Vitals Taken**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient had respiratory assistance at the time this set of vitals was taken, enter "Y". The screen containing this data element will only appear if PAT_ORIGIN (field 7) = "2" (transfer).

191. SCREEN NAME: **SUPPLEMENTAL O2?**
DATA ELEMENT: **ITAS_SO2_YNS**
DESCRIPTION: **Supplemental Oxygen at Time Vitals Taken**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient received supplemental oxygen at the time this set of vitals was taken, enter "Y". The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

192. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **ITAS_SBPS, ITAS_DBPS**
DESCRIPTION: **Inter-Facility Blood Pressure**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 3,3-Byte Integers
VALIDATIONS: Optional

Enter the blood pressure in either arm by auscultation or palpation obtained by the responder during inter-facility transport. An absent carotid pulse corresponds to a systolic blood pressure of 0 mmHg. If the blood pressure was taken by palpation, enter the number of palpations in the systolic portion and enter "*" for the diastolic portion. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

193. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **ITAS_PULSES**
DESCRIPTION: **Inter-Facility Pulse Rate**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter the pulse rate obtained by the responder during inter-facility transport. It is the number of spontaneous heart beats per minute. Record actual (unassisted) patient rate. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

194. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **ITAS_URRS**
DESCRIPTION: **Inter-Facility Respiratory Rate**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
VALIDATIONS: Optional

Enter the respiratory rate obtained by the responder during inter-facility transport. It is the number of spontaneous respirations per minute. Record actual (unassisted) patient rate. If the patient is intubated with a controlled respiratory rate (bagged or ventilated), enter "1". If the patient is bagged and in full arrest, enter "0". If the patient is intubated but breathing on his/her own, enter the actual rate. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

195. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **ITAS_SAO2S**
DESCRIPTION: **Inter-Facility Oxygen Saturation**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter the recorded oxygen saturation obtained by the responder during inter-facility transport. Enter the oxygen saturation as a percentage. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

196. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **ITAS_GCS_EOS**
DESCRIPTION: **Inter-Facility GCS Eye Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow scale 4, 3, 2, or 1. This component is the score obtained by the responder during inter-facility transport of the stimulus required to induce eye opening. See Appendix F for a description of the Glasgow Coma Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

197. SCREEN NAME: **VERBAL**
DATA ELEMENT: **ITAS_GCS_VRS**
DESCRIPTION: **Inter-Facility GCS Verbal Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow scale 5, 4, 3, 2, or 1. This component is the score obtained by the responder during inter-facility transport of the stimulus required to elicit the best verbal response. See Appendix F for a description of the Glasgow Coma Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

198. SCREEN NAME: **MOTOR**
DATA ELEMENT: **ITAS_GCS_MRS**
DESCRIPTION: **Inter-Facility GCS Motor Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter Glasgow scale 6, 5, 4, 3, 2, or 1. This component is the score obtained by the responder during inter-facility transport of the stimulus required to elicit the best motor response. See Appendix F for a description of the Glasgow Coma Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

199. SCREEN NAME: **TOTAL**
DATA ELEMENT: **ITAS_GCSSC**
DESCRIPTION: **Inter-Facility GCS Total**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

This field can be calculated by the software or entered directly by the user. If all three GCS components (field #'s 196 through 198) are enter by the user, then the software calculates the total, displays it, and stores the result in this field. If the user omits any of the three components, the cursor moves to this field and prompts for the total. If the components of the GCS are not present in the pre-hospital record, but there is documentation within the record that the patient is "Ax4", or that the patient has a normal mental status, a GCS total of "15" may be entered for this field if there is no contradicting documentation. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

200. SCREEN NAME: **GCS 40: EYE**
DATA ELEMENT: **ITAS_GCS40_EOS**
DESCRIPTION: **Inter-Facility GCS 40 Eye Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 4, 3, 2, 1 or 0. This component is the score obtained by the responder during inter-facility transport of the stimulus required to induce eye opening. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

201. SCREEN NAME: **GCS 40: VERBAL**
DATA ELEMENT: **ITAS_GCS40_VRS**
DESCRIPTION: **Inter-Facility GCS 40 Verbal Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 5, 4, 3, 2, 1 or 0. This component is the score obtained by the responder during inter-facility transport of the stimulus required to elicit the best verbal response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

202. SCREEN NAME: **GCS 40: MOTOR**
DATA ELEMENT: **ITAS_GCS40_MRS**
DESCRIPTION: **Inter-Facility GCS 40 Motor Component**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 6, 5, 4, 3, 2, 1 or 0. This component is the score obtained by the responder during inter-facility transport of the stimulus required to elicit the best motor response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

203. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **ITAS_PTS_WTS**
DESCRIPTION: **Inter-Facility Range of Patient's Weight**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's weight as estimated by the responder transporting the patient. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. <10 kgs (22 lbs)
- 1. 10-20 kgs (22-44 lbs)
- 2. >20 kgs (44 lbs)

204. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **ITAS_PTS_CUTS**
DESCRIPTION: **Inter-Facility Cutaneous**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no open wounds at the time this set of vitals was taken. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Major/Penetrating
- 1. Minor
- 2. None

205. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **ITAS_PTS_AIRS**
DESCRIPTION: **Inter-Facility Airway**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "normal" if the patient airway is normal at the time this set of vitals was taken. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Unmaintainable
- 1. Maintainable
- 2. Normal

206. SCREEN NAME: **CNS**
DATA ELEMENT: **ITAS_PTS_CNSS**
DESCRIPTION: **Inter-Facility CNS**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the level of consciousness of the patient at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Comatose
- 1. Obtunded
- 2. Awake

207. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **ITAS_PTS_SKLS**
DESCRIPTION: **Inter-Facility Skeletal Injury Type**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no fractures at the time this set of vitals was taken. Enter "closed fracture" if there is only one fracture. Enter "open or multiple fractures" if there are open or multiple fractures. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. Open/Multiple Fractures
- 1. Closed Fracture
- 2. None

208. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **ITAS_PTS_PLPS**
DESCRIPTION: **Inter-Facility Pulse Palpations**
TAB: Referring Facility
SUBTAB: Inter-Facility Treatments
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's systolic blood pressure as obtained by the responder at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older. The screen containing this data element will only appear if PAT_ORIGIN (field #7) = "2" (transfer).

- 1. SBP < 50 mmHg
- 1. SBP 50 – 90 mmHg
- 2. SBP > 90 mmHg

Section V: Emergency Department/Resuscitation

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209. SCREEN NAME: **INCLUSION CRITERIA**
DATA ELEMENT: **INCL_RS**
DESCRIPTION: **Inclusion Criteria**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter the reason this patient is being included in the trauma registry, according to the inclusion criteria specified in Appendix A of this document and in the associated menu. Select the lowest number that meets the criteria.

- If the patient is pronounced dead on arrival with no additional invasive resuscitation efforts initiated in the emergency department or trauma resuscitation area, enter “1” (dead on arrival).
- If the patient died in the emergency department or trauma resuscitation area despite additional invasive resuscitation efforts, enter “2” (emergency department death).
 - Invasive resuscitation efforts include but are not limited to IV access, intubation, thoracotomy, thoracostomy, DPL, and/or any medication administration.
 - Diagnostic procedures such as cardiac monitor, oxygen saturation, and FAST are not considered invasive resuscitation efforts.
- If the patient goes from the emergency department to any procedural area (except for the operating room) and expires in that procedural area, enter “2” (emergency department death).
- If the patient comes from any other unit to any procedural area and expires in that procedural area, the patient is considered an in-hospital death and “7” (admitted through the emergency department) should be entered for this data element.
- If the patient goes directly to the operating room and dies in the operating room, the patient is considered an in-hospital death and “7” (admitted through the emergency department) should be entered for this data element.

210. SCREEN NAME: **ED ARRIVAL**
DATA ELEMENT: **EDA_DATE_M, EDA_DATE_D, EDA_DATE_Y**
DESCRIPTION: **Date Patient Arrived at the Hospital**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

Enter the date the patient arrived in the ED, which is not necessarily the date the patient was administratively admitted. If the patient did not arrive in the ED, enter “/”.

211. SCREEN NAME: **ED ARRIVAL**
DATA ELEMENT: **EDA_TIME_H, EDA_TIME_M**
DESCRIPTION: **Time Patient Arrived at the Hospital**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. This time should be abstracted from the ED record and not from the patient care report. If the patient did not arrive through the ED, enter “/”.

212. SCREEN NAME: **ARRIVAL TO PEDIATRIC ED**
DATA ELEMENT: **PEDS_A_DATE_M, PEDS_A_DATE_D, PEDS_A_DATE_Y**
DESCRIPTION: **Date Patient Arrived at Pediatric ED**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date the patient arrived in the pediatric ED, which is not necessarily the date the patient was administratively admitted. If the patient did not arrive in the pediatric ED, enter “/”.

213. SCREEN NAME: **ARRIVAL TO PEDIATRIC ED**
DATA ELEMENT: **PEDS_A_TIME_H, PEDS_A_TIME_M**
DESCRIPTION: **Time Patient Arrived at Pediatric ED**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. This time should be abstracted from the ED record and not from the patient care report. If the patient did not arrive in the pediatric ED, enter “/”.

214. SCREEN NAME: **ADMISSION**
DATA ELEMENT: **ADM_DATE_M, ADM_DATE_D, ADM_DATE_Y**
DESCRIPTION: **Date Patient Admitted to the Hospital**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, ACS

Enter as MM DD YYYY.

Enter the date that the decision was made to admit the patient to the hospital as an inpatient. If the patient first went to an observation unit and then was subsequently admitted to this hospital, enter the date that the patient's status was changed from observation to admission.

215. SCREEN NAME: **ADMISSION**
DATA ELEMENT: **ADM_TIME_H, ADM_TIME_M**
DESCRIPTION: **Time Patient Admitted to the Hospital**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the decision was made to admit the patient to the hospital as an inpatient. If the patient first went to an observation unit and then was subsequently admitted to this hospital, enter the time that the patient's status was changed from observation to admission.

216. SCREEN NAME: **ED DISCHARGE ORDER**
DATA ELEMENT: **EDD_O_DATE_M, EDD_O_DATE_D, EDD_O_DATE_Y**
DESCRIPTION: **ED Discharge Order Date**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory - NTDB

Enter as MM DD YYYY.

Enter the date that the order was written for the patient to be discharged from the ED, which is not necessarily the date of arrival in the ED. If the patient was placed in observation, enter the date that the order was written for the patient to be placed in observation. If the patient was then later admitted to the hospital, enter the date that the order was written for the patient to be admitted to the hospital in admission date, ADM_DATE (field #214). If the patient was admitted to the hospital directly from the ED, the ED discharge order date should be the same as the admission date, ADM_DATE.

217. SCREEN NAME: **ED DISCHARGE ORDER**
DATA ELEMENT: **EDD_O_TIME_H, EDD_O_TIME_M**
DESCRIPTION: **ED Discharge Order Time**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory - NTDB

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the order was written for the patient to be discharged from the ED. If the patient was placed in observation, enter the time that the order was written for the patient to be placed in observation. If the patient was then later admitted to the hospital, enter the time that the order was written for the patient to be admitted to the hospital in admission time, ADM_TIME (field #215). If the patient was admitted to the hospital directly from the ED, the ED discharge order time should be the same as the admission time, ADM_TIME.

218. SCREEN NAME: **ED DEPARTURE**
DATA ELEMENT: **EDD_DATE_M, EDD_DATE_D, EDD_DATE_Y**
DESCRIPTION: **ED Release Date**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter as MM DD YYYY.

Enter the date the patient was physically released from the ED, which is not necessarily the date of arrival in the ED.

219. SCREEN NAME: **ED DEPARTURE**
DATA ELEMENT: **EDD_TIME_H, EDD_TIME_M**
DESCRIPTION: **ED Release Time**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient was physically released from the ED.

220. SCREEN NAME: **ADMITTING SERVICE**
DATA ELEMENT: **ADM_SVC**
DESCRIPTION: **Admitting Service**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, ACS

If the patient was administratively admitted to the hospital, enter the service to which the patient was admitted.

- | | |
|-------------------------------|-------------------------------|
| 1. Trauma Service | 17. Emergency Medicine |
| 2. Neurosurgery | 18. Infectious Diseases |
| 3. Orthopedics | 19. Nephrology |
| 4. General Surgery | 20. Renal |
| 5. Medicine/Internal Medicine | 21. Neurology |
| 6. Vascular Surgery | 22. Urology |
| 7. Thoracic Surgery | 23. Physiatry |
| 8. Cardio-Thoracic Surgery | 24. Gastro-Intestinal GI/GU |
| 9. Plastic Surgery | 25. Endocrinology |
| 10. Pulmonary | 26. Cardiology |
| 11. Psychiatry | 27. Geriatrics |
| 12. Pediatrics | 28. Pain Service |
| 13. Burn Service | 29. Maxillofacial Service |
| 14. Otolaryngology ENT | 30. Critical Care/Intensivist |
| 15. Ophthalmology | 88. Other |
| 16. Oral Surgery | |

221. SCREEN NAME: **ADMITTING SURGEON NPI**
DATA ELEMENT: **ADMP_NPI**
DESCRIPTION: **Admitting Surgeon National Provider Identifier**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 10-Byte Integer
VALIDATIONS: Optional

Enter the National Provider Identifier for the physician that admitted the patient. The NPI number can be found on the NPPES NPI Registry website, <https://npiregistry.cms.hhs.gov>. This data element should be completed only for patients that were admitted to the hospital and/or patients that went to observation.

222. SCREEN NAME: **ADMITTING PHYSICIAN**
DATA ELEMENT: **ADMP_MD_LNK**
DESCRIPTION: **Admitting Physician**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: Memo
VALIDATIONS: Conditional - MIEMSS

Enter the code or select the code from the list for the physician responsible for admitting the patient. This data element should be completed only for patients that were admitted to the hospital and/or patients that went to observation.

223. SCREEN NAME: **ED DISPOSITION/ADMIT LOCATION**
DATA ELEMENT: **ED_DSP**
DESCRIPTION: **ED Disposition/Admit Location**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter the final ED disposition. Neither the radiology department nor a special procedure room should be regarded as a final ED disposition. If multiple orders were written, the disposition should match the final ED disposition order.

1. Admitted to Floor
2. Admitted to ICA, Telemetry, or Step-Down Unit
3. Admitted to Intensive Care Unit
4. Admitted to Operating Room
5. Admitted to OR Recovery Room
6. Discharged
7. Transferred
8. Left Against Medical Advice
9. Morgue/Died
10. Observation
11. Home with Services
88. Other

Enter "88" only for a final disposition that is not included in the remaining choices. If "7" is entered here, then record "4" or "7" for DIS_DEST (field #453) and enter the code of the receiving facility in DIS_FACLNK (field #463).

224. SCREEN NAME: **RESPONSE LEVEL**
DATA ELEMENT: **ED_TTA_TYPE01**
DESCRIPTION: **Response to Alert**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS

Enter the ED's response to the alert, if any.

1. Highest Team Response
2. Modified Team
3. Consult
4. ED Response

Use "n/a" for patients that were directly admitted to the hospital or patients that were re-admitted to the hospital.

225. SCREEN NAME: **TRAUMA ALERT**
DATA ELEMENT: **ED_TTA_DATE01_M, ED_TTA_DATE01_D, ED_TTA_DATE01_Y**
DESCRIPTION: **Date of Trauma Alert**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as MM DD YYYY.

Enter the date that the trauma team was alerted for this patient.

226. SCREEN NAME: **TRAUMA ALERT**
DATA ELEMENT: **ED_TTA_TIME01_H, ED_TTA_TIME01_M**
DESCRIPTION: **Time of Trauma Alert**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the trauma team was alerted for this patient.

227. SCREEN NAME: **REVISED RESPONSE LEVEL**
DATA ELEMENT: **ED_TALC**
DESCRIPTION: **Change in Trauma Alert Level**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS

Enter whether or not there was a change in the level of trauma care for this patient while in the ED.

1. No Change
2. Upgrade
3. Downgrade

228. SCREEN NAME: **REVISED RESPONSE LEVEL**
DATA ELEMENT: **ED_TTA_DATE02_M, ED_TTA_DATE02_D, ED_TTA_DATE02_Y**
DESCRIPTION: **Date of Trauma Level Change**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date that the patient was either upgraded or downgraded for his/her level of care.

229. SCREEN NAME: **REVISED RESPONSE LEVEL**
DATA ELEMENT: **ED_TTA_TIME02_H, ED_TTA_TIME02_M**
DESCRIPTION: **Time of Trauma Level Change**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the patient was either upgraded or downgraded for his/her level of care.

230. SCREEN NAME: **BACKBOARD REMOVAL**
DATA ELEMENT: **EDPRC_DATE01_M, EDPRC_DATE01_D, EDPRC_DATE01_Y**
DESCRIPTION: **Date Backboard was Removed in the ED**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the backboard was removed in the ED, if applicable.

231. SCREEN NAME: **BACKBOARD REMOVAL**
DATA ELEMENT: **EDPRC_TIME01_H, EDPROC_TIME01_M**
DESCRIPTION: **Time Backboard was Removed in the ED**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the backboard was removed in the ED, if applicable.

232. SCREEN NAME: **SIGNS OF LIFE**
DATA ELEMENT: **LIFE_SIGNS**
DESCRIPTION: **Signs of Life**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter whether or not the patient came into the Emergency Department with any signs of life. A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.

1. Arrived with No Signs of Life
2. Arrived with Signs of Life

233. SCREEN NAME: **MASS TRANSFUSION PROTOCOL**
DATA ELEMENT: **ED_MBP_YN**
DESCRIPTION: **Mass Transfusion Protocol**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS

If mass transfusion protocol was initiated for this patient, enter "Y".

234. SCREEN NAME: **MASS TRANSFUSION PROTOCOL**
DATA ELEMENT: **ED_MBP_DATE_M, ED_MBP_DATE_D, ED_MBP_DATE_Y**
DESCRIPTION: **Mass Transfusion Protocol Date**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as MM DD YYYY.

Enter the date that mass transfusion protocol was initiated for this patient, if applicable.

235. SCREEN NAME: **MASS TRANSFUSION PROTOCOL**
 DATA ELEMENT: **ED_MBP_TIME_H, ED_MBP_TIME_M**
 DESCRIPTION: **Mass Transfusion Protocol Time**
 TAB: ED/Resus
 SUBTAB: Arrival/Admission
 FORMAT: 2,2-Byte Integers
 VALIDATIONS: Conditional – MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that mass transfusion protocol was initiated for this patient, if applicable.

236. SCREEN NAME: **MTP LOCATION**
 DATA ELEMENT: **ED_MBP_LOC**
 DESCRIPTION: **Mass Transfusion Protocol Location**
 TAB: ED/Resus
 SUBTAB: Arrival/Admission
 FORMAT: 2-Byte Integer
 VALIDATIONS: Conditional – MIEMSS

Enter the location where mass transfusion protocol was initiated, if applicable.

- | | |
|--------------------------------------|--|
| 1. Trauma Bay | 21. MPCU |
| 2. Emergency Department | 22. Neuro (Neuro ICU) |
| 3. Operating Room | 23. Neuro Science Critical Care (NCCU) |
| 4. Intensive Care (A2IC) | 24. Surgical (SICU) |
| 5. IMCU/PUC/Stepdown | 25. Weinberg (WICU) |
| 6. Floor/Unit-Medical/Surgical | 26. Brain Recovery Unit (BRU) |
| 7. Telemetry Unit | 27. Acute Geriatric Unit (AGU) |
| 8. Observation Unit | 28. Orthopedic Unit (Wentz-A4W) |
| 9. Burn Unit | 29. 6 Surgery |
| 10. Radiology | 30. NeuroScience Unit (NSU) |
| 11. Post Anesthesia Care Unit (PACU) | 31. Neuro Intermediate Care Unit (NIMC) |
| 12. Special Procedure Unit | 32. Surgical Intermediate Care Unit (SIMC) |
| 13. Labor and Delivery | 33. Nursery (A2N) |
| 14. Neonatal (NICU) | 34. Pediatrics (A2PE) |
| 15. Pediatric (PICU) | 35. Bridgeview (BRDG) |
| 16. Burn Intensive Care Unit (BICU) | 36. Psychiatric Unit |
| 17. Cardiac (CICU) or (CCU) | 37. Extended Stay Unit- Inpt Admit (ESU) |
| 18. Cardiovascular (CVICU) | 38. Extended Stay Unit–no Inpt Admit (SSU) |
| 19. Cardiac Surgery (C-SICU) | 39. Surgical Short Stay Unit (SqSU) |
| 20. Medical (MICU) | 88. Other |

237. SCREEN NAME: **RECORDED**
DATA ELEMENT: **EDAS_DATE**
DESCRIPTION: **Date Initial Vital Signs were Taken in the ED**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the initial set of vital signs were taken in the Emergency Department. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

238. SCREEN NAME: **RECORDED**
DATA ELEMENT: **EDAS_TIME**
DESCRIPTION: **Time Initial Vital Signs were Taken in the ED**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the initial set of vital signs were taken in the Emergency Department. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

239. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMP**
DESCRIPTION: **Temperature in the ED**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 5-Byte Floating Decimal
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter the temperature upon initial assessment in the ED of this hospital. If the temperature was not taken, enter "unknown". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

240. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMP_U**
DESCRIPTION: **Temperature Mode in the ED**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter the mode by which the temperature was taken upon initial assessment in the ED of this hospital. If the temperature was not taken, enter "unknown". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

1. Fahrenheit
2. Celsius

241. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMP_R**
DESCRIPTION: **Temperature Method in the ED**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter the method by which the temperature was taken upon initial assessment in the ED of this hospital. If the temperature was not taken, enter "unknown". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

1. Oral
2. Axillary
3. Tympanic
4. Rectal
5. Core
6. Temporal

242. SCREEN NAME: **HEIGHT**
DATA ELEMENT: **EDAS_HGT**
DESCRIPTION: **Patient's Height**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 5-Byte Floating Decimal
VALIDATIONS: Mandatory - NTDB

Enter the patient's height as documented on the emergency flow sheet.

243. SCREEN NAME: **UNIT**
DATA ELEMENT: **EDAS_HGT_U**
DESCRIPTION: **Unit for Patient's Height**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - NTDB

Enter the unit by which the height was taken. BMI will be calculated if height and weight fields are both completed with metric units or both completed with imperial units.

1. Inches (in)
2. Centimeters (cm)

244. SCREEN NAME: **TIMELY**
DATA ELEMENT: **EDAS_HGT_TMLY_YN**
DESCRIPTION: **Was Patient's Height Measured Within 24 Hours**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient's height was measured within 24 hours of patient arrival, enter "Y".

245. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **EDAS_WGT**
DESCRIPTION: **Patient's Weight**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 5-Byte Floating Decimal
VALIDATIONS: Mandatory - NTDB

Enter the patient's weight as documented on the emergency department flow sheet. If not documented and the patient is age fourteen or under, enter weight based on child's age. Otherwise, enter "unknown".

Weight may be based on age using the following guidelines:

| | |
|--------------------|---------|
| 6 months and under | = 5 kg |
| 6 mo. – 11 mo. | = 7 kg |
| 1 yr. – 17 mo. | = 10 kg |
| 18 mo. – 2 yr. | = 12 kg |
| 3 yr. – 4 yr. | = 15 kg |
| 5 yr. – 7 yr. | = 20 kg |
| 8 yr. – 9 yr. | = 25 kg |
| 10 years | = 30 kg |
| 12 years | = 40 kg |
| 13 years | = 45 kg |
| 14 years | = 50 kg |

246. SCREEN NAME: **UNIT**
DATA ELEMENT: **EDAS_WGT_U**
DESCRIPTION: **Unit for Patient's Weight**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - NTDB

Enter the unit by which the weight was taken. BMI will be calculated if height and weight fields are both completed with metric units or both completed with imperial units.

1. Pounds (lbs)
2. Kilograms (kg)

247. SCREEN NAME: **TIMELY**
DATA ELEMENT: **EDAS_WGT_TMLY_YN**
DESCRIPTION: **Was Patient's Weight Taken or Estimated Within 24 Hours**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient's weight was taken or estimated within 24 hours of patient arrival, enter "Y".

248. SCREEN NAME: **ESTIMATED?**
DATA ELEMENT: **EDAS_WGT_EST_YN**
DESCRIPTION: **Was Patient's Weight Estimated**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient was a child age fourteen years or under and the weight was estimated based on child's age. Enter "N" if weight was taken from the patient's chart.

249. SCREEN NAME: **PARALYTIC AGENTS?**
DATA ELEMENT: **EDAS_PAR_YN**
DESCRIPTION: **Paralytic Agents Given at Time of Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB

If paralytic agents were given to the patient at the time of initial assessment in the ED of this hospital, enter "Y". Otherwise, enter "N". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

250. SCREEN NAME: **SEDATED?**
DATA ELEMENT: **EDAS_SED_YN**
DESCRIPTION: **Was Patient Sedated at Time of Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB

If the patient was sedated at the time of initial assessment in the ED of this hospital, enter "Y". Otherwise, enter "N". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

251. SCREEN NAME: **EYE OBSTRUCTION?**
DATA ELEMENT: **EDAS_E_OB_YN**
DESCRIPTION: **Was Patient's Eye Obstructed at Time of Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB

If the patient's eye was obstructed at the time of initial assessment in the ED of this hospital, enter "Y". Otherwise, enter "N". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

252. SCREEN NAME: **INTUBATED?**
DATA ELEMENT: **EDAS_INTUB_YN**
DESCRIPTION: **Was Patient Intubated at Time of Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB, ACS

If it is known for certain that the patient was intubated at the time the initial ED Glasgow Coma Score was assessed, enter "Y". Otherwise, enter "N". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

253. SCREEN NAME: **RESPIRATORY ASSISTED?**
DATA ELEMENT: **EDAS_ARR_YN**
DESCRIPTION: **Initial Respiratory Assistance**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB

If the patient had an unassisted respiratory rate at the time of initial assessment in the ED of this hospital and the respiratory rate is entered in EDAS_URR (field #256), enter "N". If the patient had a mechanical and/or external support of respiration, enter "Y". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

254. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **EDAS_SBP, EDAS_DBP**
DESCRIPTION: **ED Blood Pressure**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3,3-Byte Integers
VALIDATIONS: Mandatory - MIEMSS, NTDB, ACS

This is the INITIAL assessment of the blood pressure in either arm by auscultation or palpation. An absent carotid pulse corresponds to a systolic blood pressure of 0 mmHg. If the blood pressure was taken by palpation, enter the number of palpations in the systolic portion, and enter "*" for the diastolic portion. The 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. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

255. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **EDAS_PULSE**
DESCRIPTION: **Initial ED Heart Rate**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

This is the INITIAL assessment in the ED of this hospital. It is the number of spontaneous heart beats per minute. Record actual (unassisted) patient rate. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

256. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **EDAS_URR**
DESCRIPTION: **Initial ED Respiratory Rate**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

This is the INITIAL assessment in the ED of this hospital. It is the number of spontaneous respirations per minute. Record actual (unassisted) patient rate. If the patient is intubated with a controlled respiratory rate (bagged or ventilated), enter "1". If the patient is bagged and in full arrest, enter "0". If the patient is intubated but breathing on his/her own, enter the actual rate. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

257. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **EDAS_SAO2**
DESCRIPTION: **Initial ED Oxygen Saturation**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter the oxygen saturation. This is the INITIAL assessment in the ED of this hospital. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

258. SCREEN NAME: **SUPPLEMENTAL OXYGEN**
DATA ELEMENT: **EDAS_SO2_YN**
DESCRIPTION: **ED Supplement Oxygen**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS, NTDB

If the patient was given supplemental oxygen at the time of INITIAL assessment in the ED of this hospital, enter "Y". Otherwise, enter "N". The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals.

259. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **EDAS_GCS_EO**
DESCRIPTION: **Initial ED Eye GCS Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter Glasgow scale 4, 3, 2, or 1. This is the INITIAL assessment in the ED of this hospital of the stimulus required to induce eye opening. See Appendix F for a description of the Glasgow Coma Scale. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

260. SCREEN NAME: **VERBAL**
DATA ELEMENT: **EDAS_GCS_VR**
DESCRIPTION: **Initial ED Verbal GCS Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter Glasgow scale 5, 4, 3, 2, or 1. This is the INITIAL assessment in the ED of this hospital of the stimulus required to elicit the best verbal response. See Appendix F for a description of the Glasgow Coma Scale. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

261. SCREEN NAME: **MOTOR**
DATA ELEMENT: **EDAS_GCS_MR**
DESCRIPTION: **Initial ED Motor GCS Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB

Enter Glasgow scale 6, 5, 4, 3, 2, or 1. This is the INITIAL assessment in the ED of this hospital of the stimulus required to elicit the best motor response. See Appendix F for a description of the Glasgow Coma Scale. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

262. SCREEN NAME: **TOTAL**
DATA ELEMENT: **EDAS_GCS**
DESCRIPTION: **Initial ED GCS Total**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory - MIEMSS, NTDB, ACS

This field can be calculated by the software or entered directly by the user. If all three ED GCS components (field #'s 259 through 261) are entered by the user, then the software calculates the total, displays it, and stores the result in this field. If the user omits any of the three components, the cursor moves to this field and prompts for the total. If the components of the GCS are not present in the record, but there is documentation within the record that the patient is "Ax4", or that the patient has a normal mental status, a GCS total of "15" may be entered for this field if there is no contradicting documentation. The initial set of vitals are those vitals that are taken within 30 minutes of emergency department arrival. If the first set of vitals are taken more than 30 minutes after arrival in the emergency department, record those vitals as subsequent vitals. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

263. SCREEN NAME: **GCS 40: EYE**
DATA ELEMENT: **EDAS_GCS40_EO**
DESCRIPTION: **Initial GCS 40 Eye Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter GCS 40 scale 4, 3, 2, 1 or 0. This is the INITIAL assessment in the ED of this hospital of the stimulus required to induce eye opening. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

264. SCREEN NAME: **GCS 40: VERBAL**
DATA ELEMENT: **EDAS_GCS40_VR**
DESCRIPTION: **Initial GCS 40 Verbal Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter GCS 40 scale 5, 4, 3, 2, 1 or 0. This is the INITIAL assessment in the ED of this hospital of the stimulus required to elicit the best verbal response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

265. SCREEN NAME: **GCS 40: MOTOR**
DATA ELEMENT: **EDAS_GCS40_MR**
DESCRIPTION: **Initial GCS 40 Motor Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

Enter GCS 40 scale 6, 5, 4, 3, 2, 1 or 0. This is the INITIAL assessment in the ED of this hospital of the stimulus required to elicit the best motor response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale. The user should only report GCS or GCS 40 to prevent NTDB submission errors.

266. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **EDAS_PTS_WT**
DESCRIPTION: **Range of Patient's Weight at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's weight at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. <10 kgs (22 lbs)
- 1. 10-20 kgs (22-44 lbs)
- 2. >20 kgs (44 lbs)

267. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **EDAS_PTS_CUT**
DESCRIPTION: **Cutaneous at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no open wounds at the time this set of vitals was taken. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Major/Penetrating
- 1. Minor
- 2. None

268. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **EDAS_PTS_AIR**
DESCRIPTION: **Airway at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter “normal” if the patient airway is normal at the time this set of vitals was taken. Enter “maintainable” if the patient airway is maintainable. Enter “unmaintainable” if the patient airway is unmaintainable such as if the patient is intubated. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Unmaintainable
- 1. Maintainable
- 2. Normal

269. SCREEN NAME: **CNS**
DATA ELEMENT: **EDAS_PTS_CNS**
DESCRIPTION: **CNS at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the level of consciousness of the patient at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Comatose
- 1. Obtunded
- 2. Awake

270. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **EDAS_PTS_SKL**
DESCRIPTION: **Skeletal Injury Type at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter “none” if there are no fractures at the time this set of vitals was taken. Enter “closed fracture” if there is only one fracture. Enter “open or multiple fractures” if there are open or multiple fractures. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Open/Multiple Fractures
- 1. Closed Fracture
- 2. None

271. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **EDAS_PTS_PLP**
DESCRIPTION: **Pulse Palpations at Initial Assessment**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's systolic blood pressure as obtained at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. SBP < 50 mmHg
- 1. SBP 50 – 90 mmHg
- 2. SBP > 90 mmHg

272. SCREEN NAME: **ASSESSMENT TYPE**
DATA ELEMENT: **EDAS_ATYPES**
DESCRIPTION: Assessment Type
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, ACS

Click on the "Add" button and enter which set of vital signs were taken in the ED. If the initial set is recorded on the initial assessment screen, those vital signs will appear automatically on the first line of this grid.

- 1. Initial
- 2. Subsequent
- 3. Final

273. SCREEN NAME: **RECORDED**
DATA ELEMENT: **EDAS_DATES**
DESCRIPTION: **Date Vital Signs were Taken in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date that the initial, subsequent or final set of vital signs were taken in the Emergency Department.

274. SCREEN NAME: **RECORDED**
DATA ELEMENT: **EDAS_TIMES**
DESCRIPTION: **Time Vital Signs were Taken in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 2,2-Byte Integers
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the initial, subsequent or final set of vital signs were taken in the Emergency Department.

275. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMPS**
DESCRIPTION: **Temperature in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 5-Byte Floating Decimal
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter the temperature upon initial, subsequent or final assessment in the ED of this hospital. If the temperature was not taken, enter “unknown”.

276. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMP_US**
DESCRIPTION: **Temperature Mode in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter the mode by which the temperature was taken upon initial, subsequent or final assessment in the ED of this hospital. If the temperature was not taken, enter “unknown”.

1. Fahrenheit
2. Celsius

277. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMP_RS**
DESCRIPTION: **Temperature Method in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter the method by which the temperature was taken upon initial, subsequent or final assessment in the ED of this hospital. If the temperature was not taken, enter "unknown".

1. Oral
2. Axillary
3. Tympanic
4. Rectal
5. Core
6. Temporal

278. SCREEN NAME: **PARALYTIC AGENTS?**
DATA ELEMENT: **EDAS_PAR_YNS**
DESCRIPTION: **Paralytic Agents Given in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

If paralytic agents were given to the patient at the time of initial, subsequent or final assessment in the ED of this hospital, enter "Y". Otherwise, enter "N".

279. SCREEN NAME: **SEDATED?**
DATA ELEMENT: **EDAS_SED_YNS**
DESCRIPTION: **Was Patient Sedated in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

If the patient was sedated at the time of initial, subsequent or final assessment in the ED of this hospital, enter "Y". Otherwise, enter "N".

280. SCREEN NAME: **EYE OBSTRUCTION?**
DATA ELEMENT: **EDAS_E_OB_YNS**
DESCRIPTION: **Was Patient's Eye Obstructed in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

If the patient's eye was obstructed at the time of initial, subsequent or final assessment in the ED of this hospital, enter "Y". Otherwise, enter "N".

281. SCREEN NAME: **INTUBATED?**
DATA ELEMENT: **EDAS_INTUB_YNS**
DESCRIPTION: **Was Patient Intubated in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Mandatory – MIEMSS, ACS

Enter “Y” if it is known for certain that the patient was intubated at the time that the initial, subsequent or final Glasgow Coma Score was assessed. Otherwise, enter “N”.

282. SCREEN NAME: **RESPIRATORY ASSISTED?**
DATA ELEMENT: **EDAS_ARR_YNS**
DESCRIPTION: **Respiratory Assistance in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

If the patient had an unassisted respiratory rate at the time of initial, subsequent, or final assessment in the ED of this hospital and the respiratory rate is entered in EDAS_URRS (field #285), enter “N”. If the patient had a mechanical and/or external support of respiration and the respiratory rate is entered in EDAS_URRS, enter “Y”.

283. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **EDAS_SBPS, EDAS_DBPS**
DESCRIPTION: **ED Blood Pressure**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3,3-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

This is the initial, subsequent or final assessment of the blood pressure in either arm by auscultation or palpation. An absent carotid pulse corresponds to a systolic blood pressure of 0 mmHg. If the blood pressure was taken by palpation, enter the number of palpations in the systolic portion, and enter “*” for the diastolic portion. The measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patient who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

284. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **EDAS_PULSES**
DESCRIPTION: **ED Heart Rate**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

This is the initial, subsequent or final assessment in the ED of this hospital. It is the number of spontaneous heart beats per minute. Record actual (unassisted) patient rate.

285. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **EDAS_URRS**
DESCRIPTION: **ED Respiratory Rate**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

This is the initial, subsequent or final assessment in the ED of this hospital. It is the number of spontaneous respirations per minute. Record actual (unassisted) patient rate. If the patient is intubated with a controlled respiratory rate (bagged or ventilated), enter "1". If the patient is bagged and in full arrest, enter "0". If the patient is intubated but breathing on his/her own, enter the actual rate.

286. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **EDAS_SAO2S**
DESCRIPTION: **ED Oxygen Saturation**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

Enter the oxygen saturation. This is the initial, subsequent or final assessment in the ED of this hospital.

287. SCREEN NAME: **SUPPLEMENTAL OXYGEN**
DATA ELEMENT: **EDAS_SO2_YNS**
DESCRIPTION: **ED Supplement Oxygen**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No
VALIDATIONS: Subsequent set – Optional, Final set – Conditional - MIEMSS

If the patient was given supplemental oxygen at the time of initial, subsequent or final assessment in the ED of this hospital, enter "Y". Otherwise, enter "N".

288. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **EDAS_GCS_EOS**
DESCRIPTION: **ED Eye GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Mandatory - MIEMSS

Enter Glasgow scale 4, 3, 2, or 1. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to induce eye opening. See Appendix F for a description of the Glasgow Coma Scale.

289. SCREEN NAME: **VERBAL**
DATA ELEMENT: **EDAS_GCS_VRS**
DESCRIPTION: **ED Verbal GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Mandatory - MIEMSS

Enter Glasgow scale 5, 4, 3, 2, or 1. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to elicit the best verbal response. See Appendix F for a description of the Glasgow Coma Scale.

290. SCREEN NAME: **MOTOR**
DATA ELEMENT: **EDAS_GCS_MRS**
DESCRIPTION: **ED Motor GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Mandatory - MIEMSS

Enter Glasgow scale 6, 5, 4, 3, 2, or 1. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to elicit the best motor response. See Appendix F for a description of the Glasgow Coma Scale.

291. SCREEN NAME: **TOTAL**
DATA ELEMENT: **EDAS_GCSSC**
DESCRIPTION: **Subsequent ED GCS Total**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 2-Byte Integer
VALIDATIONS: Subsequent set – Optional, Final set – Mandatory – MIEMSS, ACS

This field can be calculated by the software or entered directly by the user. If all three ED GCS components (field #'s 288 through 290) are entered by the user, then the software calculates the total, displays it, and stores the result in this field. If the user omits any of the three components, the cursor moves to this field and prompts for the total. If the components of the GCS are not present in the record, but there is documentation within the record that the patient is "Ax4", or that the patient has a normal mental status, a GCS total of "15" may be entered for this field if there is no contradicting documentation.

292. SCREEN NAME: **GCS 40: EYE**
DATA ELEMENT: **EDAS_GCS40_EOS**
DESCRIPTION: **ED GCS 40 Eye Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 4, 3, 2, 1 or 0. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to induce eye opening. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

293. SCREEN NAME: **GCS 40: VERBAL**
DATA ELEMENT: **ED_GCS40_VRS**
DESCRIPTION: **ED GCS 40 Verbal Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 5, 4, 3, 2, 1 or 0. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to elicit the best verbal response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

294. SCREEN NAME: **GCS 40: MOTOR**
DATA ELEMENT: **EDAS_GCS40_MRS**
DESCRIPTION: **ED GCS 40 Motor Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter GCS 40 scale 6, 5, 4, 3, 2, 1 or 0. This is the initial, subsequent or final assessment in the ED of this hospital of the stimulus required to elicit the best motor response. If the patient does not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate score may be reported. See Appendix G for a description of the GCS 40 Scale.

295. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **EDAS_PTS_WTS**
DESCRIPTION: **Range of Patient's Weight**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's weight at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. <10 kgs (22 lbs)
- 1. 10-20 kgs (22-44 lbs)
- 2. >20 kgs (44 lbs)

296. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **EDAS_PTS_CUTS**
DESCRIPTION: **Cutaneous**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no open wounds at the time this set of vitals was taken. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Major/Penetrating
- 1. Minor
- 2. None

297. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **EDAS_PTS_AIRS**
DESCRIPTION: **Airway**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "normal" if the patient airway is normal at the time this set of vitals was taken. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Unmaintainable
- 1. Maintainable
- 2. Normal

298. SCREEN NAME: **CNS**
DATA ELEMENT: **EDAS_PTS_CNSS**
DESCRIPTION: **CNS**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the level of consciousness of the patient at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Comatose
- 1. Obtunded
- 2. Awake

299. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **EDAS_PTS_SKLS**
DESCRIPTION: **Skeletal Injury Type**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter "none" if there are no fractures at the time this set of vitals was taken. Enter "closed fracture" if there is only one fracture. Enter "open or multiple fractures" if there are open or multiple fractures. This data element will be grayed out if the patient is 15 years of age or older.

- 1. Open/Multiple Fractures
- 1. Closed Fracture
- 2. None

300. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **EDAS_PTS_PLPS**
DESCRIPTION: **Pulse Palpations**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If the patient is 14 years of age or less, enter the appropriate range for the patient's systolic blood pressure as obtained at the time this set of vitals was taken. This data element will be grayed out if the patient is 15 years of age or older.

- 1. SBP < 50 mmHg
- 1. SBP 50 – 90 mmHg
- 2. SBP > 90 mmHg

301. SCREEN NAME: **SKIN CONDITION**
DATA ELEMENT: **EDAS_SKIN_COND**
DESCRIPTION: **Skin Condition**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the skin condition from the emergency department flowsheet.

1. Normal
2. Cyatonic
3. Pale
4. Flushed
5. Diaphoretic
6. Jaundice
7. Burned

302. SCREEN NAME: **BREATHING**
DATA ELEMENT: **EDAS_BREATHING_COND**
DESCRIPTION: **Breathing**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the breathing status from the emergency department flow sheet.

1. Normal
2. Shallow or Retractive
3. Hyperventilation
4. Respiratory Arrest

303. SCREEN NAME: **HEART RHYTHM**
DATA ELEMENT: **EDAS_RHYTHM**
DESCRIPTION: **Heart Rhythm**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the heart rhythm from the emergency department flow sheet.

1. Regular
2. Irregular
3. Bradycardia
4. Agnoal
5. Absent
6. Tachycardia

304. SCREEN NAME: **CAPILLARY REFILL**
DATA ELEMENT: **EDAS_NAILBED**
DESCRIPTION: **Capillary Refill**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter capillary refill on arrival.

0. None
1. Delayed – More than 2 Seconds
2. Normal – Less than 2 Seconds

305. SCREEN NAME: **PUPILS**
DATA ELEMENT: **EDAS_E_COND_YN**
DESCRIPTION: **Pupils**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter condition of pupils from the emergency department flow sheet.

1. Reactive
2. Sluggish
3. Non-Reactive
4. Unequal Dilation
5. Dilated

306. SCREEN NAME: **DRUG USE INDICATOR**
DATA ELEMENT: **ED_IND_DRG01**
DESCRIPTION: **Drug Use Indicator**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

This data element refers to the toxicology screening that was performed at this hospital. If any drugs were detected, enter "1" and then the user will be able to enter the results in "Tox Screen Results", ED_DRGS (field #307). If the user enters responses "2" through "5", the "Tox Screen Results" data element will not be accessible.

1. Detected
2. Tested, but not detected
3. Not tested
4. Unknown if tested
5. Tested, result unknown

307. SCREEN NAME: **DRUG SCREEN**
DATA ELEMENT: **ED_DRGC01, ED_DRGC02, ED_DRGC03, ED_DRGC04,
ED_DRGC05, ED_DRGC06, ED_DRGC07, ED_DRGC08,
ED_DRGC09, ED_DRGC10, ED_DRGC11, ED_DRGC12,
ED_DRGC13**
DESCRIPTION: **Toxicology Results**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: Check Boxes
VALIDATIONS: Conditional – MIEMSS, NTDB

This field will only be activated if ED_IND_DRG01 (field #306) equals "1" (detected). If the toxicology screening showed positive results for the any of the following types of drugs for this patient, then click on the "Drug Screen" button and click on the box(es) that correspond to the drug(s) or enter the drug(s) using the drop down menus.

1. AMP (Amphetamine)
2. BAR (Barbiturate)
3. BZO (Benzodiazepines)
4. COC (Cocaine)
5. mAMP (Methamphetamine)
6. MDMA (Ecstasy)
7. MTD (Methadone)
8. OPI (Opioid)
9. OXY (Oxycodone)
10. PCP (Phencyclidine)
11. TCA (Tricycle Antidepressants)
12. THC (Cannabinoid)
13. Other

308. SCREEN NAME: **CLINICIAN ADMINISTERED**
DATA ELEMENT: **ED_DCA_YN01, ED_DCA_YN02, ED_DCA_YN03, ED_DCA_YN04,
ED_DCA_YN05, ED_DCA_YN06, ED_DCA_YN07, ED_DCA_YN08,
ED_DCA_YN09, ED_DCA_YN10, ED_DCA_YN11, ED_DCA_YN12,
ED_DCA_YN13**
DESCRIPTION: **Toxicology Results**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: Yes/No
VALIDATIONS: Conditional – NTDB

This field will only be activated if ED_IND_DRG01 (field #306) equals "1"(detected). If the patient tested positive for any drugs, enter "Y" if a clinician ordered the drug and it was administered within a clinical setting. Otherwise, enter "N".

309. SCREEN NAME: **ALCOHOL USE INDICATOR**
DATA ELEMENT: **ED_IND_ALC**
DESCRIPTION: **Alcohol Use Indicator**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter whether or not an alcohol screening was performed at this hospital.

1. No (Not tested)
2. No (Confirmed by test)
3. Yes (Confirmed by test [trace levels])
4. Yes (Confirmed by test [beyond legal limit])

310. SCREEN NAME: **ETOH/BAC LEVEL (mg/dl)**
DATA ELEMENT: **ETOH_BAC_LVL**
DESCRIPTION: **ETOH/BAC Level**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, NTDB

This data element will only be activated if ED_IND_ALC (field #309) does not equal "1" (not tested). Enter the blood alcohol concentration in mg/dL. 100 mg/dL is equivalent to 100 mg%.

311. SCREEN NAME: **BAC METHOD**
DATA ELEMENT: **ED_BAC_TYPE**
DESCRIPTION: **BAC Method**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS

This data element will only be activated if ED_IND_ALC (field #309) does not equal "1" (not tested). Enter the method used to test for the Blood Alcohol Concentration using the codes below.

1. Serum
2. Whole Blood
3. Vitreous Humor
4. Heart
8. Other

312. SCREEN NAME: **BLOOD SOURCE**
DATA ELEMENT: **ED_ABG_TYPE**
DESCRIPTION: **Blood Source**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the blood source.

1. Arterial
2. Venous
3. Mixed Venous

313. SCREEN NAME: **DRAWN**
DATA ELEMENT: **ED_ABG_DATE_M, ED_ABG_DATE_D, ED_ABG_DATE_Y**
DESCRIPTION: **Date Blood Gases Drawn**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the arterial blood gas was drawn, if applicable.

314. SCREEN NAME: **DRAWN**
DATA ELEMENT: **ED_ABG_TIME_H, ED_ABG_TIME_M**
DESCRIPTION: **Time Blood Gases Drawn**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the arterial blood gas was drawn, if applicable.

315. SCREEN NAME: **HCT**
DATA ELEMENT: **ED_LAB_HCT**
DESCRIPTION: **Hematocrit**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the initial Hematocrit in the ED. Obtain from ED documentation, referring hospital documentation, lab reports, or physician progress notes.

316. SCREEN NAME: **HGB**
DATA ELEMENT: **ED_LAB_HGB**
DESCRIPTION: **Hemoglobin**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 4-Byte Integer
VALIDATIONS: Optional

Enter the initial Hemoglobin in ED. Obtain from ED documentation, referring hospital documentation, lab reports, or physician progress notes.

317. SCREEN NAME: **PH**
DATA ELEMENT: **ED_ABG_PH**
DESCRIPTION: **pH**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter pH if available and applicable from the lab results of the first set drawn within 24 hours of arrival to the hospital.

318. SCREEN NAME: **PAO2**
DATA ELEMENT: **ED_ABG_PAO2**
DESCRIPTION: **PO2**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter oxygen saturation level if applicable from the lab results of the first set drawn within 24 hours of arrival to the hospital.

319. SCREEN NAME: **PACO2**
DATA ELEMENT: **ED_ABG_PACO2**
DESCRIPTION: **PCO2**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

Enter partial carbon dioxide level if available and applicable from the lab results of the first set drawn within 24 hours of arrival to the hospital.

320. SCREEN NAME: **SAO2**
DATA ELEMENT: **ED_ABG_SAO2**
DESCRIPTION: **Sat O2 (%)**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 4-Byte Floating Decimal
VALIDATIONS: Optional

Enter the base oxygen saturation value if arterial blood gases were drawn from the first set taken within 24 hours of arrival to the hospital.

321. SCREEN NAME: **O2 FLOW**
DATA ELEMENT: **ED_ABG_O2FLOW**
DESCRIPTION: **O2 Flow**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the oxygen flow value if arterial blood gases were drawn from the first set taken within 24 hours of arrival to the hospital.

322. SCREEN NAME: **O2 FRAC**
DATA ELEMENT: **ED_ABG_FIO2**
DESCRIPTION: **O2 Frac**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the O2 fraction value if arterial blood gases were drawn from the first set taken within 24 hours of arrival to the hospital.

323. SCREEN NAME: **BASE DEFICIT/EXCESS**
DATA ELEMENT: **ED_ABG_BASE**
DESCRIPTION: **Base Deficit**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the base deficit level if arterial blood gases were drawn from the first set taken within 24 hours of arrival to the hospital.

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Section VI: Patient Tracking

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324. SCREEN NAME: **LOCATION CODE**
 DATA ELEMENT: **LT_CODES**
 DESCRIPTION: **Location Code**
 TAB: Patient Tracking
 FORMAT: 2-Byte Integer
 VALIDATIONS: Optional

Click on the "Add" button on the right hand side of the location tracking grid to enter information for location tracking. Enter the location code that corresponds to the location that the patient was taken to within this hospital.

- | | |
|--------------------------------------|---|
| 1. Trauma Bay | 21. MPCU |
| 2. Emergency Department | 22. Neuro (Neuro ICU) |
| 3. Operating Room | 23. Neuro Science Critical Care (NCCU) |
| 4. Intensive Care (A2IC) | 24. Surgical (SICU) |
| 5. IMCU/PUC/Stepdown | 25. Weinberg (WICU) |
| 6. Floor/Unit-Medical/Surgical | 26. Brain Recovery Unit (BRU) |
| 7. Telemetry Unit | 27. Acute Geriatric Unit (AGU) |
| 8. Observation Unit | 28. Orthopedic Unit (Wentz-A4W) |
| 9. Burn Unit | 29. 6 Surgery |
| 10. Radiology | 30. NeuroScience Unit (NSU) |
| 11. Post Anesthesia Care Unit (PACU) | 31. Neuro Intermediate Care Unit (NIMC) |
| 12. Special Procedure Unit | 32. Surgical Intermediate Care Unit (SIMC) |
| 13. Labor and Delivery | 33. Nursery (A2N) |
| 14. Neonatal (NICU) | 34. Pediatrics (A2PE) |
| 15. Pediatric (PICU) | 35. Bridgeview (BRDG) |
| 16. Burn Intensive Care Unit (BICU) | 36. Psychiatric Unit |
| 17. Cardiac (CICU) or (CCU) | 37. Extended Stay Unit- Inpt Admit (ESU) |
| 18. Cardiovascular (CVICU) | 38. Extended Stay Unit--no Inpt Admit (SSU) |
| 19. Cardiac Surgery (C-SICU) | 39. Surgical Short Stay Unit (SqSU) |
| 20. Medical (MICU) | 88. Other |

325. SCREEN NAME: **ARRIVAL**
 DATA ELEMENT: **LT_A_DATES**
 DESCRIPTION: **Date of Arrival at Location**
 TAB: Patient Tracking
 FORMAT: 2,2,4-Byte Integers
 VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the patient was taken to this location within the hospital.

326. SCREEN NAME: **ARRIVAL**
DATA ELEMENT: **LT_A_TIMES**
DESCRIPTION: **Time of Arrival at Location**
TAB: Patient Tracking
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the patient was taken to this location within the hospital.

327. SCREEN NAME: **DEPARTURE**
DATA ELEMENT: **LT_DIS_DATES**
DESCRIPTION: **Date of Departure from Location**
TAB: Patient Tracking
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that the patient departed from this location within the hospital.

328. SCREEN NAME: **DEPARTURE**
DATA ELEMENT: **LT_DIS_TIMES**
DESCRIPTION: **Time of Departure from Location**
TAB: Patient Tracking
FORMAT: 2,2-Byte Integer
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the patient departed from this location in the hospital.

329. SCREEN NAME: **DETAIL**
DATA ELEMENT: **LT_DETAILS**
DESCRIPTION: **Notes for Patient at This Location**
TAB: Patient Tracking
FORMAT: 50-Byte Memo Field
VALIDATIONS: Optional

Enter any relevant notes for the patient while at this location.

330. SCREEN NAME: **SERVICE**
DATA ELEMENT: **ST_CODES**
DESCRIPTION: **Service Code**
TAB: Patient Tracking
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Click on the "Add" button on the right hand side of the service tracking grid to enter information for service tracking. Enter the service code.

- | | |
|-------------------------------|---------------------------------|
| 1. Trauma Service | 28. Pain Service |
| 2. Neurosurgery | 29. Maxillofacial Service |
| 3. Orthopedics | 30. Critical Care/Intensivist |
| 4. General Surgery | 31. Interventional Radiology |
| 5. Medicine/Internal Medicine | 32. Hematology |
| 6. Vascular Surgery | 33. Child Protective Team (CPT) |
| 7. Thoracic Surgery | 34. Obstetrics/Gynecology |
| 8. Cardiothoracic Surgery | 35. Hospitalist |
| 9. Plastic Surgery | 37. Nurse Practitioner |
| 10. Pulmonary | 38. Physician Assistant |
| 11. Psychiatry | 39. Anesthesiology |
| 12. Pediatrics | 40. Palliative Care |
| 13. Burn Services | 41. Pediatric Surgery |
| 14. Otolaryngology (ENT) | 42. Radiology |
| 15. Ophthalmology | 43. Respiratory Therapy |
| 16. Oral Surgery | 44. Social Services |
| 17. Emergency Medicine | 45. Trauma Resuscitation Nurse |
| 18. Infectious Diseases | 46. Triage Nurse |
| 19. Nephrology | 47. Chaplain |
| 20. Renal | 48. Ortho-Spine |
| 21. Neurology | 49. Family Medicine |
| 22. Urology | 50. Oncology |
| 23. Physiatry | 51. Wound Care |
| 24. Gastro-Intestinal (GI)/GU | 52. Documentation Recorder |
| 25. Endocrinology | 53. Nursing |
| 26. Cardiology | 98. Other Surgical |
| 27. Geriatrics | 99. Other Non-Surgical |

331. SCREEN NAME: **START**
DATA ELEMENT: **ST_MD_A_DATES**
DESCRIPTION: **Date Service Began**
TAB: Patient Tracking
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date the service began care for this patient.

332. SCREEN NAME: **START**
DATA ELEMENT: **ST_MD_A_TIMES**
DESCRIPTION: **Time Service Began**
TAB: Patient Tracking
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the service began care for this patient.

333. SCREEN NAME: **STOP**
DATA ELEMENT: **ST_DIS_DATES**
DESCRIPTION: **Date Service Stopped**
TAB: Patient Tracking
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date the service stopped care for this patient.

334. SCREEN NAME: **STOP**
DATA ELEMENT: **ST_DIS_TIMES**
DESCRIPTION: **Time Service Stopped**
TAB: Patient Tracking
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the service stopped care for this patient.

335. SCREEN NAME: **DETAIL**
DATA ELEMENT: **ST_DETAILS**
DESCRIPTION: **Notes for Patient While on this Service**
TAB: Patient Tracking
FORMAT: 50-Byte Memo
VALIDATIONS: Optional

Enter any relevant notes for the patient while on this service.

Section VII: Event

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336. SCREEN NAME: **FIRST VISIT TO ICU**
DATA ELEMENT: **PE_DATE01_M, PE_DATE01_D, PE_DATE01_Y**
DESCRIPTION: **Date of First ICU Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date of the first ICU visit.

337. SCREEN NAME: **FIRST VISIT TO ICU**
DATA ELEMENT: **PE_TIME01_H, PE_TIME01_M**
DESCRIPTION: **Time of First ICU Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of the first ICU visit.

338. SCREEN NAME: **PIMC FIRST VISIT**
DATA ELEMENT: **PE_DATE02_M, PE_DATE02_D, PE_DATE02_Y**
DESCRIPTION: **Date of First PIMC Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the arrival date at the PIMC as documented on the PIMC sheet. (This data element is only applicable if your facility has a step-down PIMC unit.)

339. SCREEN NAME: **PIMC FIRST VISIT**
DATA ELEMENT: **PE_TIME02_H, PE_TIME02_M**
DESCRIPTION: **Time of First PIMC Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the arrival time at the PIMC as documented on the PIMC sheet. (This data element is only applicable if your facility has a step-down PIMC unit.)

340. SCREEN NAME: **WARD FIRST VISIT**
DATA ELEMENT: **PE_DATE03_M, PE_DATE03_D, PE_DATE03_Y**
DESCRIPTION: **Date of First Ward Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date of the first ward visit.

341. SCREEN NAME: **WARD FIRST VISIT**
DATA ELEMENT: **PE_TIME03_H, PE_TIME03_M**
DESCRIPTION: **Time of First Ward Visit**
TAB: Event
SUBTAB: Event
FORMAT: 2,2-Byte Integers
VALIDATIONS: Optional

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of the first ward visit.

Section VIII: Providers

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342. SCREEN NAME: **TRAUMA SERVICE**
DATA ELEMENT: **EDP_MD_LNK01**
DESCRIPTION: **Responsible Trauma Surgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Mandatory - MIEMSS

Click on the search button and then select the ID or name of the trauma surgeon responsible for this patient.

343. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE01**
DESCRIPTION: **Responsible Trauma Surgeon Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as MM DD YYYY.

Enter the date the trauma surgeon was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the trauma surgeon was notified is not available. Enter "/" if not applicable because a trauma surgeon was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

344. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME01**
DESCRIPTION: **Responsible Trauma Surgeon Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the trauma surgeon was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the trauma surgeon was notified is not available. Enter "\" if not applicable because a trauma surgeon was not involved in the care of this patient. Also enter "\" if not applicable because the patient was not admitted through the ED or immediate response was not required.

345. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE01**
DESCRIPTION: **Responsible Trauma Surgeon Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the surgeon responsible for trauma care at this hospital. If the trauma surgeon arrived before the patient, the date that the trauma surgeon arrived should still be entered. Enter "*" if the date the trauma surgeon arrived is not available. Enter "/" if not applicable because a trauma surgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

346. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME01**
DESCRIPTION: **Responsible Trauma Surgeon Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the surgeon responsible for trauma care at this hospital. If the trauma surgeon arrived before the patient, the time that the trauma surgeon arrived should still be entered. Enter "*" if the time the trauma surgeon arrived is not available. Enter "/" if not applicable because a trauma surgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

347. SCREEN NAME: **TRAUMA SERVICE**
DATA ELEMENT: **EDP_MEMO01**
DESCRIPTION: **Notes for Responsible Trauma Surgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to this trauma surgeon.

348. SCREEN NAME: **EMERGENCY MEDICINE**
DATA ELEMENT: **EDP_MD_LNK02**
DESCRIPTION: **Emergency Medicine Physician**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the emergency medicine physician responsible for this patient.

349. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE02**
DESCRIPTION: **Emergency Medicine Physician Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the emergency medicine physician was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the emergency medicine physician was notified is not available. Enter "/" if not applicable because an emergency medicine physician was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

350. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME02**
DESCRIPTION: **Emergency Medicine Physician Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the emergency medicine physician was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the emergency medicine physician was notified is not available. Enter "/" if not applicable because the emergency medicine physician was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

351. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE02**
DESCRIPTION: **Emergency Medicine Physician Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the emergency medicine physician. If the emergency medicine physician arrived before the patient, the date that the physician arrived should still be entered. Enter "*" if the date the emergency medicine physician arrived is not available. Enter "/" if not applicable because an emergency medicine physician was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

352. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME02**
DESCRIPTION: **Emergency Medicine Physician Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the emergency medicine physician responsible for trauma care at this hospital. If the emergency medicine physician arrived before the patient, the time that the emergency medicine physician arrived should still be entered. Enter "*" if the time the emergency medicine physician arrived is not available. Enter "/" if not applicable because an emergency medicine physician was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

353. SCREEN NAME: **EMERGENCY MEDICINE**
DATA ELEMENT: **EDP_MEMO02**
DESCRIPTION: **Notes for Emergency Medicine Physician**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to this emergency medicine physician.

354. SCREEN NAME: **ANESTHESIA**
DATA ELEMENT: **EDP_MD_LNK03**
DESCRIPTION: **Anesthesiologist**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the anesthesiologist involved in the care of this patient. The information for this specialist can either be entered here or in the in-house consultation tab depending on your center's policy or if your center tracks the arrival time. As a general rule, enter the information for the anesthesiologist here if the consult was done before admission orders were written for the patient if the patient was admitted or was kept for observation.

355. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE03**
DESCRIPTION: **Anesthesia Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the anesthesiologist was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the anesthesiologist was notified is not available. Enter "/" if not applicable because an anesthesiologist was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

356. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME03**
DESCRIPTION: **Anesthesia Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the anesthesiologist was notified that he/she should report to the ED for an incoming case. Enter "*" if the time anesthesiologist was notified is not available. Enter "/" if not applicable because an anesthesiologist was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

357. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE03**
DESCRIPTION: **Anesthesia Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the anesthesiologist involved in the care of this patient. If the anesthesiologist arrived before the patient, the date that the anesthesiologist arrived should still be entered. Enter "*" if the date the anesthesiologist arrived is not available. Enter "/" if not applicable because an anesthesiologist was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

358. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME03**
DESCRIPTION: **Anesthesia Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the anesthesiologist involved in the care of this patient. If the anesthesiologist arrived before the patient, the time that the anesthesiologist arrived should still be entered. Enter "*" if the time the anesthesiologist arrived is not available. Enter "/" if not applicable because an anesthesiologist was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

359. SCREEN NAME: **ANESTHESIA**
DATA ELEMENT: **EDP_MEMO03**
DESCRIPTION: **Notes for Anesthesia**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to this anesthesiologist.

360. SCREEN NAME: **NEUROSURGERY**
DATA ELEMENT: **EDP_MD_LNK04**
DESCRIPTION: **Neurosurgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the neurosurgeon involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

361. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE04**
DESCRIPTION: **Neurosurgeon Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the neurosurgeon was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the neurosurgeon was notified is not available. Enter "/" if not applicable because a neurosurgeon was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

362. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME04**
DESCRIPTION: **Neurosurgeon Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the neurosurgeon was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the neurosurgeon was notified is not available. Enter "/" if not applicable because a neurosurgeon was not involved in the care of this patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

363. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE04**
DESCRIPTION: **Neurosurgeon Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the neurosurgeon involved in the care of this patient. If the neurosurgeon arrived before the patient, the date that the neurosurgeon arrived should still be entered. Enter "*" if the date the neurosurgeon arrived is not available. Enter "/" if not applicable because a neurosurgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

364. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME04**
DESCRIPTION: **Neurosurgeon Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the neurosurgeon involved in the care of this patient. If the neurosurgeon arrived before the patient, the time that the neurosurgeon arrived should still be entered. Enter "*" if the time the neurosurgeon arrived is not available. Enter "/" if not applicable because a neurosurgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

365. SCREEN NAME: **NEUROSURGERY**
DATA ELEMENT: **EDP_MEMO04**
DESCRIPTION: **Notes for Neurosurgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to this neurosurgeon.

366. SCREEN NAME: **ORTHOPEDECS**
DATA ELEMENT: **EDP_MD_LNK05**
DESCRIPTION: **Orthopedics**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the orthopedic surgeon involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

367. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE05**
DESCRIPTION: **Orthopedics Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as MM DD YYYY.

Enter the date the orthopedic surgeon was notified that he/she should report to the ED for an incoming case. Enter “*” if the date the orthopedic surgeon was notified is not available. Enter “/” if not applicable because an orthopedic surgeon was not involved in the care of this patient. Also enter “/” if not applicable because the patient was not admitted through the ED or immediate response was not required.

368. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME05**
DESCRIPTION: **Orthopedics Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the orthopedic surgeon was notified that he/she should report to the ED for an incoming case. Enter “*” if the time the orthopedic surgeon was notified is not available. Enter “/” if not applicable because an orthopedic surgeon was not involved in the care of this patient. Also enter “/” if not applicable because the patient was not admitted through the ED or immediate response was not required.

369. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE05**
DESCRIPTION: **Orthopedics Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the orthopedic surgeon involved in the care of this patient. If the orthopedic surgeon arrived before the patient, the date that the orthopedic surgeon arrived should still be entered. Enter "*" if the date the orthopedic surgeon arrived is not available. Enter "/" if not applicable because an orthopedic surgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

370. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME05**
DESCRIPTION: **Orthopedics Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the orthopedic surgeon involved in the care of this patient. If the orthopedic surgeon arrived before the patient, the time that the orthopedic surgeon arrived should still be entered. Enter "*" if the time the orthopedic surgeon arrived is not available. Enter "/" if not applicable because an orthopedic surgeon was not involved in the care of the patient. Also enter "/" if not applicable because the patient was not admitted through the ED or immediate response was not required.

371. SCREEN NAME: **ORTHOPEDECS**
DATA ELEMENT: **EDP_MEMO05**
DESCRIPTION: **Notes for Orthopedics**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to this orthopedic surgeon.

372. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE06**
DESCRIPTION: **First Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the provider type for the first other provider involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 21. Neurology |
| 2. Neurosurgery | 22. Urology |
| 3. Orthopedics | 23. Physiatry |
| 4. General Surgery | 24. GI/GU |
| 5. Medicine | 25. Endocrinology |
| 6. Vascular | 26. Cardiology |
| 7. Thoracic | 27. Geriatrics |
| 8. Cardio-Thoracic | 28. Pain Service |
| 9. Plastic Surgery | 29. Maxillofacial |
| 10. Pulmonary | 30. Critical Care/Intensivist |
| 11. Psychiatry | 31. Interventional Radiology |
| 12. Pediatrics | 32. Hematology |
| 13. Burn | 33. CPT (Child Protective Team) |
| 14. ENT | 34. Obstetrics/Gynecology |
| 15. Ophthalmology | 35. Hospitalist |
| 16. Oral Surgery | 36. Nurse Anesthetist |
| 17. Emergency Medicine | 37. Nurse Practitioner |
| 18. Infectious Diseases | 38. Physician Assistant |
| 19. Nephrology | 39. Anesthesia |
| 20. Renal | 88. Other |

373. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK06**
DESCRIPTION: **First Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the first other provider involved in the care of this patient.

374. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE06**
DESCRIPTION: **First Other Provider Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the first other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the first other provider was notified is not available.

375. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME06**
DESCRIPTION: **First Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the first other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the first other provider was notified is not available.

376. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE06**
DESCRIPTION: **First Other Provider Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the first other provider involved in the care of this patient. If the first other provider arrived before the patient, the date that the first other provider arrived should still be entered. Enter "*" if the date the first other provider arrived is not available.

377. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME06**
DESCRIPTION: **First Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the first other provider involved in the care of this patient. If the first other provider arrived before the patient, the time that the first other provider arrived should still be entered. Enter "*" if the time the first other provider arrived is not available.

378. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO06**
DESCRIPTION: **Notes for First Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the first other provider.

379. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE07**
DESCRIPTION: **Second Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the provider type for the second other provider involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 21. Neurology |
| 2. Neurosurgery | 22. Urology |
| 3. Orthopedics | 23. Physiatry |
| 4. General Surgery | 24. GI/GU |
| 5. Medicine | 25. Endocrinology |
| 6. Vascular | 26. Cardiology |
| 7. Thoracic | 27. Geriatrics |
| 8. Cardio-Thoracic | 28. Pain Service |
| 9. Plastic Surgery | 29. Maxillofacial |
| 10. Pulmonary | 30. Critical Care/Intensivist |
| 11. Psychiatry | 31. Interventional Radiology |
| 12. Pediatrics | 32. Hematology |
| 13. Burn | 33. CPT (Child Protective Team) |
| 14. ENT | 34. Obstetrics/Gynecology |
| 15. Ophthalmology | 35. Hospitalist |
| 16. Oral Surgery | 36. Nurse Anesthetist |
| 17. Emergency Medicine | 37. Nurse Practitioner |
| 18. Infectious Diseases | 38. Physician Assistant |
| 19. Nephrology | 39. Anesthesia |
| 20. Renal | 88. Other |

380. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK07**
DESCRIPTION: **Second Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the second other provider involved in the care of this patient.

381. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE07**
DESCRIPTION: **Second Other Provider Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the second other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the second other provider was notified is not available.

382. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME07**
DESCRIPTION: **Second Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the second other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the second other provider was notified is not available.

383. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE07**
DESCRIPTION: **Second Other Provider Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the second other provider involved in the care of this patient. If the second other provider arrived before the patient, the date that the second other provider arrived should still be entered. Enter "*" if the date the second other provider arrived is not available.

384. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME07**
DESCRIPTION: **Second Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the second other provider involved in the care of this patient. If the second other provider arrived before the patient, the time that the second other provider arrived should still be entered. Enter "*" if the time the second other provider arrived is not available.

385. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO07**
DESCRIPTION: **Notes for Second Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the second other provider.

386. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE08**
DESCRIPTION: **Third Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the provider type for the third other provider involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 21. Neurology |
| 2. Neurosurgery | 22. Urology |
| 3. Orthopedics | 23. Physiatry |
| 4. General Surgery | 24. GI/GU |
| 5. Medicine | 25. Endocrinology |
| 6. Vascular | 26. Cardiology |
| 7. Thoracic | 27. Geriatrics |
| 8. Cardio-Thoracic | 28. Pain Service |
| 9. Plastic Surgery | 29. Maxillofacial |
| 10. Pulmonary | 30. Critical Care/Intensivist |
| 11. Psychiatry | 31. Interventional Radiology |
| 12. Pediatrics | 32. Hematology |
| 13. Burn | 33. CPT (Child Protective Team) |
| 14. ENT | 34. Obstetrics/Gynecology |
| 15. Ophthalmology | 35. Hospitalist |
| 16. Oral Surgery | 36. Nurse Anesthetist |
| 17. Emergency Medicine | 37. Nurse Practitioner |
| 18. Infectious Diseases | 38. Physician Assistant |
| 19. Nephrology | 39. Anesthesia |
| 20. Renal | 88. Other |

387. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK08**
DESCRIPTION: **Third Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the third other provider involved in the care of this patient.

388. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE08**
DESCRIPTION: **Third Other Provider Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the third other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the third other provider was notified is not available.

389. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME08**
DESCRIPTION: **Third Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the third other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the third other provider was notified is not available.

390. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE08**
DESCRIPTION: **Third Other Provider Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the third other provider involved in the care of this patient. If the third other provider arrived before the patient, the date that the third other provider arrived should still be entered. Enter "*" if the date the third other provider arrived is not available.

391. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME08**
DESCRIPTION: **Third Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the third other provider involved in the care of this patient. If the third other provider arrived before the patient, the time that the third other provider arrived should still be entered. Enter "*" if the time the third other provider arrived is not available.

392. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO08**
DESCRIPTION: **Notes for Third Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the third other provider.

393. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE09**
DESCRIPTION: **Fourth Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the provider type for the fourth other provider involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 21. Neurology |
| 2. Neurosurgery | 22. Urology |
| 3. Orthopedics | 23. Physiatry |
| 4. General Surgery | 24. GI/GU |
| 5. Medicine | 25. Endocrinology |
| 6. Vascular | 26. Cardiology |
| 7. Thoracic | 27. Geriatrics |
| 8. Cardio-Thoracic | 28. Pain Service |
| 9. Plastic Surgery | 29. Maxillofacial |
| 10. Pulmonary | 30. Critical Care/Intensivist |
| 11. Psychiatry | 31. Interventional Radiology |
| 12. Pediatrics | 32. Hematology |
| 13. Burn | 33. CPT (Child Protective Team) |
| 14. ENT | 34. Obstetrics/Gynecology |
| 15. Ophthalmology | 35. Hospitalist |
| 16. Oral Surgery | 36. Nurse Anesthetist |
| 17. Emergency Medicine | 37. Nurse Practitioner |
| 18. Infectious Diseases | 38. Physician Assistant |
| 19. Nephrology | 39. Anesthesia |
| 20. Renal | 88. Other |

394. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK09**
DESCRIPTION: **Fourth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the fourth other provider involved in the care of this patient.

395. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE09**
DESCRIPTION: **Fourth Other Provider Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the fourth other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the fourth other provider was notified is not available.

396. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME09**
DESCRIPTION: **Fourth Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the fourth other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the fourth other provider was notified is not available.

397. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE09**
DESCRIPTION: **Fourth Other Provider Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the fourth other provider involved in the care of this patient. If the fourth other provider arrived before the patient, the date that the fourth other provider arrived should still be entered. Enter "*" if the date the fourth other provider arrived is not available.

398. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME09**
DESCRIPTION: **Fourth Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the fourth other provider involved in the care of this patient. If the fourth other provider arrived before the patient, the time that the fourth other provider arrived should still be entered. Enter “*” if the time the fourth other provider arrived is not available.

399. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO09**
DESCRIPTION: **Notes for Fourth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the fourth other provider.

400. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE10**
DESCRIPTION: **Fifth Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the provider type for the fifth other provider involved in the care of this patient. Any consult of this service while the patient is in the ED should be entered here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 21. Neurology |
| 2. Neurosurgery | 22. Urology |
| 3. Orthopedics | 23. Physiatry |
| 4. General Surgery | 24. GI/GU |
| 5. Medicine | 25. Endocrinology |
| 6. Vascular | 26. Cardiology |
| 7. Thoracic | 27. Geriatrics |
| 8. Cardio-Thoracic | 28. Pain Service |
| 9. Plastic Surgery | 29. Maxillofacial |
| 10. Pulmonary | 30. Critical Care/Intensivist |
| 11. Psychiatry | 31. Interventional Radiology |
| 12. Pediatrics | 32. Hematology |
| 13. Burn | 33. CPT (Child Protective Team) |
| 14. ENT | 34. Obstetrics/Gynecology |
| 15. Ophthalmology | 35. Hospitalist |
| 16. Oral Surgery | 36. Nurse Anesthetist |
| 17. Emergency Medicine | 37. Nurse Practitioner |
| 18. Infectious Diseases | 38. Physician Assistant |
| 19. Nephrology | 39. Anesthesia |
| 20. Renal | 88. Other |

401. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK10**
DESCRIPTION: **Fifth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button
VALIDATIONS: Conditional - MIEMSS

Click on the search button and then select the ID or name of the fifth other provider involved in the care of this patient.

402. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE10**
DESCRIPTION: **Fifth Other Provider Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the fifth other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the date the fifth other provider was notified is not available.

403. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME10**
DESCRIPTION: **Fifth Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the fifth other provider was notified that he/she should report to the ED for an incoming case. Enter "*" if the time the fifth other provider was notified is not available.

404. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE10**
DESCRIPTION: **Fifth Other Provider Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date of arrival of the fifth other provider involved in the care of this patient. If the fifth other provider arrived before the patient, the date that the fifth other provider arrived should still be entered. Enter "*" if the date the fifth other provider arrived is not available.

405. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME10**
DESCRIPTION: **Fifth Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of arrival of the fifth other provider involved in the care of this patient. If the fifth other provider arrived before the patient, the time that the fifth other provider arrived should still be entered. Enter "*" if the time the fifth other provider arrived is not available.

406. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO10**
DESCRIPTION: **Notes for Fifth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the fifth other provider.

407. SCREEN NAME: **TYPE**
 DATA ELEMENT: **CS_TYPE01, CS_TYPE02, CS_TYPE03, CS_TYPE04, CS_TYPE05, CS_TYPE06, CS_TYPE07, CS_TYPE08, CS_TYPE09, CS_TYPE10, CS_TYPE11, CS_TYPE12, CS_TYPE13, CS_TYPE14, CS_TYPE15**
 DESCRIPTION: **In-House Consult Types**
 TAB: Providers
 SUBTAB: In House Consults
 FORMAT: 2-Byte Integers
 VALIDATIONS: Conditional - MIEMSS

Enter the type(s) of in-house consultation(s) for this patient. If the consult(s) is provided in the emergency department AFTER the admitting orders are written, enter the type(s) of consult(s) here.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 19. Nephrology |
| 2. Neurosurgery | 20. Renal |
| 3. Orthopedics | 21. Neurology |
| 4. General Surgery | 22. Urology |
| 5. Medicine | 23. Physiatry |
| 6. Vascular | 24. GI/GU |
| 7. Thoracic | 25. Endocrinology |
| 8. Cardio-Thoracic | 26. Cardiology |
| 9. Plastic Surgery | 27. Geriatrics |
| 10. Pulmonary | 28. Pain Service |
| 11. Psychiatry | 29. Maxillofacial |
| 12. Pediatrics | 30. Critical Care/Intensivist |
| 13. Burn | 31. Interventional Radiology |
| 14. ENT | 32. Hematology |
| 15. Ophthalmology | 33. CPT (Child Protective Team) |
| 16. Oral Surgery | 34. Obstetrics/Gynecology |
| 17. Emergency Medicine | 35. Hospitalist |
| 18. Infectious Diseases | 88. Other |

408. SCREEN NAME: **PROVIDER**
 DATA ELEMENT: **CS_MD_LNK01, CS_MD_LNK02, CS_MD_LNK03, CS_MD_LNK04, CS_MD_LNK05, CS_MD_LNK06, CS_MD_LNK07, CS_MD_LNK08, CS_MD_LNK09, CS_MD_LNK10, CS_MD_LNK11, CS_MD_LNK12, CS_MD_LNK13, CS_MD_LNK14, CS_MD_LNK15**
 DESCRIPTION: **In-House Providers**
 TAB: Providers
 SUBTAB: In-House Consults
 FORMAT: Search Button
 VALIDATIONS: Conditional - MIEMSS

The user may enter the ID number(s) of the physician(s) that provided the in-house consultation(s) for the patient or select from the available list.

409. SCREEN NAME: **PROVIDER**
DATA ELEMENT: **CS_MEMO01, CS_MEMO02, CS_MEMO03, CS_MEMO04,
CS_MEMO05, CS_MEMO06, CS_MEMO07, CS_MEMO08,
CS_MEMO09, CS_MEMO10, CS_MEMO11, CS_MEMO12,
CS_MEMO13, CS_MEMO14, CS_MEMO15**
DESCRIPTION: **In-House Consultation Notes**
TAB: Providers
SUBTAB: In-House Consultants
FORMAT: Memo Fields
VALIDATIONS: Optional

Enter any notes relating to the consultation(s) for this patient.

410. SCREEN NAME: **PHYSICAL THERAPY**
DATA ELEMENT: **PE_RSP_YN04**
DESCRIPTION: **Physical Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient received any physical therapy while in the hospital.

411. SCREEN NAME: **OCCUPATIONAL THERAPY**
DATA ELEMENT: **PE_RSP_YN05**
DESCRIPTION: **Occupational Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient received any occupational therapy while in the hospital.

412. SCREEN NAME: **SPEECH THERAPY**
DATA ELEMENT: **PE_RSP_YN06**
DESCRIPTION: **Speech Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient received any speech/language therapy while in the hospital.

413. SCREEN NAME: **CHEMICAL THERAPY**
DATA ELEMENT: **PE_RSP_YN07**
DESCRIPTION: **Chemical Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient received any therapy for chemical dependency (including alcohol) while in the hospital.

414. SCREEN NAME: **SOCIAL WORK**
DATA ELEMENT: **PE_RSP_YN08**
DESCRIPTION: **Social Work Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No
VALIDATIONS: Optional

Enter "Y" if the patient received a consultation from social work while in the hospital.

Section IX: Procedures

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415. SCREEN NAME: **START**
DATA ELEMENT: **OP_A_DATES**
DESCRIPTION: **OR Arrival Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

Click on the “Add Operations” button and enter the date the patient arrived in the OR for this visit. Each time the user clicks on the “Add Operations” button, the software will assume that there is a new OR visit. To add to or edit an OR visit that already has been entered, highlight the OR visit, and click on the “Edit” button.

416. SCREEN NAME: **START**
DATA ELEMENT: **OP_A_TIMES**
DESCRIPTION: **OR Arrival Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient arrived in the OR for this visit.

417. SCREEN NAME: **INCISION**
DATA ELEMENT: **OP_F_INCS_DATES**
DESCRIPTION: **OR Incision Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date the first incision was made for the patient for this OR visit.

418. SCREEN NAME: **INCISION**
DATA ELEMENT: **OP_F_INCS_TIMES**
DESCRIPTION: **OR Incision Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the first incision was made for the patient for this OR visit.

419. SCREEN NAME: **STOP**
DATA ELEMENT: **PR_STP_DATES**
DESCRIPTION: **OR Stop Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the stop date for this OR visit.

420. SCREEN NAME: **STOP**
DATA ELEMENT: **PR_STP_TIMES**
DESCRIPTION: **OR Stop Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the stop time for this OR visit.

421. SCREEN NAME: **PHYSICIAN 1**
DATA ELEMENT: **OP_MD_LNK01S**
DESCRIPTION: **First Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures
VALIDATIONS: Conditional - MIEMSS

The user may enter the ID number of the first physician who performed a procedure on this patient during this OR visit or select from the available list.

422. SCREEN NAME: **PHYSICIAN 2**
DATA ELEMENT: **OP_MD_LNK02S**
DESCRIPTION: **Second Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures
VALIDATIONS: Conditional - MIEMSS

The user may enter the ID number of the second physician who performed a procedure on this patient during this OR visit or select from the available list.

423. SCREEN NAME: **PHYSICIAN 3**
DATA ELEMENT: **OP_MD_LNK03S**
DESCRIPTION: **Third Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures
VALIDATIONS: Conditional - MIEMSS

The user may enter the ID number of the third physician who performed a procedure on this patient during this OR visit or select from the available list.

424. SCREEN NAME: **OR DISPOSITION**
DATA ELEMENT: **OR_DSPTS**
DESCRIPTION: **OR Disposition**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the disposition of the patient from the OR.

1. Admitted to Floor
2. Admitted to ICA, Telemetry, or Step-Down Unit
3. Admitted to Intensive Care Unit
4. Admitted to Operating Room
5. Admitted to OR Recovery Room
6. Discharged
7. Transferred
8. Left Against Medical Advice
9. Morgue/Died
10. Short Stay Unit
11. Home with Services
12. Cath Lab
88. Other

425. SCREEN NAME: **ICD 10 PROCEDURE CODE**
DATA ELEMENT: **PR_ICD10_S**
DESCRIPTION: **OR Procedures**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 7-Byte Alphanumeric
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

The user may enter the ICD-10 code for the procedure performed during this patient's hospital stay. The user may enter the procedure in the window for the OR visit, click on the "Add" button in the "Procedures" grid or click on the "Add Multiple Procedures" button. Enter the following procedure codes for reversal interventions if given to the patient:

- 30283B1 (PCC, Praxbind, FIEBA)
- 3E0336Z (Vitamin K)
- 30233K1 (FFP)
- 303233R1 (Platelets)
- 30233M1 (Cryoprecipitate)

Enter the procedures that are required by the NTDB as specified in the current NTDB data dictionary. Do not include organ or tissue harvesting for transplantation.

426. SCREEN NAME: **PROCEDURE TYPE**
DATA ELEMENT: **PR_CATS**
DESCRIPTION: **Procedure Type**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS, ACS

Enter the procedure type for the procedure performed during this patient's hospital stay. If the user has not yet clicked on the "Add" button in the "Procedures" grid, the user should click on this button to enter the procedure type. See Appendix H for a list of the procedure types. The user may click on the "ED Treatments – ICD 10" button for the "quick-pick" list of treatments/procedures. See Appendix I for a list of "quick-pick" treatments/procedures and their corresponding ICD-10 codes and descriptors.

- This data element should not be used for any procedure that has an ICD-10 code.
- Any antibiotics given should be entered in ED_MEDS (field #434) in order to trigger the ACS audit filter A-13.

427. SCREEN NAME: **LOCATION**
DATA ELEMENT: **PR_LOCS**
DESCRIPTION: **Location**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

Enter the location in which this procedure was performed for this patient.

1. ED
2. OR
3. ICU
4. Med/Surg Floor
5. Step Down Unit
6. Radiology
7. Nuclear Medicine
8. Burn Unit
9. Physical Medical Rehab
10. Minor Surgery Unit
11. Special Procedure Unit
12. PIMC
13. WARD

428. SCREEN NAME: **OR VISIT #**
DATA ELEMENT: **PR_OPLNKS**
DESCRIPTION: **OR Visit Number**
TAB: Procedures
SUBTAB: Procedures
VALIDATIONS: Conditional - MIEMSS

If this procedure was performed in the OR, select the OR visit number for this procedure from the list provided. This data element will only be available if PR_LOCS (field #427) is "2" (OR).

429. SCREEN NAME: **START**
DATA ELEMENT: **PR_STR_DATES**
DESCRIPTION: **Start Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

Enter the start date for this procedure.

430. SCREEN NAME: **START**
DATA ELEMENT: **PR_STR_TIMES**
DESCRIPTION: **Start Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the start time for this procedure.

431. SCREEN NAME: **STOP**
DATA ELEMENT: **PR_STP_DATES**
DESCRIPTION: **Stop Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the stop date for this procedure.

432. SCREEN NAME: **STOP**
DATA ELEMENT: **PR_STP_TIMES**
DESCRIPTION: **Stop Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the stop time for this procedure.

433. SCREEN NAME: **PHYSICIAN**
DATA ELEMENT: **PR_MD_LNKS**
DESCRIPTION: **Physician**
TAB: Procedures
SUBTAB: Procedures
VALIDATIONS: Conditional - MIEMSS

The user may enter the name or ID number of the physician who performed this procedure or select the name or ID number from the available list.

434. SCREEN NAME: **MEDICATION**
DATA ELEMENT: **ED_MEDES**
DESCRIPTION: **Medication**
TAB: Procedures
SUBTAB: Procedures
FORMAT: Screen with Check Boxes
VALIDATIONS: Conditional - MIEMSS

Click on the "Add Meds" button to display the list of medications. Then, click on the appropriate medications. Up to 7 medications may be chosen. Once a medication is chosen, the user may highlight the line that the medication is listed on and click on the "Edit" button. The medication window will appear and the user will then be able to choose from a much longer list of medications. Any antibiotics given must be entered in this field in order to trigger the ACS audit filter A-13. See Appendix Q for a list of the medications.

1. Medication – Analgesics
2. Medication – Antibiotic
3. Medication – Anticoagulant
4. Medication – Other
5. Medication – Paralytic Agent
6. Medication – Sedatives
7. Medication – Steroids

435. SCREEN NAME: **DATE**
DATA ELEMENT: **ED_MED_DATES**
DESCRIPTION: **Date Medication was Given**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

Enter the date that the medication(s) was given.

436. SCREEN NAME: **@**
DATA ELEMENT: **ED_MED_TIMES**
DESCRIPTION: **Time Medication was Given**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the medication(s) was given.

437. SCREEN NAME: **BLOOD PRODUCT**
DATA ELEMENT: **BLOOD_TYPES**
DESCRIPTION: **Blood Product**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

If any type of blood products were given to the patient within the first 72 hours, click on the "Add" button and then select the type(s) of blood product(s) given. If the patient was taking a blood clotting inhibiting medication at the time of injury, and received a blood product as a reversal agent, enter the blood product given in procedures, PR_ICD10_S (field #425), and the date and time the blood product was given in PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

1. Autotransfused
2. Matched RBC
3. Unmatched RBC
4. Fresh Frozen Plasma
5. Cryoprecipitates
6. Platelets
7. Colloids
8. Other Blood
9. Factor VII

438. SCREEN NAME: **VOLUME**
DATA ELEMENT: **BLOOD_UNITS**
DESCRIPTION: **Volume**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 4-Byte Integer
VALIDATIONS: Optional

Enter the volume of blood used within the first 72 hours.

439. SCREEN NAME: **VOLUME**
DATA ELEMENT: **BLOOD_UNIT_MEASS**
DESCRIPTION: **Units**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the volume measurement of blood given in the first 72 hours.

1. Units
2. mL

440. SCREEN NAME: **LOCATION**
DATA ELEMENT: **BLOOD_LOCS**
DESCRIPTION: **Location Where Blood was Given**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the location where the blood was given to the patient.

1. ED
2. OR
3. ICU
4. Med/Surg Floor
5. Stepdown Unit
6. Radiology
7. Nuclear Medicine
8. Burn Unit
9. Physical Medical Rehab
10. Minor Surgery Unit
11. Special Procedure Unit
12. Pre-Hospital (NFS)
13. Scene/Enroute from Scene
14. Referring Facility
15. Enroute from Referring Facility

441. SCREEN NAME: **TIME PERIOD**
DATA ELEMENT: **BLOOD_TIME_PDS**
DESCRIPTION: **Time Period**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the time period in which the blood was given to the patient.

1. Within 24 Hours After Facility Arrival
2. Between 24 to 72 Hours After Facility Arrival

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Section X: Diagnoses

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442. SCREEN NAME: **INITIAL NARRATIVE**
DATA ELEMENT: **INIT_INJ_TXT**
DESCRIPTION: **Initial Injury Narrative**
TAB: Diagnoses
SUBTAB: Initial Injury Coding
FORMAT: Memo Field
VALIDATIONS: Optional

Enter up to 50 textual diagnoses, based on the initial ED assessment of this patient. At least one diagnosis must be entered. If the patient has no injuries, enter “@no injuries”. If the patient has other types of injuries that do not have injury ICD-10 codes, enter the “@” sign and then enter the other type of injury. For example, the user can enter “@carbon monoxide poisoning”.

443. SCREEN NAME: **FINAL NARRATIVE**
DATA ELEMENT: **INJ_TXT**
DESCRIPTION: **Final Injury Narrative**
TAB: Diagnoses
SUBTAB: Final Injury Coding
FORMAT: Memo Field
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter up to 50 final diagnoses, based on the final assessment of the patient. At least one diagnosis must be entered. The last forty-nine diagnoses may be left blank if they are not applicable.

444. SCREEN NAME: **BURN PATIENTS: TBSA 2ND AND 3RD DEGREE**
DATA ELEMENT: **BURN_SIZE**
DESCRIPTION: **TBSA for Burn Patients**
TAB: Diagnoses
SUBTAB: Final Injury Coding
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

If the patient sustained a burn injury, enter the Total Body Surface Area (TBSA) including both second and third degree burns. This data element will only be activated if primary injury type, INJ_TYPE01 (field #62) equals “3” (burn) or secondary injury type, INJ_TYPE02 (field #63) equals “3” (burn).

445. SCREEN NAME: **ISS**
DATA ELEMENT: **RFS_ISS**
DESCRIPTION: **Receiving Hospital ISS**
TAB: Diagnoses
SUBTAB: Receiving Hospital Diagnosis
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

If the patient was transferred from this institution to another specialty referral center for trauma related care and there is a revised ISS score, enter the revised ISS score.

446. SCREEN NAME: **RECEIVING HOSPITAL DIAGNOSIS**
DATA ELEMENT: **RFS_INJ_TXT**
DESCRIPTION: **Receiving Hospital Diagnosis**
TAB: Diagnoses
SUBTAB: Receiving Hospital Diagnosis
FORMAT: Memo Field
VALIDATIONS: Optional

If the patient was transferred from this institution to another specialty referral center for trauma related care and additional diagnoses were provided from that center, the diagnoses may be entered here.

447. SCREEN NAME: **ICD 10**
DATA ELEMENT: **NTD_ICD10_S**
DESCRIPTION: **Diagnoses**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 8-Byte Fixed with 1 Decimal Place
VALIDATIONS: Conditional for Medications for ACS Only, Remainder – Optional

Click on the “Add” button to enter any relevant non trauma ICD-10 diagnoses that were found while the patient was in this hospital. These diagnoses may include complications, pre-existing conditions, or non-injury diagnoses. If the patient was taking any of the following medications at the time of injury: platelet inhibiting drugs, anticoagulants, or aspirin therapy, enter Z79.02, Z79.01 or Z79.82, respectively, and enter “2” (pre-existing condition) in diagnosis type (NTD_TYPES, field #448).

448. SCREEN NAME: **TYPE**
DATA ELEMENT: **NTD_TYPES**
DESCRIPTION: **Diagnosis Type**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional for Medications for ACS Only

Enter the type of diagnosis entered for the corresponding non trauma diagnosis.

1. Complication Diagnosis
2. Pre-Existing Diagnosis
3. Current Diagnosis

449. SCREEN NAME: **PREHOSPITAL CARDIAC ARREST?**
DATA ELEMENT: **PRE_A_CRDC_ARR_YN**
DESCRIPTION: **Prehospital Cardiac Arrest**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter “Y” if patient had a pre-hospital cardiac arrest. The event must have occurred outside of this hospital, prior to admission. Pre-hospital cardiac arrest could have occurred at the transferring hospital. Any component of basic and/or advanced cardiac life support must have been initiated by a health care provider.

450. SCREEN NAME: **COMORBIDITES**
DATA ELEMENT: **PECS**
DESCRIPTION: **Comorbidity Codes**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 4-Byte Floating Decimal
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Click on the “Add” button to enter the comorbidity code(s) for any known pre-existing condition(s). If the patient was taking a blood clotting inhibiting medication at the time of injury, enter “S.31” as a comorbidity code in order to trigger ACS Audit Filter A-8B. If the comorbidity is found on the list of NTDB comorbidity codes (S-codes), chose that code. If the comorbidity is not found in the NTDB list, then chose the comorbidity code from the remainder of the choices. See Appendix J or K for a listing of the comorbidity codes.

451. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **PEC_S01**
DESCRIPTION: **Other Pre-Morbid Code**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 50-Byte Alphanumeric
VALIDATIONS: Optional

If the patient has a pre-existing condition that does not have a pre-morbid code, enter the pre-existing condition. This data element will only be activated if the pre-morbid code, PECS (field #450), equals “other” (Z.99)

452. SCREEN NAME: **EXPLICIT NEGATIVES**
DESCRIPTION: **Explicit Negatives**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: Check Boxes
VALIDATIONS: Optional

Click on the "Explicit Negatives" box to review the comorbidity(s), if any, that have been entered. In rare cases where the complication existence is not known, indicate that by checking on the "Not Known" checkbox next to that complication. Then, enter "Y" to indicate that the review has been completed.

Section XI: Outcome

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453. SCREEN NAME: **DISCHARGED TO**
DATA ELEMENT: **DIS_DEST**
DESCRIPTION: **Final Disposition**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

1. Inpatient Rehabilitation Facility (includes freestanding rehabilitation facility and rehabilitation unit within an acute care hospital)
2. Skilled Nursing Facility (facility at which skilled nursing services are available and a transfer agreement exists between the nursing facility and an acute care hospital.)
3. Residential Facility (mental institution, nursing home, etc.)
4. Specialty Referral Center (as defined in the Maryland System)
5. Home with Services
6. Home (patient's current place of residence)
7. Another Acute Care Facility. Enter the reason the patient was transferred in DIS_RS (field #461).
8. Against Medical Advice
9. Morgue/Died
10. Left without Treatment
11. Foster Care
12. Intermediate Care Facility (facility for individuals with intellectual disabilities or persons with related conditions (ICF/IID) as defined in COMAR 10.07.20.00.)
13. Hospice Care (organization which is primarily designed to provide pain relief, symptom management and supportive services for the terminally ill and their families.)
14. Jail (If the patient did not come from jail, but now went to jail, enter "Jail".)
15. Psychiatric Hospital or Psychiatric Unit within This Hospital
88. Other

Enter "other" only for a disposition from your hospital that is not included in the remaining choices. If the patient returns to his/her current place of residence (jail, assisted living, SNF, rehab, residential facility, psychiatric hospital or unit) at the same level of care, enter "home" for the final disposition.

454. SCREEN NAME: **HOSPITAL DISCHARGE ORDER**
DATA ELEMENT: **DIS_O_DATE_M, DIS_O_DATE_D, DIS_O_DATE_Y**
DESCRIPTION: **Hospital Discharge Order Date**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - NTDB

Enter as MM DD YYYY.

Enter the date that the order was written for the patient to be discharged from the hospital. If the patient was discharged from an acute care service to a rehabilitation unit within the same facility, then record the date that the order was written for the patient to be discharged from the acute care service. If the patient died or left the hospital against medical advice, this date will be grayed out and the departure/death date will be sent to the NTDB.

455. SCREEN NAME: **HOSPITAL DISCHARGE ORDER**
DATA ELEMENT: **DIS_O_TIME_H, DIS_O_TIME_M**
DESCRIPTION: **Hospital Discharge Order Time**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – NTDB

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the order was written for the patient to be discharged from this institution. If the patient was discharged from an acute care service to a rehabilitation unit within the same facility, then record the time that the order was written for the patient to be discharged from the acute care service. If the patient died or left the hospital against medical advice, this time will be grayed out and the departure/death time will be sent to the NTDB.

456. SCREEN NAME: **DEPARTURE/DEATH**
DATA ELEMENT: **DIS_DATE_M, DIS_DATE_D, DIS_DATE_Y**
DESCRIPTION: **Date of Discharge or Death**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter as MM DD YYYY.

This is the date of discharge from acute care or the date of death as written on the patient's death certificate. If the patient was discharged from an acute care service to a rehabilitation unit within the same facility, then record the date of discharge from the acute care service.

457. SCREEN NAME: **DEPARTURE/DEATH**
DATA ELEMENT: **DIS_TIME_H, DIS_TIME_M**
DESCRIPTION: **Time of Discharge or Death**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2,2-Byte Integers
VALIDATIONS: Mandatory – MIEMSS, NTDB, ACS

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient was discharged from this institution. If the patient died, enter the official time of death on the death certificate. If the patient was discharged from an acute care service to a rehabilitation unit within the same facility, then record the time of discharge from the acute care service.

458. SCREEN NAME: **TOTAL DAYS: ICU**
DATA ELEMENT: **ICU_DAYS**
DESCRIPTION: **ICU Days**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the total number of days the patient physically spent in the ICU. Any part of a 24-hour period should be counted as 1 day. For patients with more than one ICU stay during a single hospital admission, enter the cumulative number of ICU days (e.g., a 1.5 day stay and a 2.75 day stay count as 5 total ICU days). If the patient is awaiting a bed in the ED and receiving an ICU level of care, those days are not counted toward ICU days. The number of ICU days cannot exceed the overall length of stay in days. An ICU is defined as a unit with an average patient-to-nurse ratio that is not greater than 2 to 1.

459. SCREEN NAME: **VENTILATOR**
DATA ELEMENT: **VENT_DAYS**
DESCRIPTION: **Total Ventilator Days**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

Enter the total number of calendar days the patient spent on a mechanical ventilator excluding time in the OR. Any partial day that the patient spent on a mechanical ventilator will count as one calendar day. Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days. If the patient has a tracheostomy and is on mechanical ventilation, any number of days spent on the ventilator should be counted toward the total number of ventilator days. The number of ventilator days cannot exceed the overall length of stay in days.

460. SCREEN NAME: **DISCHARGED TO ALTERNATE CAREGIVER**
DATA ELEMENT: **DIS_TO_ALT_CGVR_YN**
DESCRIPTION: **Discharged to Alternate Caregiver**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: Yes/No
VALIDATIONS: Optional

If the patient was discharged to an alternative caregiver different than the caregiver at admission due to suspected physical abuse, enter "Y". This field should only be completed for minors as determined by state/local definition, excluding emancipated minors. Enter "n/a" if the patient is older than the state/local age definition of a minor. This field will only be activated if report of physical abuse, INJ_ABUSE_RP_YN (field #57) = "Y".

461. SCREEN NAME: **TRANSFER REASON**
DATA ELEMENT: **DIS_RS**
DESCRIPTION: **Basis for Transfer to Another Acute Care Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer
VALIDATIONS: Optional

If the patient was transferred to another acute care facility, enter the reason the patient was transferred. This data element will only be activated if DIS_DEST (field #453) equals 1, 2, 4, 7, 12, 13 or 15.

1. Adult Trauma
2. Pediatric Trauma
3. Orthopedics
4. Neurotrauma
5. Burn
6. Hand/Upper Extremities
7. Ocular Trauma
8. Plastics
9. Oral-Maxillofacial
10. Obstetrics
11. Medicine
12. Family Request
13. Insurance Reasons
14. Military
15. Rehabilitation
16. Psychiatric
999. Other

462. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DIS_RS_S**
DESCRIPTION: **Reason for Transfer to Another Acute Care Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text
VALIDATIONS: Optional

If the patient was transferred to another acute care facility for any reason other than the ones listed above in DIS_RS (field #461), enter a short description of the reason why, such as "PT request". This data element will only be activated if DIS_DEST (field #453) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_RS equals "other" (999).

463. SCREEN NAME: **IF TRANSFERRED, FACILITY**
DATA ELEMENT: **DIS_FACLNK**
DESCRIPTION: **Receiving Hospital/Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – MIEMSS

Enter the code for the receiving facility if DIS_DEST (field #453) equals 1, 2, 3, 4, 7, 12, 13, or 15 or ED_DSP (field #223) equals 7. Enter "888" if the patient was sent to a known facility that is not listed in Appendix D or E and enter the name of the hospital in DIS_FAC_S (field #464). Enter "*" if the patient was transferred to an unknown facility. See Appendices D and E for a list of hospital codes. This data element will only be activated if DIS_DEST equals 1, 2, 4, 7, 12, 13 or 15.

464. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DIS_FAC_S**
DESCRIPTION: **Other Receiving Hospital**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text
VALIDATIONS: Conditional – MIEMSS

If the patient was transferred to a hospital that does not have a valid code in Appendix D or E, then enter the name of the hospital here. This data element will only be activated if DIS_DEST (field #453) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_FACLNK (field #463) equals 886, 887, or 888.

465. SCREEN NAME: **RECEIVING TRAUMA #**
DATA ELEMENT: **DIS_REV_ID_NUM**
DESCRIPTION: **Receiving Hospital Trauma Registry Number**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 40-Byte Alphanumeric
VALIDATIONS: Optional

If the receiving hospital is a trauma center (including a trauma center in another state), enter the patient's trauma registry number at that hospital. This data element will only be activated if DIS_DEST (field #453) equals 1, 2, 4, 7, 12, 13, or 15.

466. SCREEN NAME: **REASON FOR DELAYED DISCHARGE**
DATA ELEMENT: **DDR_S01**
DESCRIPTION: **Reason for Delayed Discharge**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text
VALIDATIONS: Optional

In the case of a delayed discharge for non-clinical reasons, enter a brief description of the reason the patient could not be discharged earlier. Include reasons such as the absence of someone to care for the patient at home, unavailability of a bed in a rehabilitation center, homelessness, etc. Delayed discharge should be defined by each individual facility.

467. SCREEN NAME: **PRE-EXISTING STATUS: FEEDING**
DATA ELEMENT: **DI_PRE_F**
DESCRIPTION: **FIM Self Feeding Indicator Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Includes using suitable utensils to bring food to mouth, chewing, and swallowing (once meal is appropriately prepared). Opening containers, cutting meat, buttering bread and pouring liquids are NOT included as they are often part of meal preparation.

1. Dependent-total help required:
Either performs less than half of feeding tasks, or does not eat or drink full meals by mouth and relies at least in part on other means of alimentation, such as parenteral or gastrostomy feedings.
2. Dependent-partial help required:
Performs half or more of feeding tasks but requires supervision (e.g., standby, cuing or coaxing), setup (application of orthoses) or other help.
3. Independent with device:
Uses an adaptive or assistive device such as a straw, spork, or rocking knife or requires more than a reasonable time to eat.
4. Independent:
Eats from a dish and drinks from a cup or glass presented in the customary manner on table or tray. Uses ordinary knife, fork and spoon.
8. Not applicable (e.g., patient less than 7 years old, patient died)
9. Unknown

468. SCREEN NAME: **PRE-EXISTING QUALIFIER: FEEDING**
DATA ELEMENT: **DI_PRE_FQ**
DESCRIPTION: **FIM Self Feeding Qualifier Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the pre-existing functional status for feeding of the patient is permanent or temporary.

1. Temporary
2. Permanent

469. SCREEN NAME: **AT DISCHARGE STATUS: FEEDING**
DATA ELEMENT: **DI_DIS_F**
DESCRIPTION: **FIM Self Feeding Indicator After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Assess as close to discharge as possible. Use the same criteria as DI_PRE_F (field #467).

470. SCREEN NAME: **AT DISCHARGE QUALIFIER: FEEDING**
DATA ELEMENT: **DI_DIS_FQ**
DESCRIPTION: **FIM Self Feeding Qualifier After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the discharge functional status for feeding of the patient is permanent or temporary.

1. Temporary
2. Permanent

471. SCREEN NAME: **PRE-EXISTING STATUS: LOCOMOTION**
DATA ELEMENT: **DI_PRE_L**
DESCRIPTION: **FIM Locomotion Indicator Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Includes walking, once in a standing position, or using a wheelchair, once in a seated position, indoors.

1. Dependent-total help required:
Performs less than half of locomotion effort to go a minimum of 50 feet, or does not walk or wheel a minimum of 50 feet. Requires assistance of one or more persons.
2. Dependent-partial help required:
IF WALKING, requires standby supervision, cuing, or coaxing to go a minimum of 150 feet, or walks independently only short distances (a minimum of 50 feet). IF NOT WALKING, requires standby supervision, cuing or coaxing to go a minimum of 150 feet in wheelchair or operates manual or electric wheelchair independently only short distances (a minimum of 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 walkerette; takes more than a reasonable time; or there are safety considerations. IF NOT WALKING, operates manual or electric wheelchair independently for a minimum of 150 feet; turns around; maneuvers the 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. Does not use a wheelchair. Performs safely.
8. Not applicable (e.g., patient less than 7 years old, patient died)
9. Unknown

472. SCREEN NAME: **PRE-EXISTING QUALIFIER: LOCOMOTION**
DATA ELEMENT: **DI_PRE_LQ**
DESCRIPTION: **FIM Locomotion Qualifier Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the pre-existing functional status for locomotion of the patient is permanent or temporary.

1. Temporary
2. Permanent

473. SCREEN NAME: **AT DISCHARGE STATUS: LOCOMOTION**
DATA ELEMENT: **DI_DIS_L**
DESCRIPTION: **FIM Locomotion Indicator After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Assess as close to discharge as possible. Use the same criteria as DI_PRE_L (field #471).

474. SCREEN NAME: **AT DISCHARGE QUALIFIER: LOCOMOTION**
DATA ELEMENT: **DI_DIS_LQ**
DESCRIPTION: **FIM Locomotion Qualifier After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the discharge functional status for locomotion of the patient is permanent or temporary.

1. Temporary
2. Permanent

475. SCREEN NAME: **PRE-EXISTING STATUS: EXPRESSION**
DATA ELEMENT: **DI_PRE_E**
DESCRIPTION: **FIM Expression Indicator Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Includes clear expression of verbal or nonverbal language. This means expressing linguistic information verbally or graphically with appropriate and accurate meaning and grammar.

1. Dependent-total help required:
Expresses basic needs and ideas less than half of the time. Needs prompting more than half the time or does not express basic needs appropriately or consistently despite prompting.
2. Dependent-partial help required:
Expresses basic needs and ideas about everyday situations half (50%) or more than half of the time. Requires some prompting, but requires that prompting less than half (50%) of the time.
3. Independent with device:
Expresses complex or abstract ideas with mild difficulty. May require an augmentative communication device or system.
4. Independent:
Expresses complex or abstract ideas intelligibly and fluently, verbally or nonverbally, including signing or writing.
8. Not applicable (e.g., patient less than 7 years old, patient died)
9. Unknown

476. SCREEN NAME: **PRE-EXISTING QUALIFIER: EXPRESSION**
DATA ELEMENT: **DI_PRE_EQ**
DESCRIPTION: **FIM Expression Qualifier Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the pre-existing functional status for expression of the patient is permanent or temporary.

1. Temporary
2. Permanent

477. SCREEN NAME: **AT DISCHARGE STATUS: EXPRESSION**
DATA ELEMENT: **DI_DIS_E**
DESCRIPTION: **FIM Expression Indicator After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Assess as close to discharge as possible. Use the same criteria as DI_PRE_E (field #475).

478. SCREEN NAME: **AT DISCHARGE QUALIFIER: EXPRESSION**
DATA ELEMENT: **DI_DIS_EQ**
DESCRIPTION: **FIM Expression Qualifier After Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter whether the discharge functional status for expression of the patient is permanent or temporary.

1. Temporary
2. Permanent

479. SCREEN NAME: **FOLLOW UP SERVICE**
DATA ELEMENT: **FLC_TYPE01**
DESCRIPTION: **Follow Up Service**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 2-Byte Integer
VALIDATIONS: Optional

Enter the patient's follow up service.

- | | |
|-------------------------|---------------------------------|
| 1. Trauma Service | 19. Nephrology |
| 2. Neurosurgery | 20. Renal |
| 3. Orthopedics | 21. Neurology |
| 4. General Surgery | 22. Urology |
| 5. Medicine | 23. Physiatry |
| 6. Vascular | 24. GI/GU |
| 7. Thoracic | 25. Endocrinology |
| 8. Cardio-Thoracic | 26. Cardiology |
| 9. Plastic Surgery | 27. Geriatrics |
| 10. Pulmonary | 28. Pain Service |
| 11. Psychiatry | 29. Maxillofacial |
| 12. Pediatrics | 30. Critical Care/Intensivist |
| 13. Burn | 31. Interventional Radiology |
| 14. ENT | 32. Hematology |
| 15. Ophthalmology | 33. CPT (Child Protective Team) |
| 16. Oral Surgery | 34. Obstetrics/Gynecology |
| 17. Emergency Medicine | 35. Hospitalist |
| 18. Infectious Diseases | 88. Other |

480. SCREEN NAME: **FOLLOW UP PHYSICIAN**
DATA ELEMENT: **FLC_MD_LNK01**
DESCRIPTION: **Follow Up Physician**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Search Button
VALIDATIONS: Optional

Click on the search button and then select the ID or name of the follow up physician.

481. SCREEN NAME: **CLINICAL FOLLOW UP**
DATA ELEMENT: **FLC_MEMO01**
DESCRIPTION: **Notes for Clinical Follow Up**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes pertaining to the clinical follow up for this patient.

482. SCREEN NAME: **EATING**
DATA ELEMENT: **PIM_TYPE01**
DESCRIPTION: **WEEFIM Eating**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM eating score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

483. SCREEN NAME: **GROOMING**
DATA ELEMENT: **PIM_TYPE02**
DESCRIPTION: **WEEFIM Grooming**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM grooming score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

484. SCREEN NAME: **BATHING**
DATA ELEMENT: **PIM_TYPE03**
DESCRIPTION: **WEEFIM Bathing**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM bathing score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

485. SCREEN NAME: **DRESSING**
DATA ELEMENT: **PIM_TYPE04**
DESCRIPTION: **WEEFIM Dressing**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM dressing score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

486. SCREEN NAME: **TOILETING**
DATA ELEMENT: **PIM_TYPE05**
DESCRIPTION: **WEEFIM Toileting**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM toileting score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

487. SCREEN NAME: **BLADDER/BOWEL**
DATA ELEMENT: **PIM_TYPE06**
DESCRIPTION: **WEEFIM Bladder/Bowel**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM bladder/bowel score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

488. SCREEN NAME: **CHAIR**
DATA ELEMENT: **PIM_TYPE07**
DESCRIPTION: **WEEFIM Transfers to Chair**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM transfers to chair score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

489. SCREEN NAME: **TUB**
DATA ELEMENT: **PIM_TYPE08**
DESCRIPTION: **WEEFIM Transfers to Tub**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM transfers to tub score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

490. SCREEN NAME: **LOCOMOTION**
DATA ELEMENT: **PIM_TYPE09**
DESCRIPTION: **WEEFIM Locomotion**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM locomotion score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

491. SCREEN NAME: **STAIRS**
DATA ELEMENT: **PIM_TYPE10**
DESCRIPTION: **WEEFIM Stairs**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM stairs score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

492. SCREEN NAME: **COMPREHENSION**
DATA ELEMENT: **PIM_TYPE11**
DESCRIPTION: **WEEFIM Comprehension**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM comprehension score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

493. SCREEN NAME: **EXPRESSION**
DATA ELEMENT: **PIM_TYPE12**
DESCRIPTION: **WEEFIM Expression**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM expression score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

494. SCREEN NAME: **SOCIAL**
DATA ELEMENT: **PIM_TYPE13**
DESCRIPTION: **WEEFIM Social**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM social score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

495. SCREEN NAME: **PROBLEM SOLVING**
DATA ELEMENT: **PIM_TYPE14**
DESCRIPTION: **WEEFIM Problem Solving**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM problem solving score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

496. SCREEN NAME: **MEMORY**
DATA ELEMENT: **PIM_TYPE15**
DESCRIPTION: **WEEFIM Memory**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer
VALIDATIONS: Optional

Enter the WEEFIM memory score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

497. SCREEN NAME: **MEDICATIONS**
DATA ELEMENT: **PEC_MED01, PEC_MED 02, PED_MED03, PED_MED04, PEC_MED05**
DESCRIPTION: **Medications**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Five 2-Byte Integers
VALIDATIONS: Optional

Click on the "Medications" button to display the list of medications. Then, click on the appropriate medications. Up to 5 medications can be chosen. See Appendix O for a list of the medications.

498. SCREEN NAME: **LOCATION**
DATA ELEMENT: **DTH_LOC**
DESCRIPTION: **Location of Death**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional - MIEMSS

If the patient died, enter the location where the patient died in this hospital. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

1. Resuscitation Room
2. Emergency Department
3. Operating Room
4. Intensive Care Unit
5. Step-Down Unit
6. Floor
7. Telemetry Unit
8. Observation Unit
9. Burn Unit
10. Radiology
11. Post Anesthesia Care Unit
12. Special Procedure Unit
13. Labor and Delivery
14. Neonatal/Pediatric Care Unit
15. Other

499. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DTH_LOC_S**
DESCRIPTION: **Other Death Location**
TAB: Outcome
SUBTAB: If Death
FORMAT: 50-Byte Text
VALIDATIONS: Conditional - MIEMSS

If the patient died in this hospital in a location other than the ones listed above in DTH_LOC (field #498), enter the location here. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died) and this data element will only be activated if DTH_LOC equals "15" (other).

500. SCREEN NAME: **DNR ORDER**
DATA ELEMENT: **DNR_DET**
DESCRIPTION: **Do Not Resuscitate Order**
TAB: Outcome
SUBTAB: If Death
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – MIEMSS, ACS

If the patient died and a DNR order was issued, enter the appropriate response. If the patient died and a DNR was not issued, enter "none". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died). If the patient has an advanced directive limiting care, the appropriate NTDB pre-existing code should also be valued.

1. Upon Admission
2. Pre-hospital
3. In-hospital DNR
4. None

501. SCREEN NAME: **ME CASE**
DATA ELEMENT: **ME_STAT**
DESCRIPTION: **Medical Examiner Case**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If the patient died and was sent to the medical examiner to have an autopsy performed, enter "Y". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

502. SCREEN NAME: **WAS AUTOPSY PERFORMED?**
DATA ELEMENT: **AUT_YN**
DESCRIPTION: **Was Autopsy Performed?**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If the patient died and the medical examiner performed an autopsy, enter "Y". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

503. SCREEN NAME: **WITHDRAW OF CARE**
DATA ELEMENT: **WITHDRAW_CARE_YN**
DESCRIPTION: **Withdraw of Care**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If the patient died and care was withdrawn during the patient's hospital stay, enter "Y". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

504. SCREEN NAME: **WITHDRAW OF CARE**
DATA ELEMENT: **WITHDRAW_CARE_DATE_M, WITHDRAW_CARE_DATE_D, WITHDRAW_CARE_DATE_Y**
DESCRIPTION: **Withdraw of Care Date**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

If the patient died and care was withdrawn, enter the date that the care was withdrawn. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died) and this data element will only be activated if WITHDRAW_CARE_YN (field #503) = "Y".

505. SCREEN NAME: **WITHDRAW OF CARE**
DATA ELEMENT: **WITHDRAW_CARE_TIME_H, WITHDRAW_CARE_TIME_M**
DESCRIPTION: **Withdraw of Care Time**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. If the patient died and care was withdrawn, enter the time that the care was withdrawn. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died) and this data element will only be activated if WITHDRAW_CARE_YN (field #503) = "Y".

506. SCREEN NAME: **AUTOPSY ID**
DATA ELEMENT: **ME_RP_NUM**
DESCRIPTION: **Autopsy ID**
TAB: Outcome
SUBTAB: If Death
FORMAT: 10-Byte Alphanumeric
VALIDATIONS: Conditional - MIEMSS

If the patient died and an autopsy was performed, enter the autopsy identification number or case number. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

507. SCREEN NAME: **BRAIN DEATH**
DATA ELEMENT: **BRAIN_DTH_YN**
DESCRIPTION: **Brain Death?**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If the patient died and was considered a brain death, then enter "Y". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

508. SCREEN NAME: **BRAIN DEATH**
DATA ELEMENT: **BRAIN_DTH_DATE**
DESCRIPTION: **Date of Brain Death**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as MM DD YYYY.

If the patient died and both the date and time of death were entered in DIS_DATE (field #456) and DIS_TIME (field #457) and "Y" was entered in BRAIN_DTH_YN (field #507), then the date of death will auto-fill in this field. The user can change the date if the date of brain death is different from the actual date of death. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

509. SCREEN NAME: **BRAIN DEATH**
DATA ELEMENT: **BRAIN_DTH_TIME**
DESCRIPTION: **Time of Brain Death**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional - MIEMSS

Enter as HH MM.

Use military time, 00:00 to 23:59. If the patient died and both the date and time of death were entered in DIS_DATE (field #456) and DIS_TIME (field #457) and "Y" was entered in BRAIN_DTH_YN (field #507), then the time of death will auto-fill in this field. The user can change the time if the time of brain death is different from the actual time of death. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

510. SCREEN NAME: **ORGAN/TISSUE DONOR**
DATA ELEMENT: **ORG_GR_YN**
DESCRIPTION: **Organ/Tissue Donor**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No
VALIDATIONS: Conditional - MIEMSS

If the patient died and was an organ or tissue donor, enter "Y". This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died).

511. SCREEN NAME: **ORGAN PROCUREMENT**
DATA ELEMENT: **ORG_DNR01**
DESCRIPTION: **Organ Procured**
TAB: Outcome
SUBTAB: If Death
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional - MIEMSS

If the patient died and was an organ or tissue donor, indicate which type of harvesting was done. This screen will only be activated if DIS_DEST (field #453) equals "9" (morgue/died) and this data element will only be activated if ORG_GR_YN (field #510) equals "Y".

1. Organ Donated
2. Tissue Donated
3. Eye Donated
4. Donation, NFS
5. None

512. SCREEN NAME: **HOSPITAL CHARGES BILLED \$**
DATA ELEMENT: **BAC_CHG_FAC**
DESCRIPTION: **Hospital Charges Billed**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer
VALIDATIONS: Optional

Enter the dollar amount of all charges posted by this hospital for care rendered to this patient. Do NOT include charges made by the physicians.

513. SCREEN NAME: **COLLECTED \$**
DATA ELEMENT: **BILL_COL_FAC**
DESCRIPTION: **Hospital Charges Collected**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer
VALIDATIONS: Optional

Enter the total dollar amount of all collections made by this hospital from any payor source. Do NOT include collections made by this hospital for physician charges.

514. SCREEN NAME: **PHYSICIAN CHARGES BILLED \$**
DATA ELEMENT: **CHGT01**
DESCRIPTION: **Physician Charges Billed**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer
VALIDATIONS: Optional

Enter the dollar amount of all charges posted by physicians at this hospital for care rendered to this patient. Do NOT include charges made by this hospital.

515. SCREEN NAME: **COLLECTED \$**
DATA ELEMENT: **CHGT_COL01**
DESCRIPTION: **Physician Charged Collected**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer
VALIDATIONS: Optional

Enter the dollar amount of all collections made by physicians at this hospital for care rendered to this patient. Do NOT include collections made for hospital charges.

516. SCREEN NAME: **HOSPITAL COLLECTIONS**
DATA ELEMENT: **BILL_COL_FAC_DATE**
DESCRIPTION: **Hospital Collections Date**
TAB: Outcome
SUBTAB: Billing
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that BILL_COL_FAC (field #513) was calculated.

517. SCREEN NAME: **PHYSICIAN COLLECTIONS**
DATA ELEMENT: **CHGT_COL_DATE01**
DESCRIPTION: **Physician Collections Date**
TAB: Outcome
SUBTAB: Billing
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Enter the date that CHGT_COL01 (field #515) was calculated.

518. SCREEN NAME: **PAYOR SOURCE**
DATA ELEMENT: **PAYOR01, PAYOR02, PAYOR03, PAYOR04, PAYOR05**
DESCRIPTION: **Payor Sources**
TAB: Outcome
SUBTAB: Billing
FORMAT: Check Boxes
VALIDATIONS: Mandatory - NTDB

Click on the "Payors" button to display the list of payor sources. Then, click on the appropriate payor sources for the patient's hospital and physician charges. Up to 5 payor sources can be chosen. Choose "Unknown" only if it is not known who any of the payors are.

0. None
1. Private Health Insurance
2. Medicare
3. Medicaid
4. HMO
5. Self Pay
6. Auto Insurance (Retired 2015)
7. Workman's Comp (Retired 2015)
8. Government
9. Title V
10. Blue Cross/Blue Shield (Retired 2015)
11. No Charge
12. Medicaid (Pending)
13. Bad Debt
14. Medical Assistance/HMO
15. Medicaid – MCO
16. Medicaid – Federal
88. Other

519. SCREEN NAME: **CHARGES COLLECTED: WRITE OFFS:**
DATA ELEMENT: **CHGT_TYPE02, CHGT_TYPE03, CHGT_TYPE04, CHGT_TYPE05, CHGT_TYPE06**
DESCRIPTION: **Write Offs**
TAB: Outcome
SUBTAB: Billing
FORMAT: Five 1-Byte Integers
VALIDATIONS: Optional

Enter the type(s) of write off(s) for this patient.

1. Bad Debt
2. Administrative
3. Insurance Allowance
4. Cash
5. Charity

520. SCREEN NAME: **CHARGES COLLECTED: WRITE OFFS \$**
DATA ELEMENT: **CHGT_COL02, CHGT_COL03, CHGT_COL04, CHGT_COL05,
CHGT_COL06**
DESCRIPTION: **Amounts Written Off**
TAB: Outcome
SUBTAB: Billing
FORMAT: Five 10-Byte Integers
VALIDATIONS: Optional

Enter the dollar amount of charges written off by this hospital that corresponds to the type(s) of write off(s) in CHGT_TYPES (field #519).

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Section XII: Quality Assurance

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521. SCREEN NAME: **ED DOCUMENTATION OF PAIN ASSESSMENT**
DATA ELEMENT: **MD_CARE_FLTR100**
DESCRIPTION: **ED Documentation of Pain Assessment**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Mandatory - MIEMSS

Click on the “Quality of Care Filters” button and enter “Y” if there is documentation of pain assessment in the ED in the patient’s medical record. If the patient was unconscious, enter “not applicable”.

522. SCREEN NAME: **VITAL SIGNS DOCUMENTED**
DATA ELEMENT: **MD_CARE_FLTR200**
DESCRIPTION: **Vital Signs Documented**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter “Y” if vital signs were documented in the Emergency Department record according to the policy set by the individual institution.

523. SCREEN NAME: **ICU DOCUMENTATION OF PAIN ASSESSMENT**
DATA ELEMENT: **MD_CARE_FLTR300**
DESCRIPTION: **ICU Documentation of Pain Assessment**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if there is documentation of pain assessment in the ICU in the patient’s medical record. If the patient not admitted to this hospital or did not go to the ICU, enter “not applicable”.

524. SCREEN NAME: **REQUIRED REINTUBATION WITHIN 24 HOURS OF EXTUBATION**
DATA ELEMENT: **MD_CARE_FLTR400**
DESCRIPTION: **Required Reintubation within 24 Hours of Extubation**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter “Y” if the patient required reintubation within 24 hours of extubation. If the patient was not admitted to this hospital, enter “n/a”. Any NTDB complication related to an unplanned re-intubation needs to be addressed in the NTDB section as there is no mapping to the NTDB from this data element.

525. SCREEN NAME: **UNPLANNED VISIT TO ICU**
DATA ELEMENT: **MD_CARE_FLTR500**
DESCRIPTION: **Unplanned Visit to ICU**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter “Y” for an unanticipated visit to the ICU at any time during the patient’s hospital stay. Unanticipated visits to the ICU include unanticipated admissions directly to the ICU, as well as those that are necessary because of unanticipated visits to the OR. If the patient was not admitted to the ICU during this hospital stay, enter “n/a”. Any NTDB complication related to an unplanned visit to the ICU needs to be addressed in the NTDB section as there is no mapping to the NTDB from this data element.

526. SCREEN NAME: **UNPLANNED VISIT TO A CRITICAL CARE AREA**
DATA ELEMENT: **MD_CARE_FLTR600**
DESCRIPTION: **Unplanned Visit to a Critical Care Area**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Optional - ACS

Enter “Y” for an unanticipated visit to a critical care area at any time during the patient’s hospital stay. If the patient was not admitted to this hospital or there is not a critical care area in this hospital, enter “n/a”.

527. SCREEN NAME: **UNPLANNED VISIT TO OR**
DATA ELEMENT: **MD_CARE_FLTR700**
DESCRIPTION: **Unplanned Visit to OR**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Mandatory – MIEMSS, ACS

Enter “Y” for an unanticipated operation in the operating room at any time during the patient’s hospital stay. Unanticipated operations include, but are not limited to, those that are necessary because of postoperative bleeding or missed injuries in the body region explored in the previous related surgery. If the patient did not have an OR visit during this hospital stay, enter “n/a”. Any NTDB complication related to an unplanned visit to the OR needs to be addressed in the NTDB section as there is no mapping to the NTDB from this data element.

528. SCREEN NAME: **NTDB COMPLICATIONS**
DESCRIPTION: **NTDB Complications**
TAB: QA
SUBTAB: Filters
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, ACS

Click on the “NTDB Complications” button and enter the NTDB code(s) for any complication which arose beginning with this patient’s pre-hospital care, during the patient’s hospital stay, or which occurred after the patient’s injury. If the patient did not have any complications, enter “None”. See Appendix O for a list of the NTDB complications. Once each complication has been entered, highlight the row that contains the complication and click on “edit” to the right of the grid. A box will appear that will allow the additional fields to be completed.

529. SCREEN NAME: **ACS COMPLICATIONS**
DESCRIPTION: **ACS Complications**
TAB: QA
SUBTAB: Filters
FORMAT: 4-Byte Integer
VALIDATIONS: Conditional – Complications Tracked by MIEMSS, ACS
Remainder - Optional

Click on the “ACS Complications” button and enter the ACS codes for any complication which arose beginning with this patient’s pre-hospital care, during the patient’s hospital stay or which occurred after the patient’s injury. See Appendix P for a list of the ACS complications.

530. SCREEN NAME: **OCCURRENCE DATE**
DESCRIPTION: **Occurrence Date**
TAB: QA
SUBTAB: Filters
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Optional

Enter as MM DD YYYY.

Highlight the line for each complication and enter the date on which the corresponding complication occurred or corresponding filter was noted, if applicable.

531. SCREEN NAME: **QA TRACKING**
DESCRIPTION: **QA Tracking**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if the corresponding complication or filter was appropriately tracked.

532. SCREEN NAME: **NOTES**
DESCRIPTION: **Notes for QA Item**
TAB: QA
SUBTAB: Filters
FORMAT: Memo Field
VALIDATIONS: Optional

Enter any relevant notes for the corresponding complication or filter.

533. SCREEN NAME: **EXPLICIT NEGATIVES REVIEWED**
DESCRIPTION: **Were Explicit Negatives Reviewed**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Optional

Click on the "Explicit Negatives" box to review the NTDB complication(s), if any, that have been entered. In rare cases where the complication existence is not known, indicate that by checking on the "Not Known" checkbox next to that complication. Then, enter "Y" to indicate that the review has been completed.

Section XIII: TQIP Measures

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534. SCREEN NAME: **EXCLUDE FROM TQIP SUBMISSION**
DATA ELEMENT: **TQIP_WF_EXC_SUB_YN**
DESCRIPTION: **Should the Case Be Excluded from TQIP Submission?**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: Yes/No
VALIDATIONS: Conditional – TQIP Centers Only

If the case should not be submitted to TQIP, enter “N”. If “N” is selected, the case is still submitted to the NTDB, but not submitted to TQIP.

535. SCREEN NAME: **WITHDRAWAL OF LIFE SUPPORTING TREATMENT**
DATA ELEMENT: **TQIP_WDCARE_YN**
DESCRIPTION: **Withdraw of Life Supporting Treatment**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: Yes/No
VALIDATIONS: Conditional – TQIP Centers Only

Enter “Y” if treatment was withdrawn by either removing or withholding further life supporting intervention or if the escalation of treatment was limited.

536. SCREEN NAME: **WITHDRAWAL OF LIFE SUPPORTING TREATMENT DATE**
DATA ELEMENT: **TQIP_WDCARE_DATE**
DESCRIPTION: **Withdraw of Life Supporting Treatment Date**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date that the first of any existing life-supporting intervention(s) was withdrawn (e.g. extubation). If no intervention(s) was in place, enter the date the decision not to proceed with a life-supporting intervention(s) occurred (e.g. intubation).

- If Withdrawal of Life Supporting Treatment is “Y”, (TQIP_WDCARE_YN, field #535) enter the date.
- If Withdrawal of Life Supporting Treatment is “N”, enter “n/a”.

537. SCREEN NAME: **WITHDRAWAL OF LIFE SUPPORTING TREATMENT TIME**
DATA ELEMENT: **TQIP_WDCARE_TIME**
DESCRIPTION: **Withdraw of Life Supporting Treatment Time**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the first of any existing life-supporting intervention(s) was withdrawn (e.g. extubation). If no intervention(s) was in place, enter the time the decision not to proceed with a life-supporting intervention(s) occurred (e.g. intubation).

- If Withdrawal of Life Supporting Treatment is “Y”, (TQIP_WDCARE_YN, field - #535) enter the time.
- If Withdrawal of Life Supporting Treatment is “N”, enter “n/a”.

538. SCREEN NAME: **VENOUS THROMBOEMBOLISM PROPHYLAXIS**
DATA ELEMENT: **TQIP_VTEP_TYPE**
DESCRIPTION: **Type of First Dose of Venous Thromboembolism Prophylaxis**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the type of first dose of venous thromboembolism prophylaxis administered to the patient. Enter “Other” if “Coumadin” and/or “aspirin” were given as venous thromboembolism prophylaxis.

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

539. SCREEN NAME: **VENOUS THROMBOEMBOLISM PROPHYLAXIS DATE**
DATA ELEMENT: **TQIP_VTEP_DATE**
DESCRIPTION: **First Dose of Venous Thromboembolism Prophylaxis Date**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date the first dose of venous thromboembolism prophylaxis was administered to the patient. Enter “n/a” if TQIP_VTEP_TYPE (field #538) = “None”.

540. SCREEN NAME: **VENOUS THROMBOEMBOLISM PROPHYLAXIS TIME**
DATA ELEMENT: **TQIP_VTEP_TIME**
DESCRIPTION: **First Dose of Venous Thromboembolism Prophylaxis Time**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the first dose of venous thromboembolism prophylaxis was administered to the patient. Enter “n/a” if TQIP_VTEP_TYPE (field #538) = “None”.

541. SCREEN NAME: **MEETS HEAD INJURY TRACKING CRITERIA**
DATA ELEMENT: **TQIP_WF_MEETS_TBI**
DESCRIPTION: **Does the Patient’s Head Injury Meet Tracking Criteria**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter “Yes” if the patient has at least one injury in the AIS head region, EXCLUDING isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s).

1. Yes
2. No

542. SCREEN NAME: **HIGHEST TOTAL GCS**
DATA ELEMENT: **TQIP_HIGH_GCS**
DESCRIPTION: **Highest Total GCS**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the highest total GCS on the calendar day after the ED/Hospital arrival. Enter a numeric value only if TQIP_WF_MEETS_TBI (field #541) = “Yes”.

- Enter “n/a” if the patient was discharged on the same calendar date as hospital arrival date or if the patient did not meet the head injury tracking criteria.
- Enter “unknown” only if the highest GSC 40 Motor, TQIP_HIGH_GCS40_MR (field #545) is reported.
- If there is documentation within the record that the patient was “Ax4”, or that the patient had a normal mental status, a GCS total of “15” may be entered for this field if there is no contradicting documentation.

543. SCREEN NAME: **HIGHEST MOTOR GCS**
DATA ELEMENT: **TQIP_HIGH_GCS_MR**
DESCRIPTION: **Highest Motor GCS**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the highest GCS Motor Score on the calendar day after the ED/Hospital arrival. Enter a numeric value only if TQIP_WF_MEETS_TBI (field #541) = "Yes".

- Enter "n/a" if the patient was discharged on the same calendar date as hospital arrival date or if the patient did not meet the head injury tracking criteria.
- Enter "unknown" only if the highest GCS 40 Motor TQIP_HIGH_GCS40_MR (field #545) is reported.
- If a patient did not have a numeric GCS score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be entered. (E.g. if the chart indicates: "patient withdraws from a painful stimulus", then a Motor GCS of "4" may be reported, if there is no other contradicting documentation.)

1. No Response to Pain
2. Extension to Pain
3. Flexion Abnormal to Pain
4. Flexion Withdraw to Pain
5. Localizes to Pain
6. Obeys Verbal Commands

544. SCREEN NAME: **ASSOCIATED GCS QUALIFIERS**
DATA ELEMENT: **TQIP_HIGH_GCSQ01, TQIP_HIGH_GCSQ02, TQIP_HIGH_GCSQ03**
DESCRIPTION: **Associated GCS Qualifiers**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: Screen with Check Boxes
VALIDATIONS: Conditional – TQIP Centers Only

The data element is the assessment qualifier for the Highest GCS Total, TQIP_HIGH_GCS (field #542), and should be completed if TQIP_WF_MEETS_TBI (field #541) = "Yes". Up to three qualifiers may be chosen.

- "N/A" should be chosen if the patient was discharged on the same calendar date as the hospital arrival date or did not meet the head injury tracking criteria.
- "Unknown" should be chosen if reporting highest GCS Motor 40, TQIP_HIGH_GCS40_MR (field #545).
- "Valid GCS" cannot be chosen if any other qualifier has been selected.

1. Valid GCS
2. Patient Chemically Sedated or Paralyzed
3. Obstruction to the Patient's Eye
4. Patient Intubated

545. SCREEN NAME: **HIGHEST GCS 40 MOTOR**
DATA ELEMENT: **TQIP_HIGH_GCS40_MR**
DESCRIPTION: **Highest GCS 40 Motor**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the highest total GCS 40 Motor on the calendar day after ED/Hospital arrival. Enter a numeric value if "Meets Head Injury Tracking Criteria", TQIP_WF_MEETS_TBI (field #541) = "Yes".

- Enter "n/a" if the patient was discharged on the same date as hospital arrival date or did not meet Head Injury Tracking Criteria.
- Enter "unknown" if Highest GCS Motor, TQIP_HIGH_GCS_MR (field #543) is reported.
- If a patient did not have a numeric GCS 40 score recorded, but written documentation closely relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. (E.g. if the chart indicates: "patient opened mouth and stuck out tongue when asked" for an adult patient, then a motor GCS 40 of "6" may be reported, if there is no other contradicting documentation.)
- Enter "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).

0. Not Testable

1. None

2. Extension (Pediatric < 5yrs): Extension to Pain

3. Abnormal Flexion (Pediatric < 5yrs): Flexion to Pain

4. Normal Flexion (Pediatric < 5yrs): Localizes Pain

5. Localizing (Pediatric < 5yrs): Obeys Commands

6. Obeys Commands

546. SCREEN NAME: **INITIAL ED/HOSPITAL PUPILLARY RESPONSE**
DATA ELEMENT: **TQIP_TBI_PUPIL_RSP**
DESCRIPTION: **Initial ED/Hospital Pupillary Response**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the physiological response of the pupil size within 30 minutes or less of ED/Hospital arrival if the patient had at least one injury in AIS head region, excluding isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

- Enter “Not Known/Not Recorded” 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.
- Enter “One Reactive” if the patient has a prosthetic eye.
- Enter “n/a” if patient did not meet the reporting criterion.

1. Both Reactive
2. One Reactive
3. Neither Reactive

547. SCREEN NAME: **MIDLINE SHIFT**
DATA ELEMENT: **TQIP_TBI_ML_SHIFT**
DESCRIPTION: **Midline Shift**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter “Yes” if the patient had greater than 5mm shift of the brain past its center line within 24 hours from time of injury and had at least one injury in AIS head region, excluding isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

- If there is documentation of "massive" midline shift in lieu of >5mm shift measurement, enter “Yes.”
- Enter “n/a” if the patient that did not meet the reporting criterion.
- Enter “unknown” 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, enter "Yes" if there is no other contradicting documentation.
- If the patient was not imaged within 24 hours from the time of injury, enter "Not Imaged”.

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

548. SCREEN NAME: **CEREBRAL MONITORS**
DATA ELEMENT: **TQIP_CM0N01, TQIP_CM0N02, TQIP_CM0N03, TQIP_CM0N04**
DESCRIPTION: **Cerebral Monitors**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: Screen with Check Boxes
VALIDATIONS: Conditional – TQIP Centers Only

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 if the patient had at least one injury in AIS head region, excluding isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

- A cerebral monitor placed at a referring facility would be acceptable if such a monitor was used by the receiving facility to monitor the patient.
- Enter "n/a" if the patient that did not meet the reporting criterion.

1. Intraventricular Drain/Catheter
2. Intraparenchymal Pressure Monitor
3. Interparenchymal Oxygen Monitor
4. Jugular Venous Bulb
5. None

549. SCREEN NAME: **CEREBRAL MONITOR DATE**
DATA ELEMENT: **TQIP_CM0N_DATE**
DESCRIPTION: **Cerebral Monitor Date**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date of first cerebral monitor placement if the patient had at least one injury in AIS head region, excluding isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

- Enter "n/a" if Cerebral Monitor TQIP_CM0N01 (field #548) equals "None."
- Enter "n/a" if the patient did not meet the reporting criterion.
- If the cerebral monitor was placed at the referring facility, the cerebral monitor date must be the date of insertion at the referring facility.

550. SCREEN NAME: **CEREBRAL MONITOR TIME**
DATA ELEMENT: **TQIP_CMOM_TIME**
DESCRIPTION: **Cerebral Monitor Time**
TAB: TDP
SUB-TAB: Process Measure 1
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of first cerebral monitor placement if the patient had at least one injury in AIS head region, excluding isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s) and/or scalp avulsion(s).

- Enter “n/a” if Cerebral Monitor TQIP_CMOM01 (field #548) equals “None.”
- Enter “n/a” if the patient that did not meet the reporting criterion.
- If the cerebral monitor was placed at the referring facility, the cerebral monitor time must be the time of insertion at the referring facility.

551. SCREEN NAME: **MEETS BLOOD PRODUCT COLLECTION CRITERIA**
DATA ELEMENT: **TQIP_WF_MEETS_BLOOD**
DESCRIPTION: **Meets Blood Product Collection Criteria**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter “Yes” if the patient received any blood products within the first four hours after emergency department arrival. Enter “No” if the patient did not receive any blood products or if the first unit of any blood product was given greater than four hours after emergency department arrival.

- The retired blood products were reported prior to January 1, 2019. The blood products entered were those given within 4 hours and within 24 hours of hospital arrival for transfusion blood, transfusion plasma, transfusion platelets and cryoprecipitates. Blood could be reported in units or volume and measurement and conversion fields were used to define the amounts.

1. Yes
2. No

552. SCREEN NAME: **TRANSFUSION BLOOD**
DATA ELEMENT: **TQIP_BLOOD_CC_4H**
DESCRIPTION: **Transfusion Blood**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 5-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the amount of transfused packed red blood cells (PRBCs) (CCs [mLs]) the patient received within the first four hours after arrival at this hospital.

- If no packed red blood cells were given, then volume reported should be 0 (zero). This data element cannot be blank.
- EXCLUDE: Packed red blood cells transfusing upon patient arrival
- EXCLUDE: Cell saver blood
- EXCLUDE: Additional PRBCs given after four hours

553. SCREEN NAME: **WHOLE BLOOD**
DATA ELEMENT: **TQIP_WHOLE_CC_4H**
DESCRIPTION: **Whole Blood**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 5-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the amount of whole blood (CCs [mLs]) the patient received within the first four hours after arrival at this hospital.

- If no whole blood was given, then volume reported should be 0 (zero). This data element cannot be left blank.
- EXCLUDE: Whole blood transfusing upon patient arrival
- EXCLUDE: Cell saver blood
- EXCLUDE: Additional whole blood given after four hours

554. SCREEN NAME: **TRANSFUSION PLASMA**
DATA ELEMENT: **TQIP_PLASMA_4H**
DESCRIPTION: **Transfusion Plasma**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 5-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the amount of transfused fresh frozen (FFP), thawed, or never frozen plasma (CCs [mLs]) the patient received within the first four hours after arrival at this hospital.

- If no plasma was given, then volume reported should be 0 (zero). This data element cannot be left blank.
- EXCLUDE: Plasma transfusing upon patient arrival
- EXCLUDE: Cell saver blood
- EXCLUDE: Additional plasma given after four hours

555. SCREEN NAME: **TRANSFUSION PLATELETS**
DATA ELEMENT: **TQIP_PLATE_4H**
DESCRIPTION: **Transfusion Platelets**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 5-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the amount of transfused platelets (CCs [mLs]) the patient received within the first four hours after arrival at this hospital.

- If no platelets given, then volume reported should be 0 (zero). This data element cannot be left blank.
- EXCLUDE: Platelets transfusing upon patient arrival
- EXCLUDE: Cell saver blood
- EXCLUDE: Additional platelets transfusing after four hours

556. SCREEN NAME: **CYROPRECIPITATE**
DATA ELEMENT: **TQIP_CRYO_4H**
DESCRIPTION: **Cryoprecipitate**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 5-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the amount of transfused cryoprecipitate (CCs [mLs]) the patient received within the first four hours after arrival at this hospital.

- If no cryoprecipitate given, then volume reported should be 0 (zero). This data element cannot be left blank.
- EXCLUDE: Cryoprecipitate transfusing upon patient arrival
- EXCLUDE: Cell saver blood
- EXCLUDE: Additional cryoprecipitate given after four hours

557. SCREEN NAME: **LOWEST ED/HOSPITAL SBP**
DATA ELEMENT: **TQIP_LOW_SBP**
DESCRIPTION: **Lowest ED/Hospital SBP**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 3-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the lowest systolic blood pressure measured within the first hour of ED/Hospital arrival on all patients that were transfused packed red blood cells or whole blood within the first four hours after ED/Hospital arrival. Element must be "n/a" if the patient did not receive any whole blood or PRBCs within four hours of emergency department arrival.

558. SCREEN NAME: **ANGIOGRAPHY**
DATA ELEMENT: **TQIP_ANGIO_TYPE**
DESCRIPTION: **Angiography**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the first interventional angiogram for hemorrhage control within the first 24 hours of ED/Hospital arrival if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- Only report data related to angiography that occurred during the first 24 hours following ED/Hospital arrival.
- Enter “n/a” if the patient that did not meet the reporting criterion.
- Excludes computerized tomographic angiography (CTA).
- Only enter “Angiogram with Stenting” if stenting was performed specifically for hemorrhage control.

1. None
2. Angiogram Only
3. Angiogram with Embolization
4. Angiogram with Stenting

559. SCREEN NAME: **ANGIOGRAPHY DATE**
DATA ELEMENT: **TQIP_ANGIO_DATE**
DESCRIPTION: **Angiography Date**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date the first angiogram with or without embolization was performed if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- Enter “n/a” if Angiography, TQIP_ANGIO_TYPE (field #558) is “None”.
- Enter “n/a” if the patient did not meet the reporting criterion.
- Procedure start date is the date of needle insertion in the groin.

560. SCREEN NAME: **ANGIOGRAPHY TIME**
DATA ELEMENT: **TQIP_ANGIO_TIME**
DESCRIPTION: **Angiography Time**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the first angiogram with or without embolization was performed if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- Enter “n/a” if Angiography, TQIP_ANGIO_TYPE (field #558) is “None”.
- Enter “n/a” if the patient did not meet the reporting criterion.
- Procedure start time is the time of needle insertion in the groin.

561. SCREEN NAME: **EMBOLIZATION SITES**
DATA ELEMENT: **TQIP_ANGIO_ES01, TQIP_ANGIO_ES02, TQIP_ANGIO_ES03,
TQIP_ANGIO_ES04, TQIP_ANGIO_ES05, TQIP_ANGIO_ES06,
TQIP_ANGIO_ES07, TQIP_ANGIO_ES08**
DESCRIPTION: **Embolization Sites**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: Screen with Check Boxes
VALIDATIONS: Conditional – TQIP Centers Only

Enter the organ/site of embolization performed for hemorrhage control if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- Enter “n/a” if the data element Angiography, TQIP_ANGIO_TYPE (field #558) is “None”, “Angiogram Only”, “Angiogram with Stenting”.
- Enter “n/a” if the patient did not meet the reporting criterion.
- Enter ALL that apply.

1. Liver
2. Spleen
3. Kidneys
4. Pelvic (Iliac, Gluteal, Obturator)
5. Retroperitoneum (Lumbar, Sacral)
6. Peripheral Vascular (Neck, Extremities)
7. Aorta (Thoracic or Abdominal) (Retired 2020)
8. Other

562. SCREEN NAME: **SURGERY FOR HEMORRHAGE CONTROL TYPES**
DATA ELEMENT: **TQIP_HCS_TYPE**
DESCRIPTION: **Surgery for Hemorrhage Control Types**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter the first type of surgery for hemorrhage control within the first 24 hours of ED/Hospital arrival if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- If it is unclear if the surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon.
- Enter “n/a” if the patient did not meet the reporting criterion.
- Enter “None” if Surgery for Hemorrhage Control Type is not a listed Element Value option.

1. None
2. Laparotomy
3. Thoracotomy
4. Sternotomy
5. Extremity
6. Neck
7. Mangled Extremity/Traumatic Amputation
8. Other Skin/Soft Tissue
9. Extraperitoneal Pelvic Packing

563. SCREEN NAME: **SURGERY FOR HEMORRHAGE CONTROL TYPES DATE**
DATA ELEMENT: **TQIP_HCS_DATE**
DESCRIPTION: **Surgery for Hemorrhage Control Types Date**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date of first type of surgery for hemorrhage control performed within the first 24 hours of ED/Hospital arrival if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- If it is unclear if the surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon.
- Enter “n/a” if Surgery for Hemorrhage Control Types, TQIP_HCS_TYPE (field #562), is “None”.
- Enter “n/a” if the patient did not meet the reporting criterion.
- Procedure start date is defined as the date the incision was made (or the procedure started).

564. SCREEN NAME: **SURGERY FOR HEMORRHAGE CONTROL TYPES TIME**
DATA ELEMENT: **TQIP_HCS_TIME**
DESCRIPTION: **Surgery for Hemorrhage Control Types Time**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of first type of surgery for hemorrhage control performed within the first 24 hours of ED/Hospital arrival if the patient was given transfused packed red blood cells or whole blood within first four hours after ED/Hospital arrival.

- If it is unclear if the surgery was for hemorrhage control, then consult TMD or operating/consulting/relevant surgeon.
- Enter "n/a" if Surgery for Hemorrhage Control Types, TQIP_HCS_TYPE (field #562), is "None".
- Enter "n/a" if the patient did not meet the reporting criterion.
- Procedure start time is defined as the time the incision was made (or the procedure started).

565. SCREEN NAME: **MEETS OPEN FRACTURE COLLECTION CRITERIA**
DATA ELEMENT: **TQIP_WF_MEETS_OPENFX**
DESCRIPTION: **Meets Open Fracture Collection Criteria**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 1-Byte Integer
VALIDATIONS: Conditional – TQIP Centers Only

Enter "Yes" if the patient had any open fractures.

- Open fractures are defined by AIS code (not ICD10 CM codes). If an AIS description of a fracture contains the word "Open," it meets the criteria.
- Not all open fractures will meet this criteria if the word "open" is not part of the AIS description (example: open spine fractures).

1. Yes
2. No

566. SCREEN NAME: **ANTIBIOTIC THERAPY**
DATA ELEMENT: **TQIP_ANTIBIOT_YN**
DESCRIPTION: **Antibiotic Therapy**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: Yes/No
VALIDATIONS: Conditional – TQIP Centers Only

Enter “Y” if intravenous antibiotic therapy was administered to the patient within 24 hours after first hospital encounter if the patient meets the Open Fracture Definition.

- Include if the patient had with any open fracture(s).
- Open fractures are defined by AIS code (not ICD10 CM codes). If an AIS description of a fracture contains the word “Open,” it meets the criteria.
- Enter “n/a” if the patient did not meet the reporting criterion.

567. SCREEN NAME: **ANTIBIOTIC THERAPY DATE**
DATA ELEMENT: **TQIP_ANTIBIOT_DATE**
DESCRIPTION: **Antibiotic Therapy Date**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2,4-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as MM DD YYYY.

Enter the date of the first dose of intravenous antibiotic therapy was administered to the patient within 24 hours after first hospital encounter if the patient meets the Open Fracture Definition. The first hospital encounter may be at either this facility or the transferring facility.

- Open fractures are defined by AIS code (not ICD10 CM codes). If an AIS description of a fractures contains the word “Open,” it meets the criteria.
- Report “n/a” if the patient did not meet the reporting criterion.
- Report “n/a” if “Antibiotic Therapy”, TQIP_ANTIBIOT_YN (field #566), is “n/a” or “No”.

568. SCREEN NAME: **ANTIBIOTIC THERAPY TIME**
DATA ELEMENT: **TQIP_ANTIBIOT_TIME**
DESCRIPTION: **Antibiotic Therapy Time**
TAB: TDP
SUB-TAB: Process Measure 2
FORMAT: 2,2-Byte Integers
VALIDATIONS: Conditional – TQIP Centers Only

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of the first dose of intravenous antibiotic therapy was administered to the patient within 24 hours after first hospital encounter if the patient meets the Open Fracture Definition. The first hospital encounter may be at either this facility or the transferring facility.

- Open fractures are defined by AIS code (not ICD10 CM codes). If an AIS description of a fracture contains the word “Open,” it meets the criteria.
- Report “n/a” if the patient did not meet the reporting criterion.
- Report “n/a” if “Antibiotic Therapy”, TQIP_ANTIBIOT_YN (field #566), is “n/a” or “No”.

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APPENDIX A: Case Inclusion Criteria

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In order to allow each trauma center to include cases in the Maryland Trauma Registry which may or may not be included by other centers, and still to be able to compare “apples with apples,” it is important to identify the main reason a case is being included in the registry. This cannot always be done simply by examining the data. Therefore, when deciding to include a case, a reason MUST be identified for doing so. To allow the maximum flexibility in deciding which cases to include, the method presented here was developed to identify the reason a case is included in the registry. The method is presented in two parts: Part A defines the terms which are used in Part B and Part B defines the actual codes to be entered into the inclusion field.

A. Definitions.

1. *Injury cases* are defined as those with an ICD-10 diagnosis as specified in the current NTDB data dictionary.
2. *Additional cases* are defined as those resulting from hanging/strangulation, near drowning, burns, asphyxiation/suffocation, lightning strike, electrocution, adult and child abuse, or traumatic hypothermia.
3. *Additional cases* also include carbon monoxide poisonings treated at the PARC. Burns and carbon monoxide poisonings that are included in the Maryland Burn Registry should NOT also be included in the trauma registry at the same facility.
4. *Trauma cases* are a subset of both *injury cases* and *additional cases*. This subset complies with the trauma decision tree pre-hospital triage categories based on the CDC guidelines (2012) and must meet at least one of the following conditions:
 - A. Category Alpha
 1. GCS less than or equal to 13
 2. For patients 10 years and older (including adults), systolic blood pressure less than 90 mmHg. For patients under 10 years of age, systolic blood pressure less than $70 + 2x$ age in years mmHg.
 3. Respiratory rate less than 10 or greater than 29 (less than 20 in infants age less than one year) or need for ventilatory support.
 - B. Category Bravo
 1. Two or more proximal long-bone fractures
 2. Amputation proximal to wrist or ankle
 3. Chest wall instability or deformity (e.g. flail chest)
 4. Crushed, degloved, mangled or pulseless extremity
 5. Open or depressed skull fracture
 6. Penetrating injuries to head, neck, torso, or extremities proximal to elbow and knee
 7. Pelvic Fracture
 8. Paralysis (spine)
 - C. Category Charlie
 1. High risk auto crash
 - a. Intrusion (including roof) greater than 12 in. occupant site; greater than 18 in. any site
 - b. Ejection (partial or complete) from vehicle
 - c. Death in same passenger compartment
 - d. Vehicle telemetry data consistent with high risk of injury
 - e. Rollover without restraint
 - f. Auto v. pedestrian/bicyclist thrown, run over, or with significant (greater than 20 mph) impact
 - g. Motorcycle crash greater than 20 mph
 2. Falls
 - a. Adult: greater than 20 feet (one story is equal to 10 feet)

- b. Pediatric: greater than 10 feet or 3 times the child's height
 - 3. Exposure to blast or explosion
 - D. Category Delta
 - 1. Older Adults
 - a. Risk of injury/death increases after age 55
 - b. SBP less than 110 may indicate shock after age 65
 - c. Low-impact mechanisms (e.g. ground-level falls) may result in severe injury
 - 2. Children (Should be triaged to pediatric trauma center)
 - 3. Burns
 - a. Without trauma mechanism, triage to burn center
 - b. With trauma mechanism, triage to trauma center
 - 4. Pregnancy greater than 20 weeks
 - 5. EMS provider judgment
 - 6. Anticoagulants and bleeding disorders (Patients with head injury are at high risk for rapid deterioration)

B. Inclusion Code.

Note: If two or more conditions apply, choose the first condition on the list below which applies.

- I. Trauma Cases That are Transferred Out Directly from the Emergency Department, Placed in Observation Status, Died in ED, or Left Against Medical Advice (REQUIRED)
 1. Dead On Arrival
 2. Emergency Department Death
 3. Emergency Department Discharge Against Medical Advice
 4. Emergency Department Transfer to Another Hospital for Specialty Care
 5. Emergency Department Transfer to Another Hospital
 6. Emergency Department Transfer to Observation

- II. Trauma Cases Admitted as Hospital Inpatients (REQUIRED)
 7. Admitted Through the Emergency Department
 8. Admitted Directly to Inpatient Service

- III. Injury Cases Admitted as Hospital Inpatients, but NOT Identified as Trauma (REQUIRED)
 9. Hospital Death with Trauma Surgeon Consultation
 10. Hospital Death with No Trauma Surgeon Consultation
 11. Admitted to the ICU with Trauma Surgeon Consultation
 12. Admitted to the ICU with No Trauma Surgeon Consultation
 13. Hospital Length of Stay of 3 Days or More with Trauma Surgeon Consultation
 14. Hospital Length of Stay of 3 Days or More with No Trauma Surgeon Consultation

- IV. Additional Trauma Service Utilization Cases (REQUIRED)
 15. Field-defined Priority One or Two Injury Cases Treated and Released from the Emergency Department Not Meeting Conditions under Inclusion Definitions I, II or III.
 16. Trauma Service Consultation Only in the Emergency Department
 17. Trauma Service Consultation Only in the Hospital

- V. Injury Cases for Hospital Review (OPTIONAL)
 18. Other self-defined criteria

- VI. No injury etiology (OPTIONAL)
 19. Trauma Team Response without an Injury Etiology

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APPENDIX B: FIPS County Codes

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The codes included in the list below are only Maryland counties. In the registry itself, the Federal Information Processing System (FIPS) county codes include counties for other states.

- 24001. Allegany County
- 24003. Anne Arundel County
- 24005. Baltimore County
- 24009. Calvert County
- 24011. Caroline County
- 24013. Carroll County
- 24015. Cecil County
- 24017. Charles County
- 24019. Dorchester County
- 24021. Frederick County
- 24023. Garrett County
- 24025. Harford County
- 24027. Howard County
- 24029. Kent County
- 24031. Montgomery County
- 24033. Prince George's County
- 24035. Queen Anne's County
- 24037. St. Mary's County
- 24039. Somerset County
- 24041. Talbot County
- 24043. Washington County
- 24045. Wicomico County
- 24047. Worcester County
- 24510. Baltimore City

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APPENDIX C: State Codes

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| | | | |
|----|----------------------|----|--------------------------|
| AK | Alaska | ND | North Dakota |
| AL | Alabama | CM | Northern Mariana Islands |
| AR | Arkansas | NE | Nebraska |
| AZ | Arizona | NH | New Hampshire |
| CA | California | NJ | New Jersey |
| CO | Colorado | NM | New Mexico |
| CT | Connecticut | NV | Nevada |
| DC | District of Columbia | NY | New York |
| DE | Delaware | OH | Ohio |
| FL | Florida | OK | Oklahoma |
| GA | Georgia | OR | Oregon |
| HI | Hawaii | PA | Pennsylvania |
| IA | Iowa | PR | Puerto Rico |
| ID | Idaho | RI | Rhode Island |
| IL | Illinois | SC | South Carolina |
| IN | Indiana | SD | South Dakota |
| KS | Kansas | TN | Tennessee |
| KY | Kentucky | TT | Trust Territory |
| LA | Louisiana | TX | Texas |
| MA | Massachusetts | UT | Utah |
| MD | Maryland | VA | Virginia |
| ME | Maine | VI | Virgin Islands |
| MI | Michigan | VT | Vermont |
| MN | Minnesota | WA | Washington |
| MO | Missouri | WI | Wisconsin |
| MS | Mississippi | WV | West Virginia |
| MT | Montana | WY | Wyoming |
| NC | North Carolina | | |

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APPENDIX D: Hospital Codes Arranged by Code

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- 201 Johns Hopkins Bayview Medical Center
- 202 Church Home and Hospital (no longer in existence)
- 203 MedStar Franklin Square Medical Center
- 204 Johns Hopkins Hospital
- 205 Liberty Medical Center Psychiatric Center (formerly Lutheran Hospital)
- 206 University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)
- 207 Mercy Medical Center, Baltimore, MD
- 208 Grace Medical Center (LifeBridge) (formerly Bon Secours Hospital)
- 209 Liberty Medical Center (formerly Provident Hospital) (no longer in existence)
- 210 Sinai Hospital (LifeBridge)
- 211 MedStar Harbor Hospital (formerly South Baltimore General Hospital)
- 212 Saint Agnes Hospital (Ascension)
- 213 University of Maryland St. Joseph Medical Center, MD
- 214 MedStar Union Memorial Hospital
- 215 University of Maryland Medical Center
- 217 Greater Baltimore Medical Center
- 218 Northwest Hospital Center (LifeBridge)
- 219 Carroll Hospital Center (LifeBridge)
- 220 University of Maryland Harford Memorial Hospital
- 221 Anne Arundel Medical Center
- 222 University of Maryland Baltimore Washington Medical Center
- 223 Howard County General Hospital – Johns Hopkins Medicine
- 224 University of Maryland Upper Chesapeake Medical Center
- 225 Children's Hospital & Center for Reconstructive Surgery, MD (no longer in existence)
- 226 MedStar Good Samaritan Hospital
- 227 University of Maryland Rehabilitation & Orthopaedic Institute (formerly Kernan Hospital)
- 228 Montebello Center, MD
- 229 University of Maryland Shore Medical Center at Cambridge – Free Standing Emergency Department
- 230 Inova Alexandria Hospital, VA
- 231 Andrew Rader Clinic, VA
- 232 Prince George's Hospital Center (no longer in existence)
- 233 Virginia Hospital Center (formerly Arlington Hospital, VA)
- 234 Beebe Medical Center, Millville Center, DE (formerly Bethany Emergency Center)
- 235 Brooke Lane Psychiatric Center
- 236 Brunswick Medical Center
- 237 Capitol Hill Hospital, DC (no longer in existence)
- 238 Walter P. Carter Center (formerly Carter Community Mental Health & Retardation Center)
- 239 Frederick Health Hospital
- 240 Gettysburg Hospital, PA
- 241 Chemtrec Chem Mfgs Assn Chemical Transportation Emergency Center, DC
- 242 UPMC Pinnacle, PA (formerly Hanover Hospital)
- 243 Chestnut Lodge Hospital (no longer in existence)
- 244 Holy Cross Hospital
- 245 Columbia Hospital for Women Medical Center, DC (no longer in existence)
- 246 Veteran's Administration Medical Center, Baltimore, MD
- 247 Fort Howard Veteran's Administration Hospital (no longer in existence)
- 248 Crownsville State Hospital (no longer in existence)
- 249 Suburban Hospital - Johns Hopkins Medicine
- 250 Walter Reed Army Medical Center, DC (no longer in existence)
- 251 Leland Memorial Hospital (no longer in existence)
- 252 Cullen Center (no longer in existence)
- 253 Freeman Hospital (no longer in existence)
- 254 University Specialty Hospital
- 255 Lincoln Memorial Hospital (no longer in existence)

256 DeWitt Army Hospital, VA
 257 Dominion Hospital, VA
 258 Finan Center State Psychiatric Facility
 259 Kirk Army Hospital
 260 University of Maryland Capital Regional Medical Center
 261 Greater Northeast Medical Center, DC (See Also Northeast Georgetown #313)
 262 Kimbrough Ambulatory Care Center
 263 Gundry Hospital (no longer in existence)
 264 MedStar Montgomery Medical Center
 265 Shady Grove Medical Center (Adventist)
 266 Calvert Health Medical Center
 267 Highland State Health Facility Psychiatric Unit (no longer in existence)
 268 HSC Pediatric Center, DC (formerly Hospital for Sick Children)
 269 Waynesboro Hospital (WellSpan), PA
 270 Howard University Hospital, DC
 271 Monongalia General Hospital, WV
 272 York Hospital (WellSpan), PA
 273 Jefferson Memorial Hospital, Arlington, VA
 274 Kennedy Krieger Institute
 275 Veteran's Administration Medical Center, Martinsburg, VA
 276 Chambersburg Hospital, PA
 277 Keswick Multi-Care Center (formerly Keswick Home for the Incurables of Baltimore City)
 278 Levindale Hebrew Geriatric Center & Hospital (LifeBridge)
 279 Fort Dietrick Medical Center
 280 Mary Washington Hospital, VA
 281 Maryland Penitentiary Hospital
 282 War Memorial Hospital, Berkeley Springs, WV (formerly Morgan County War Memorial
 Hospital, WV)
 283 Winchester Medical Center, VA
 284 Charlestown Area Medical Center, WV
 285 Masonic Eastern Star Home, DC
 286 Fulton County Medical Center, PA
 287 Inova Mount Vernon Hospital, VA
 288 Providence Hospital (Ascension), DC
 289 Washington County Health System, MD (no longer in existence)
 290 Western Maryland Center, MD
 291 University of Maryland Charles Regional Medical Center (formerly Civista)
 292 Mount Washington Pediatric Hospital
 293 Deer's Head State Hospital
 294 University of Maryland Shore Medical Center at Dorchester (no longer in existence)
 295 National Capitol Poison Center, DC
 296 University of Maryland Shore Medical Center at Chestertown
 297 University of Maryland Shore Medical Center at Easton
 298 Union Hospital (Christiana Care)
 299 Christiana Care Health Systems, Wilmington Hospital, DE
 300 Maryland Poison Information Center at UMB
 301 Pennsylvania State University Hospital (Hershey Medical Center), PA
 302 DuPont Memorial Hospital (part of Medical Center of Delaware) (no longer in existence)
 303 Saint Francis Hospital, WV
 304 Christiana Care Health Systems, Christiana Hospital, DE
 305 Inova Fairfax Hospital, VA
 306 Veteran's Administration Medical Center, Ellsmere, DE
 307 Newark Emergency Center, Newark, DE
 308 National Institute of Mental Health
 309 MedStar National Rehabilitation Network
 310 Dover U.S. Air Force Clinic, DE

311 Riverside Shore Memorial Hospital, VA
 312 Taylor Manor Hospital
 313 Northeast Georgetown Medical Center (See also Greater Northeast #261)
 314 Jefferson Memorial Hospital (WVU Medicine), WV
 315 Northern Virginia Doctor's Hospital, VA
 316 United Medical Center, DC
 317 Children's National Medical Center, DC
 318 Clifton T. Perkins Hospital Center
 319 Frostburg Hospital (no longer in existence)
 320 Western Maryland Health System, Cumberland Memorial Campus (no longer in existence)
 321 Western Maryland Health System, Sacred Heart Campus (no longer in existence)
 322 Garrett Regional Medical Center (WVU Medicine)
 323 West Virginia University Hospital, WV
 324 Sibley Memorial Hospital – Johns Hopkins Medicine, DC
 325 Potomac Hospital, VA
 326 Inova Loudoun Hospital, VA
 327 MedStar Washington Hospital Center, DC
 328 Washington Adventist Hospital (no longer in existence)
 329 Doctor's Community Hospital
 330 Parkwood Hospital (formerly Clinton Hospital) (no longer in existence)
 331 Eastern Shore State Hospital
 332 McCready Health Pavilion (TidalHealth)
 333 MedStar St. Mary's Hospital
 334 National Hospital for Orthopedics & Rehabilitation, VA
 335 George Washington University Hospital, DC
 336 Patuxent River Naval Air Station Hospital (no longer in existence)
 337 MedStar Georgetown University Hospital, DC
 338 Police & Fire Clinic, Washington, DC
 339 McGuire Veteran's Administration Hospital, VA
 340 Inova Fair Oaks Hospital (formerly Commonwealth Hospital), VA
 341 Berkeley Medical Center (WVU Medicine), WV
 342 DC General Hospital (no longer in existence)
 343 MedStar Southern Maryland Hospital Center
 344 Novant Health Prince William Medical Center, VA
 345 10th Street Medical Center, Ocean City, MD
 346 26th Street Medical Center, Ocean City, MD
 347 93rd Street Medical Center, Ocean City, MD (no longer in existence)
 348 Groupe Memorial Hospital (no longer in existence)
 349 Isle of Wight Medical Center (Ocean City)
 350 Bayhealth Medical Center Kent Hospital, DE
 351 TidalHealth Nanticoke, DE
 352 Laurel Regional Medical Center (UMCRH)
 353 Bowie Health Center
 354 Malcolm Grow Medical Clinic
 355 Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
 356 National Institutes of Health Clinical Center
 357 Veteran's Administration Medical Center, Perry Point
 358 Beebe Medical Center, DE (formerly Beebe Hospital of Sussex County)
 359 Bayhealth Medical Center, Sussex Campus, DE
 360 Jennersville Hospital (Tower Health), PA
 361 Pocomoke Family Health Center
 362 Pocomoke City Medical Center
 363 Hadley Memorial Hospital, DC
 364 Psychiatric Institute of Montgomery County
 365 Rosewood State Facility (no longer in existence)
 366 Saint Elizabeth's Hospital, DC

- 367 Saint Luke Institute (no longer in existence)
- 368 Sheppard & Enoch Pratt Hospital
- 369 Spring Grove State Hospital
- 370 Springwood Psychiatric Institute, VA
- 371 Tawes-Bland Bryant Nursing Center
- 372 TB Clinic
- 373 Tidewater Memorial Hospital, VA
- 374 U.S. Naval Health Clinic, Annapolis
- 375 U.S. Soldier's and Airmen's Home, DC
- 376 Veteran's Administration Medical Center, DC
- 377 Walter Reed Forest Glenn Annex
- 378 Psychiatric Institute of DC
- 379 63rd Street Medical Center, Ocean City, MD
- 380 75th Street Medical Center, Ocean City, MD
- 381 Atlantic General Hospital, Berlin, MD
- 382 Anne Arundel Medical Park (no longer in existence)
- 383 Columbia Medical Plan (no longer in existence)
- 384 Adventist Healthcare Germantown Emergency Center
- 385 Brigade Medical Unit, Annapolis
- 386 Riverside Shore Memorial Hospital, Nassawadox, VA
- 387 University of Maryland Shore Emergency Center at Queenstown
- 389 Meritus Medical Center
- 390 Christiana Care Free-Standing Emergency Department, Middletown, DE
- 395 UPMC Western Maryland
- 397 Altoona Rehabilitation Hospital
- 398 Health South Rehabilitation Hospital, Mechanicsburg, PA
- 399 Health South Chesapeake Rehabilitation Center, Salisbury, MD
- 400 Conemaugh Meyersdale Medical Center, PA
- 401 Potomac Valley Hospital (WVU Medicine), WV
- 402 Western Pennsylvania University Hospital, PA
- 403 Lancaster General Hospital (PennMed), PA
- 404 UPMC Memorial, York, PA
- 405 Saint Joseph Hospital, PA
- 406 Springfield State Hospital
- 407 Upper Shore Mental Health Center
- 408 TidalHealth Peninsula Regional
- 409 126th Street Medical Center, Ocean City, MD (no longer in existence)
- 416 Children's National at United Medical Center, DC
- 419 Pennsylvania State Children's Hospital, Hershey, PA (formerly Children's Hospital-Hershey, PA)
- 420 Western Maryland Health System Memorial Campus Primary Stroke Center (no longer in existence)
- 421 Anne Arundel Medical Center Primary Stroke Center
- 422 University of Maryland Baltimore Washington Medical Primary Stroke Center
- 426 Inova Leesburg Hospital, VA
- 428 White Oak Medical Center (Adventist)
- 444 Holy Cross Germantown Hospital
- 450 Hospice of Baltimore, Gilchrist Center, Baltimore, MD
- 451 Joseph Richey House, Baltimore, MD
- 452 Stella Maris Hospice, Timonium, MD
- 453 Stella Maris Hospice at Mercy Medical Center, Baltimore, MD
- 454 Peninsula Regional Medical Center Transitional Care Unit (no longer in existence)
- 455 Salisbury Genesis Center
- 456 Washington County Health System, MD, Psychiatric Unit (no longer in existence)
- 457 John L. Gilder RICA
- 458 RICA Baltimore

459 Middletown Free-Standing Emergency Department, DE
 460 Saint Frances Healthcare, Wilmington, DE
 461 Ruby Memorial Hospital (WVU Medicine), WV
 464 MedStar Montgomery Medical Center Primary Stroke Center
 465 Shady Grove Medical Center (Adventist) Primary Stroke Center
 466 Calvert Health Medical Center Primary Stroke Center
 490 Health South Rehabilitation Hospital of Altoona (former code was 420)
 491 Eastern Neurological Rehabilitation Hospital (former code was 421)
 492 Alleghany General Hospital, Alleghany, PA (former code was 422)
 493 Conemaugh Memorial Medical Center, Johnstown, PA
 494 Altoona Regional Health System, Altoona, PA
 495 UPMC Western Maryland Primary Stroke Center
 499 Meritus Medical Center Psychiatric Unit
 501 Johns Hopkins Bayview Medical Center Primary Stroke Center
 503 MedStar Franklin Square Medical Center Primary Stroke Center
 504 Johns Hopkins Hospital Comprehensive Stroke Center
 506 University of Maryland Medical Center Midtown Campus Primary Stroke Center (formerly
 Maryland General Hospital)
 507 Mercy Medical Center Primary Stroke Center
 508 TidalHealth Peninsula Regional Primary Stroke Center
 510 Sinai Hospital (LifeBridge) Primary Stroke Center
 511 MedStar Harbor Hospital Primary Stroke Center
 512 Saint Agnes Hospital (Ascension) - Baltimore Primary Stroke Center
 513 University of Maryland St. Joseph Medical Center Primary Stroke Center
 514 MedStar Union Memorial Hospital Primary Stroke Center
 515 University of Maryland Medical Center Comprehensive Stroke Center
 517 Greater Baltimore Medical Center Primary Stroke Center
 518 Northwest Hospital Primary Stroke Center (LifeBridge)
 520 University of Maryland Harford Memorial Hospital Primary Stroke Center
 521 State Medical Examiner's Office (Morgue)
 522 Fort Washington Hospital
 523 Howard County General Hospital – Johns Hopkins Medicine Primary Stroke Center
 524 University of Maryland Upper Chesapeake Medical Center Primary Stroke Center
 526 MedStar Good Samaritan Hospital Primary Stroke Center
 527 Adventist Behavioral Health – Rockville
 528 Adventist Behavioral Health – Cambridge
 529 Adventist Rehabilitation Hospital - Rockville
 533 MedStar St. Mary's Hospital Primary Stroke Center
 539 Frederick Health Hospital Primary Stroke Center
 543 MedStar Southern Maryland Hospital Primary Stroke Center
 544 Holy Cross Hospital Primary Stroke Center
 549 Suburban Hospital - Johns Hopkins Medicine Primary Stroke Center
 550 Annie M. Warner Hospital, PA
 551 UPMC Bedford Memorial, PA
 553 Bryn Mawr Hospital, PA
 554 UPMC Carlisle Hospital, PA
 555 Carpenter's Clinic (no longer in existence)
 556 Delaware Memorial Hospital, DE (no longer in existence)
 557 Elizabethtown Children's Hospital (no longer in existence)
 558 Emmitsburg Hospital (no longer in existence)
 559 Grant Memorial Hospital, WV
 560 Hagerstown State Hospital (no longer in existence)
 561 Hampshire Memorial Hospital, WV
 562 Harryon State Hospital (no longer in existence)
 563 Kings Daughters Hospital, VA
 564 Lancaster Osteopathic Hospital, PA

565 Leesburg Hospital, VA
 566 McConnellsburg Hospital (no longer in existence)
 567 Bashline Memorial Osteopathic Hospital, PA
 568 Newark Hospital, NJ
 569 Pittsburgh Institute for Rehabilitation, PA
 570 Reading Medical Center, PA
 571 Riverside Hospital, DE
 572 Sacred Heart Hospital, PA
 573 Saint Agnes Burn Center, PA
 574 Taylor Hospital, WV
 575 University of Pennsylvania Hospital, PA
 576 U.S. Public Health Hospital, MD
 577 Veteran's Administration Medical Center, Wilmington, DE
 578 Woodrow Wilson Rehabilitation Center, VA
 579 Yale - New Haven Hospital, CT
 580 Geisinger Medical Center, PA
 581 Atlantic General Hospital Primary Stroke Center
 582 Select Specialty Hospital, Laurel Highlands, PA
 585 UPMC Children's Hospital of Pittsburgh, PA
 586 UPMC Mercy, PA
 587 UPMC Altoona, PA
 588 UPMC Presbyterian, PA
 589 Washington County Health System, MD, Primary Stroke Center (no longer in existence)
 590 Baltimore City Public Service Infirmery (former code was 520)
 591 University of Maryland Charles Regional Medical Center Primary Stroke Center (formerly Civista)
 597 University of Maryland Shore Medical Center at Easton Primary Stroke Center
 598 Union Hospital (Christiana Care) Primary Stroke Center
 599 Meritus Medical Primary Stroke Center
 601 Johns Hopkins Bayview Medical Center Adult Trauma Center
 604 Johns Hopkins Hospital Adult Trauma Center
 608 TidalHealth Peninsula Regional Trauma Center
 610 Sinai Hospital (LifeBridge) Adult Trauma Center
 620 Western Maryland Health System, Cumberland Memorial Trauma Center (no longer in existence)
 632 University of Maryland Capital Regional Medical Center Adult Trauma Center
 634 R Adams Cowley Shock Trauma Center
 649 Suburban Hospital - Johns Hopkins Medicine Adult Trauma Center
 689 Washington County Health System, MD Adult Trauma Center (no longer in existence)
 695 UPMC Western Maryland Adult Trauma Center
 699 Meritus Medical Adult Trauma Center
 701 Johns Hopkins Bayview Medical Center Burn Unit
 703 MedStar Franklin Square Medical Center Cardiac Interventional Center
 704 Johns Hopkins Hospital Pediatric Trauma Center
 705 Johns Hopkins Hospital Eye Trauma Center
 706 Johns Hopkins Hospital Inpatient Rehabilitation Center
 707 Johns Hopkins Hospital Pediatric Burn Center
 708 TidalHealth Peninsula Regional Cardiac Interventional Center
 710 Sinai Hospital (LifeBridge) Cardiac Interventional Center
 712 Saint Agnes Hospital (Ascension) – Baltimore Cardiac Interventional Center
 713 University of Maryland St. Joseph Medical Center Cardiac Interventional Center
 714 MedStar Union Memorial Hospital, Curtis Hand Center
 715 University of Maryland Medical Center Cardiac Interventional Center
 716 MedStar Union Memorial Hospital Cardiac Interventional Center
 717 Children's National Hospital Pediatric Trauma Center, DC
 718 Children's National Hospital Pediatric Burn Center, DC

719 Carroll Hospital (LifeBridge) Cardiac Interventional Center
 721 Anne Arundel Medical Center Cardiac Interventional Center
 722 University of Maryland Baltimore Washington Medical Center Cardiac Interventional Center
 723 Howard County General Hospital – Johns Hopkins Medicine Cardiac Interventional Center
 724 University of Maryland Upper Chesapeake Medical Cardiac Interventional Center
 725 Washington Adventist Hospital Cardiac Interventional Center (no longer in existence)
 727 MedStar Washington Hospital Center Burn Center, DC
 728 MedStar Washington Hospital Center Adult Trauma Center, DC
 729 MedStar Washington Hospital Center Cardiac Interventional Center, DC
 732 University of Maryland Capital Regional Medical Center Cardiac Interventional Center
 734 R Adams Cowley Shock Trauma Center Hyperbaric Unit
 735 R Adams Cowley Shock Trauma Center Neurotrauma Unit
 739 Frederick Health Hospital Cardiac Interventional Center
 740 Bayhealth Medical Center, Kent Hospital Cardiac Interventional Center, DE
 743 MedStar Southern Maryland Hospital Cardiac Interventional Center
 744 Holy Cross Hospital Cardiac Interventional Center
 749 Suburban Hospital – Johns Hopkins Medicine Cardiac Interventional Center
 750 Sinai Head Injury Rehabilitation Hospital
 751 Alfred I. DuPont Hospital for Children, DE
 752 Bryn Mawr Rehabilitation Hospital, Bryn Mawr, PA
 753 Northampton-Accomack Memorial Hospital, VA
 754 Bryn Mawr Rehabilitation Hospital at University of Maryland Medical Center Midtown Campus
 (no longer in existence)
 755 Central Industrial Medical Center (no longer in existence)
 756 Children’s Hospital of Philadelphia, PA
 757 Cooper Trauma Center, NJ
 759 Gladys Spellman Nursing Center
 760 The Greenery (no longer in existence)
 761 Johns Hopkins Comprehensive Geriatric Center
 762 Newmedico Rehabilitation (no longer in existence)
 763 Suburban Hospital, Inc. Skilled Nursing Facility (no longer in existence)
 764 Washington County Health System, MD, Skilled Nursing Facility (no longer in existence)
 765 York Rehabilitation Hospital, PA
 766 Johns Hopkins Bayview Transitional Care Unit
 770 Sinai Rehabilitation Center (LifeBridge)
 771 Calvert County Nursing Home Center
 772 Solomon’s Nursing Home Center
 773 Laurel Regional Medical Center – Rehabilitation Unit (no longer in existence)
 774 Medlink Hospital of Capitol Hill, DC
 775 Shady Grove Medical Center (Adventist) Cardiac Interventional Center
 776 UPMC Western Maryland Psychiatric Unit
 779 Meritus Medical Center Cardiac Interventional Center
 781 Johns Hopkins Bayview Medical Center Cardiac Interventional Center
 784 Johns Hopkins Hospital Cardiac Interventional Center
 786 UPMC Western Maryland Comprehensive Inpatient Rehabilitation Unit
 789 Washington County Health System, MD, Comprehensive Inpatient Rehabilitation Services
 (no longer in existence)
 794 Christiana Care Health Systems Christiana Hospital Cardiac Interventional Center
 795 UPMC Western Maryland Cardiac Interventional Center
 798 Meritus Medical Center Skilled Nursing Facility, MD
 799 Meritus Medical Center Comprehensive Inpatient Rehabilitation Services
 818 Children’s National Medical Center Neonatal Unit, DC
 842 DC General Hospital Neonatal Center (no longer in existence)
 888 Other
 901 Johns Hopkins Bayview Medical Center Perinatal Center
 904 Johns Hopkins Hospital Perinatal Center

907 Mercy Medical Center Perinatal Center, Baltimore, MD
910 Sinai Hospital (LifeBridge) Perinatal Center
912 Saint Agnes Hospital (Ascension) Perinatal Center
915 University of Maryland Medical Center Perinatal Center
999 Unknown

APPENDIX E: Hospital Codes Arranged Alphabetically

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345 10th Street Medical Center, Ocean City, MD
 346 26th Street Medical Center, Ocean City, MD
 379 63rd Street Medical Center, Ocean City, MD
 380 75th Street Medical Center, Ocean City, MD
 347 93rd Street Medical Center, Ocean City, MD (no longer in existence)
 409 126th Street Medical Center, Ocean City, MD (no longer in existence)
 528 Adventist Behavioral Health – Cambridge
 527 Adventist Behavioral Health – Rockville
 384 Adventist Healthcare Germantown Emergency Center
 529 Adventist Rehabilitation Hospital – Rockville
 751 A.I. DuPont Center for Children, DE
 492 Allegany General Hospital, Allegany, PA (former code was 422)
 494 Altoona Regional Health System, Altoona, PA
 397 Altoona Rehabilitation Hospital
 231 Andrew Rader Clinic, VA
 221 Anne Arundel Medical Center
 721 Anne Arundel Medical Center Cardiac Interventional Center
 421 Anne Arundel Medical Center Primary Stroke Center
 382 Anne Arundel Medical Park (no longer in existence)
 550 Annie M. Warner Hospital, PA
 381 Atlantic General Hospital, Berlin, MD
 581 Atlantic General Hospital Primary Stroke Center
 590 Baltimore City Public Service Infirmary (former code was 520)
 567 Bashline Memorial Osteopathic Hospital, PA
 350 Bayhealth Medical Center Kent Hospital, DE
 740 Bayhealth Medical Center Kent Hospital Cardiac Interventional Center, DE
 359 Bayhealth Medical Center Sussex Campus, DE
 358 Beebe Medical Center, DE, (formerly Beebe Hospital of Sussex County)
 234 Beebe Medical Center Millville Center, DE (formerly Bethany Emergency Center)
 341 Berkeley Medical Center (WVU Medicine), WV
 353 Bowie Health Center
 385 Brigade Medical Unit, Annapolis
 235 Brooke Lane Psychiatric Center
 236 Brunswick Medical Center
 553 Bryn Mawr Hospital, PA
 752 Bryn Mawr Rehabilitation Hospital, Bryn Mawr, PA
 754 Bryn Mawr Rehabilitation Hospital at University of Maryland Medical Center Midtown Campus
 (no longer in existence)
 771 Calvert County Nursing Home Center
 266 Calvert Health Medical Center
 466 Calvert Health Medical Center Primary Stroke Center
 237 Capitol Hill Hospital, DC (no longer in existence)
 555 Carpenter's Clinic (no longer in existence)
 219 Carroll Hospital Center (LifeBridge)
 719 Carroll Hospital Center (LifeBridge) Cardiac Interventional Center
 755 Central Industrial Medical Center (no longer in existence)
 276 Chambersburg Hospital, PA
 284 Charlestown Area Medical Center, WV
 241 Chemtrec Chem Mfgs Assn Chemical Transportation Emergency Center, DC
 243 Chestnut Lodge Hospital (no longer in existence)
 225 Children's Hospital & Center for Reconstructive Surgery, MD (no longer in existence)
 756 Children's Hospital of Philadelphia, PA
 416 Children's National at United Medical Center, DC
 317 Children's National Medical Center, DC
 717 Children's National Medical Center Pediatric Trauma Center, DC
 718 Children's National Medical Center Pediatric Burn Unit, DC

818 Children's National Medical Center Neonatal Unit, DC
 390 Christiana Care Free-Standing Emergency Department, Middletown, DE
 304 Christiana Care Health Systems Christiana Hospital, DE
 794 Christiana Care Health Systems Christiana Hospital Cardiac Interventional Center, DE
 299 Christiana Care Health Systems Wilmington Hospital, DE
 202 Church Home and Hospital (no longer in existence)
 318 Clifton T. Perkins Hospital Center
 245 Columbia Hospital for Women Medical Center, DC (no longer in existence)
 383 Columbia Medical Plan (no longer in existence)
 400 Conemaugh Meyersdale Medical Center, PA
 493 Conemaugh Memorial Medical Center, Johnstown, PA
 757 Cooper Trauma Center, NJ
 248 Crownsville State Hospital (no longer in existence)
 252 Cullen Center (no longer in existence)
 342 DC General Hospital (no longer in existence)
 842 DC General Hospital Neonatal Center (no longer in existence)
 293 Deer's Head State Hospital
 556 Delaware Memorial Hospital, DE (no longer in existence)
 256 DeWitt Army Hospital, VA
 329 Doctor's Community Hospital
 257 Dominion Hospital, VA
 310 Dover U.S. Air Force Clinic, DE
 302 DuPont Memorial Hospital (part of Medical Center of Delaware) (no longer in existence)
 491 Eastern Neurological Rehabilitation Hospital (former code was 421)
 331 Eastern Shore State Hospital
 557 Elizabethtown Children's Hospital (no longer in existence)
 558 Emmitsburg Hospital (no longer in existence)
 258 Finan Center State Psychiatric Facility
 279 Fort Dietrick Medical Center
 247 Fort Howard Veteran's Administration Hospital (no longer in existence)
 522 Fort Washington Hospital
 239 Frederick Health Hospital
 739 Frederick Health Hospital Cardiac Interventional Center
 539 Frederick Health Hospital Primary Stroke Center
 253 Freeman Hospital (no longer in existence)
 319 Frostburg Hospital (no longer in existence)
 286 Fulton County Medical Center, PA
 322 Garrett Regional Medical Center (WVU Medicine)
 580 Geisinger Medical Center, PA
 335 George Washington University Hospital, DC
 240 Gettysburg Hospital, PA
 759 Gladys Spellman Nursing Center
 208 Grace Medical Center (LifeBridge) (formerly Bon Secours Hospital)
 559 Grant Memorial Hospital, WV
 217 Greater Baltimore Medical Center
 517 Greater Baltimore Medical Center Primary Stroke Center
 261 Greater Northeast Medical Center, DC (See Also Northeast Georgetown #313)
 348 Groupe Memorial Hospital (no longer in existence)
 263 Gundry Hospital (no longer in existence)
 363 Hadley Memorial Hospital, DC
 560 Hagerstown State Hospital (no longer in existence)
 561 Hampshire Memorial Hospital, WV
 562 Harryon State Hospital (no longer in existence)
 399 Health South Chesapeake Rehabilitation Center, Salisbury, MD
 398 Health South Rehabilitation Hospital, Mechanicsburg, PA
 490 Health South Rehabilitation Hospital of Altoona (former code was 420)

267 Highland State Health Facility Psychiatric Unit (no longer in existence)
 244 Holy Cross Hospital
 444 Holy Cross Germantown Hospital
 744 Holy Cross Hospital Cardiac Interventional Center
 544 Holy Cross Hospital Primary Stroke Center
 450 Hospice of Baltimore, Gilchrist Center, Towson, MD
 268 HSC Pediatric Center, DC (formerly Hospital for Sick Children)
 223 Howard County General Hospital – Johns Hopkins Medicine
 723 Howard County General Hospital – Johns Hopkins Medicine Cardiac Interventional Center
 523 Howard County General Hospital – Johns Hopkins Medicine Primary Stroke Center
 270 Howard University Hospital, DC
 230 Inova Alexandria Hospital, VA
 340 Inova Fair Oaks Hospital (formerly Commonwealth Hospital), VA
 305 Inova Fairfax Hospital, VA
 426 Inova Leesburg Hospital, VA
 326 Inova Loudoun Hospital, VA
 287 Inova Mount Vernon Hospital, VA
 349 Isle of Wight Medical Center, Ocean City, MD
 273 Jefferson Memorial Hospital, Arlington, VA
 314 Jefferson Memorial Hospital (WVU Medicine), WV
 360 Jennersville Hospital (Tower Health), PA
 457 John L. Gildner RICA
 201 Johns Hopkins Bayview Medical Center
 601 Johns Hopkins Bayview Medical Center Adult Trauma Center
 701 Johns Hopkins Bayview Medical Center Burn Unit
 781 Johns Hopkins Bayview Medical Center Cardiac Interventional Center
 901 Johns Hopkins Bayview Medical Center Perinatal Center
 501 Johns Hopkins Bayview Medical Center Primary Stroke Center
 766 Johns Hopkins Bayview Transitional Care Unit
 761 Johns Hopkins Comprehensive Geriatric Center
 204 Johns Hopkins Hospital
 604 Johns Hopkins Hospital Adult Trauma Center
 784 Johns Hopkins Hospital Cardiac Interventional Center
 705 Johns Hopkins Hospital Eye Trauma Center
 706 Johns Hopkins Hospital Inpatient Rehabilitation Center
 707 Johns Hopkins Hospital Pediatric Burn Center
 704 Johns Hopkins Hospital Pediatric Trauma Center
 904 Johns Hopkins Hospital Perinatal Center
 504 Johns Hopkins Hospital Comprehensive Stroke Center
 451 Joseph Richey House, Baltimore, MD
 274 Kennedy Krieger Institute
 277 Keswick Multi-Care Center (formerly Keswick Home for the Incurables of Baltimore City)
 262 Kimbrough Ambulatory Care Center
 563 Kings Daughters Hospital, VA
 259 Kirk Army Hospital
 403 Lancaster General Hospital (Penn Med), PA
 564 Lancaster Osteopathic Hospital, PA
 352 Laurel Medical Center (UMCRH)
 773 Laurel Regional Medical Center – Rehabilitation Unit (no longer in existence)
 565 Leesburg Hospital, VA
 251 Leland Memorial Hospital (no longer in existence)
 278 Levindale Hebrew Geriatric Center & Hospital (LifeBridge)
 209 Liberty Medical Center (formerly Provident Hospital) (no longer in existence)
 205 Liberty Medical Center Psychiatric Center (formerly Lutheran Hospital)
 255 Lincoln Memorial Hospital (no longer in existence)
 354 Malcolm Grow Medical Clinic

280 Mary Washington Hospital, VA
 281 Maryland Penitentiary Hospital
 300 Maryland Poison Information Center at UMB
 285 Masonic Eastern Star Home, DC
 566 McConnellsburg Hospital (no longer in existence)
 332 McCready Health Pavilion (TidalHealth)
 339 McGuire Veteran's Administration Hospital, VA
 774 Medlink Hospital of Capitol Hill, DC
 203 MedStar Franklin Square Medical Center
 703 MedStar Franklin Square Medical Center Cardiac Interventional Center
 503 MedStar Franklin Square Medical Center Primary Stroke Center
 337 MedStar Georgetown University Hospital, DC
 226 MedStar Good Samaritan Hospital
 526 MedStar Good Samaritan Hospital Primary Stroke Center
 211 MedStar Harbor Hospital (formerly South Baltimore General Hospital)
 511 MedStar Harbor Hospital Primary Stroke Center
 264 MedStar Montgomery Medical Center
 464 MedStar Montgomery Medical Center Primary Stroke Center
 309 MedStar National Rehabilitation Network
 333 MedStar St. Mary's Hospital
 533 MedStar St. Mary's Hospital Primary Stroke Center
 343 MedStar Southern Maryland Hospital Center
 743 MedStar Southern Maryland Hospital Cardiac Interventional Center
 543 MedStar Southern Maryland Hospital Primary Stroke Center
 214 MedStar Union Memorial Hospital
 716 MedStar Union Memorial Hospital Cardiac Interventional Center
 714 MedStar Union Memorial Hospital, Curtis Hand Center
 514 MedStar Union Memorial Hospital Primary Stroke Center
 327 MedStar Washington Hospital Center, DC
 728 MedStar Washington Hospital Center Adult Trauma Center, DC
 727 MedStar Washington Hospital Center Burn Center, DC
 729 MedStar Washington Hospital Center Cardiac Interventional Center, DC
 207 Mercy Medical Center, Baltimore, MD
 907 Mercy Medical Center Perinatal Center, Baltimore, MD
 507 Mercy Medical Center Primary Stroke Center, Baltimore, MD
 389 Meritus Medical Center
 699 Meritus Medical Center Adult Trauma Center
 779 Meritus Medical Center Cardiac Interventional Center
 499 Meritus Medical Center Psychiatric Unit
 799 Meritus Medical Center Comprehensive Inpatient Rehabilitation Services
 599 Meritus Medical Primary Stroke Center
 798 Meritus Medical Center Skilled Nursing Facility, MD
 459 Middletown Free-Standing Emergency Department, DE
 271 Monongalia General Hospital, WV
 228 Montebello Center, MD
 292 Mount Washington Pediatric Hospital
 295 National Capitol Poison Center, DC
 334 National Hospital for Orthopedics & Rehabilitation, VA
 308 National Institute of Mental Health
 356 National Institutes of Health Clinical Center
 751 Nemours/Alfred I. DuPont Hospital for Children, DE
 307 Newark Emergency Center, Newark, DE
 568 Newark Hospital, NJ
 762 Newmedico Rehabilitation (no longer in existence)
 753 Northampton-Accomack Memorial Hospital, VA
 313 Northeast Georgetown Medical Center (See also Greater Northeast #261)

315 Northern Virginia Doctor's Hospital, VA
 218 Northwest Hospital Center (LifeBridge)
 518 Northwest Hospital Primary Stroke Center (LifeBridge)
 344 Novant Health Prince William Medical Center, VA
 330 Parkwood Hospital (formerly Clinton Hospital) (no longer in existence)
 336 Patuxent River Naval Air Station Hospital (no longer in existence)
 454 Peninsula Regional Medical Center, Transitional Care Unit (no longer in existence)
 419 Pennsylvania State Children's Hospital, Hershey, PA (formerly Children's Hospital - Hershey, PA)
 301 Pennsylvania State University Hospital (Hershey Medical Center), PA
 569 Pittsburgh Institute for Rehabilitation, PA
 362 Pocomoke City Medical Center
 361 Pocomoke Family Health Center
 338 Police & Fire Clinic, Washington, DC
 325 Potomac Hospital, VA
 401 Potomac Valley Hospital (WVU Medicine), WV
 232 Prince George's Hospital Center (no longer in existence)
 288 Providence Hospital (Ascension), DC
 378 Psychiatric Institute of DC
 364 Psychiatric Institute of Montgomery County
 634 R Adams Cowley Shock Trauma Center
 734 R Adams Cowley Shock Trauma Center Hyperbaric Unit
 735 R Adams Cowley Shock Trauma Center Neurotrauma Unit
 570 Reading Medical Center, PA
 458 RICA Baltimore
 571 Riverside Hospital, DE
 311 Riverside Shore Memorial Hospital, VA
 386 Riverside Shore Memorial Hospital, Nassawadox, VA
 365 Rosewood State Facility (no longer in existence)
 461 Ruby Memorial Hospital (WVU Medicine), WV
 572 Sacred Heart Hospital, PA
 573 Saint Agnes Burn Center, PA
 212 Saint Agnes Hospital (Ascension)
 712 Saint Agnes Hospital (Ascension) Cardiac Interventional Center
 912 Saint Agnes Hospital (Ascension) Perinatal Center
 512 Saint Agnes Hospital (Ascension) Primary Stroke Center
 366 Saint Elizabeth's Hospital, DC
 460 Saint Francis Healthcare, Wilmington, DE
 303 Saint Francis Hospital, WV
 405 Saint Joseph Hospital, PA
 367 Saint Luke Institute (no longer in existence)
 455 Salisbury Genesis Center
 582 Select Specialty Hospital, Laurel Highlands, PA
 265 Shady Grove Medical Center (Adventist)
 775 Shady Grove Medical Center (Adventist) Cardiac Interventional Center
 465 Shady Grove Medical Center (Adventist) Primary Stroke Center
 368 Sheppard & Enoch Pratt Hospital
 324 Sibley Memorial Hospital – Johns Hopkins Medicine, DC
 750 Sinai Head Injury Rehabilitation Hospital
 210 Sinai Hospital (LifeBridge)
 610 Sinai Hospital (LifeBridge) Adult Trauma Center
 710 Sinai Hospital (LifeBridge) Cardiac Interventional Center
 910 Sinai Hospital (LifeBridge) Perinatal Center
 510 Sinai Hospital (LifeBridge) Primary Stroke Center
 770 Sinai Rehabilitation Center (LifeBridge)
 772 Solomon's Nursing Home Center

369 Spring Grove State Hospital
 406 Springfield State Hospital
 370 Springwood Psychiatric Institute, VA
 521 State Medical Examiner's Office (Morgue)
 452 Stella Maris Hospice, Timonium, MD
 453 Stella Maris Hospice at Mercy Medical Center, Baltimore, MD
 249 Suburban Hospital - Johns Hopkins Medicine
 649 Suburban Hospital - Johns Hopkins Medicine Adult Trauma Center
 749 Suburban Hospital - Johns Hopkins Medicine Cardiac Interventional Center
 549 Suburban Hospital - Johns Hopkins Medicine Primary Stroke Center
 763 Suburban Hospital, Inc. Skilled Nursing Facility (no longer in existence)
 371 Tawes-Bland Bryant Nursing Center
 574 Taylor Hospital, WV
 312 Taylor Manor Hospital
 372 TB Clinic
 760 The Greenery (no longer in existence)
 351 TidalHealth Nanticoke, DE
 408 TidalHealth Peninsula Regional
 708 TidalHealth Peninsula Regional Cardiac Interventional Center
 508 TidalHealth Peninsula Regional Primary Stroke Center
 608 TidalHealth Peninsula Regional Trauma Center
 373 Tidewater Memorial Hospital, VA
 298 Union Hospital (Christiana Care)
 598 Union Hospital (Christiana Care) Primary Stroke Center
 316 United Medical Center, DC
 222 University of Maryland Baltimore Washington Medical Center
 722 University of Maryland Baltimore Washington Medical Center Cardiac Interventional Center
 423 University of Maryland Baltimore Washington Medical Center Primary Stroke Center
 260 University of Maryland Capital Regional Medical Center
 632 University of Maryland Capital Regional Medical Center Adult Trauma Center
 732 University of Maryland Capital Regional Medical Center Cardiac Interventional Center
 291 University of Maryland Charles Regional Medical Center (formerly Civista)
 591 University of Maryland Charles Regional Medical Center Primary Stroke Center (formerly Civista)
 220 University of Maryland Harford Memorial Hospital
 520 University of Maryland Harford Memorial Hospital Primary Stroke Center
 215 University of Maryland Medical Center
 715 University of Maryland Medical Center Cardiac Interventional Center
 206 University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)
 506 University of Maryland Medical Center Midtown Campus Primary Stroke Center (formerly Maryland General Hospital)
 915 University of Maryland Medical Center Perinatal Center
 515 University of Maryland Medical Center Comprehensive Stroke Center
 227 University of Maryland Rehabilitation & Orthopaedic Institute (formerly Kernan Hospital)
 213 University of Maryland St. Joseph Medical Center, MD
 513 University of Maryland St. Joseph Medical Center Primary Stroke Center
 713 University of Maryland St. Joseph Medical Center Cardiac Interventional Center
 387 University of Maryland Shore Emergency Center at Queenstown
 229 University of Maryland Shore Medical Center at Cambridge – Free Standing Emergency Department
 296 University of Maryland Shore Medical Center at Chestertown
 294 University of Maryland Shore Medical Center at Dorchester (no longer in existence)
 297 University of Maryland Shore Medical Center at Easton
 597 University of Maryland Shore Medical Center at Easton Primary Stroke Center
 224 University of Maryland Upper Chesapeake Health

724 University of Maryland Upper Chesapeake Health Cardiac Interventional Center
 524 University of Maryland Upper Chesapeake Health Primary Stroke Center
 575 University of Pennsylvania Hospital, PA
 587 UPMC Altoona, PA
 551 UPMC Bedford, PA
 554 UPMC Carlisle Hospital, PA
 585 UPMC Children's Hospital of Pittsburgh, PA
 404 UPMC Memorial, York, PA
 586 UPMC Mercy, PA
 242 UPMC Pinnacle, PA (formerly Hanover Hospital)
 588 UPMC Presbyterian, PA
 395 UPMC Western Maryland
 695 UPMC Western Maryland Adult Trauma Center
 795 UPMC Western Maryland Cardiac Interventional Center
 495 UPMC Western Maryland Primary Stroke Center
 786 UPMC Western Maryland Comprehensive Inpatient Rehabilitation Unit
 776 UPMC Western Maryland Psychiatric Unit
 254 University Specialty Hospital
 407 Upper Shore Mental Health Center
 374 U.S. Naval Health Clinic, Annapolis
 576 U.S. Public Health Hospital, MD
 375 U.S. Soldier's and Airmen's Home, DC
 246 Veteran's Administration Medical Center, Baltimore, MD
 376 Veteran's Administration Medical Center, DC
 306 Veteran's Administration Medical Center, Ellsmere, DE
 275 Veteran's Administration Medical Center, Martinsburg, VA
 357 Veteran's Administration Medical Center, Perry Point
 577 Veteran's Administration Medical Center, Wilmington, DE
 233 Virginia Hospital Center, VA (formerly Arlington Hospital, VA)
 238 Walter P. Carter Center (formerly Carter Community Mental Health & Retardation Center)
 250 Walter Reed Army Medical Center, DC (no longer in existence)
 377 Walter Reed Forest Glenn Annex
 355 Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
 282 War Memorial Hospital, Berkeley Springs, WV (formerly Morgan County War Memorial
 Hospital, WV)
 328 Washington Adventist Hospital (no longer in existence)
 725 Washington Adventist Hospital Cardiac Interventional Center (no longer in existence)
 289 Washington County Health System, MD (no longer in existence)
 689 Washington County Health System, MD, Adult Trauma Center (no longer in existence)
 789 Washington County Health System, MD, Comprehensive Inpatient Rehabilitation Services
 (no longer in existence)
 589 Washington County Health System, MD, Primary Stroke Center (no longer in existence)
 456 Washington County Health System, MD, Psychiatric Unit (no longer in existence)
 764 Washington County Health System, MD, Skilled Nursing Facility (no longer in existence)
 269 Waynesboro Hospital (WellSpan), PA
 323 West Virginia University Hospital, WV
 290 Western Maryland Center, MD
 320 Western Maryland Health System Cumberland Memorial Campus (no longer in existence)
 420 Western Maryland Health System Memorial Campus Primary Stroke Center (no longer in
 existence)
 620 Western Maryland Health System Cumberland Memorial Trauma Center (no longer in
 existence)
 775 Western Maryland Health System Comprehensive Inpatient Rehabilitation Unit (no longer in
 existence)
 321 Western Maryland Health System Sacred Heart Campus (no longer in existence)
 402 Western Pennsylvania University Hospital, PA

428 White Oak Medical Center (Adventist)
283 Winchester Medical Center, VA
578 Woodrow Wilson Rehabilitation Center, VA
579 Yale - New Haven Hospital, CT
272 York Hospital (WellSpan), PA
765 York Rehabilitation Hospital, PA
888 Other
999 Unknown

APPENDIX F: Glasgow Coma Scale

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Eye Response

1. No Response
2. Response to Pain
3. Response to Voice
4. Spontaneously

Verbal Response

1. No Response
2. Incomprehensible Sounds
3. Inappropriate Words
4. Disoriented and Converses
5. Oriented and Converses

Motor Response

1. No Response to Pain
2. Extension to Pain
3. Flexion Abnormal to Pain
4. Flexion Withdrawal to Pain
5. Localizes to Pain
6. Obeys Verbal Commands

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APPENDIX G: GCS 40

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Eye Response

- 0. Not Testable
- 1. None
- 2. To Pressure
- 3. To Sound
- 4. Spontaneous

Verbal Response

- 0. Not Testable
- 1. None
- 2. Sounds
- 3. Words
- 4. Confused
- 5. Oriented

Motor Response

- 0. Not Tested
- 1. None
- 2. Extension
- 3. Abnormal Flexion
- 4. Normal Flexion
- 5. Localizing
- 6. Obeys Commands

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**Appendix H: Pre-Hospital, Referring Facility and Emergency Department
Treatments**

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1. Arterial Blood Gas
2. Endotracheal Airway
3. Nasotracheal Airway
4. Cricothyroidotomy Airway
5. Application of Halo
6. Application of Tongs
7. Arterial Line
8. Autotransfusion
9. Cardiac Monitoring
10. Chest Tube/Decompression
11. CPR
12. Femoral Line (Venous)
13. Intraosseous Infusion
14. Other Central Line
15. Defibrillation
16. EKG
17. Foley
18. Hypo/Hyperthermia Therapy
19. Hyperbaric Therapy
20. ICP Insertion
21. MAST
22. Oxygen
23. Pericardiocentesis
24. Peripheral IV
25. Peritoneal Lavage
26. Gastric Tube
27. Swan-Ganz Catheter
28. Thoracotomy
29. Tibial Pin
30. Tracheostomy
31. Venous Cut-Down
32. Ventilator
33. Closed Reduction
34. Sutures/Staples
35. Pulse Oximetry
36. End-Tidal CO2
37. Level I Rapid Infusion
38. Blood Drawn
39. Control Bleeding
40. Assist Ventilation
41. Medication - Paralytic Agent
42. Medication – Antibiotic
43. Medication – Other
44. Medication – Analgesics
45. Medication – Sedatives
46. Medication – Steroids
47. Medication - Anticoagulant
50. CT Scan – Head
51. CT Scan – Abdomen
52. CT Scan - Cervical Spine
53. CT Scan - Thoracic, Lumbar, Sacro-Lumbar
54. CT Scan - Pelvis
55. CT Scan – Chest
56. CT Scan - Facial Bone
57. CT Scan – Other
58. CT Scan - Angiogram
60. X-Ray – Head
61. X-Ray – Abdomen
62. X-Ray - Cervical Spine
63. X-Ray - Thoracic, Lumbar, Sacro-Lumbar
64. X-Ray – Pelvis
65. X-Ray – Chest
66. X-Ray - Facial Bone
67. X-Ray – Other
70. Angiography
71. Esophagram
72. IVP
73. Cystogram/Urethrogram
74. Other Radiology
75. Skeletal Survey
76. Echocardiogram
77. FAST
78. Volume Replacement
79. Other Hospital Procedure
80. Esophageal Obturator Airway (No Longer Used)
81. Spinal Immobilization
82. Other Skeletal Stabilization
83. Suctioning
84. Extrication
85. Ultrasound
86. MRI
87. Sigmoidoscopy
88. Other Field Procedure
90. Combi-Tube
91. Extubation
92. Blood Products Given in ED
93. Arterial line – Percutaneous
94. Arterial line – Cutdown
95. Thoracentesis
96. Central lines – Percutaneous
97. Central lines – Cutdown
98. Refused Care
99. None (now mapped to 999)
100. RSI
101. Ventriculostomy
102. Conscious Sedation
103. Cervical Spine Collar/Immobilization
104. EEG
105. Vena Cava Filter
106. PEG
107. Hemodialysis
108. External Fixator
109. Sequential Compression Device (SCD)
110. PCA
111. Dobhoff Feeding Tube
112. Knee Immobilizer
113. TEDS
114. Hare Traction Splint
115. Debridement
116. Pelvic Binder Applied
117. Pelvic Binder Removed
118. Bronchoscopy
119. PICC Lines
120. Endoscopy
121. CPAP
122. Epidural Pain Control
123. Arterial Embolization
124. BIPAP
125. Brain Perfusion/Flow Study
127. Doppler Study
128. Embolization
129. Total Parenteral Nutrition
130. Venous Blood Gas
131. Massive Transfusion - Protocol Initiated
132. Blood Glucose
133. N/G Tube
999. None

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Appendix I: Quick Pick Treatments/Procedures

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| Quick Pick | ICD-10 Code | ICD-10 Descriptor |
|--------------------------------|-------------|---|
| Endotracheal Airway | 0BH17EZ | Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening |
| Chest Tube/Decompression RIGHT | 0W9930Z | Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach |
| Chest Tube/Decompression LEFT | 0W9B30Z | Drainage of Left Pleural Cavity with Drainage Device, Percutaneous Approach |
| CPR - External/Internal | 5A1201Z | Performance of Cardiac Output, Single, Manual |
| Open Cardiac Massage | 02QA0ZZ | Repair Heart, Open Approach |
| Ventriculostomy | 009630Z | Drainage of Cerebral Ventricle with Drainage Device, Percutaneous Approach |
| Thoracotomy | 0WJC0ZZ | Inspection of Mediastinum, Open Approach |
| Ventilator Less Than 24 hours | 5A1935Z | Respiratory Ventilation, Less than 24 Consecutive Hours |
| Ventilator 24 to 96 Hours | 5A1945Z | Respiratory Ventilation, 24-96 Consecutive Hours |
| Ventilator More Than 96 Hours | 5A1955Z | Respiratory Ventilation, Greater than 96 Consecutive Hours |
| CT Scan Head | BW28ZZZ | Computerized Tomography (CT Scan) of Head |
| CT Scan - Abdomen and Pelvis | BW211ZZ | Computerized Tomography (CT Scan) of Abdomen and Pelvis using Low Osmolar Contrast |
| CT Scan - Cervical Spine | BR20ZZZ | Computerized Tomography (CT Scan) of Cervical Spine |
| CT Scan - T-Spine | BR27ZZZ | Computerized Tomography (CT Scan) of Thoracic Spine |
| CT Scan - L-S Spine | BR29ZZZ | Computerized Tomography (CT Scan) of Lumbar Spine |
| CT Scan - Pelvis (Bony) | BR2CZZZ | Computerized Tomography (CT Scan) of Pelvis |
| CT Scan Chest or Chest/Abdomen | BW241ZZ | Computerized Tomography (CT Scan) of Chest and Abdomen using Low Osmolar Contrast |
| CT Scan - Facial Bones | BN25ZZZ | Computerized Tomography (CT Scan) of Facial Bones |
| ICP Insertion | 4A103BD | Monitoring of Intracranial Pressure, Percutaneous Approach |
| FAST | BW41ZZZ | Ultrasonography of Abdomen and Pelvis |
| PRBC | 30233N1 | Transfusion of Nonautologous Red Blood Cells into Peripheral Vein, Percutaneous Approach |
| FFP | 30233K1 | Transfusion of Nonautologous Frozen Plasma into Peripheral Vein, Percutaneous Approach |
| Platelets | 30233R1 | Transfusion of Nonautologous Platelets into Peripheral Vein, Percutaneous Approach |
| Cryo | 30233M1 | Transfusion of Nonautologous Plasma Cryoprecipitate into Peripheral Vein, Percutaneous Approach |
| Vena Cava Filter | 06H03DZ | Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach |

| | | |
|------------------------------------|---------|--|
| PEG | 0DH63UZ | Insertion of Feeding Device into Stomach, Percutaneous Approach |
| Bronchoscopy | 0BJ08ZZ | Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic |
| Ultrasound Bilat Lower Extremities | B54DZZ3 | Ultrasonography of Bilateral Lower Extremity Veins, Intravascular |
| REBOA | 04L03DZ | Occlusion of Abdominal Aorta with Intraluminal Device, Percutaneous Approach |
| Suprapubic Catheter | 0T9B30Z | Drainage of Bladder with Drainage Device, Percutaneous Approach |
| Infusion of PCC/Praxbind/FEIBA | 30283B1 | Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Percutaneous Approach |
| Infusion of Vitamin K | 3E0336Z | Introduction of Nutritional Substance into Peripheral Vein, Percutaneous Approach |
| Pericardiocentesis | 0W9D3ZZ | Drainage of Pericardial Cavity, Percutaneous Approach |
| Pelvic Binder Applied | 0QS2XZZ | Reposition Right Pelvic Bone, External Approach |
| EKG | 4A02X4Z | Measurement of Cardiac Electrical Activity, External Approach |
| EEG | 4A00X4Z | Measurement of Central Nervous Electrical Activity, External Approach |
| MRI of Brain (No contrast) | B030ZZZ | Magnetic Resonance Imaging (MRI) of Brain |
| MRI of C-spine (No contrast) | BR30ZZZ | Magnetic Resonance Imaging (MRI) of Cervical Spine |
| MRI of T-spine (No contrast) | BR37ZZZ | Magnetic Resonance Imaging (MRI) of Thoracic Spine |
| MRI of L-spine (No contrast) | BR39ZZZ | Magnetic Resonance Imaging (MRI) of Lumbar Spine |
| X-Ray - Pelvis | BR0CZZZ | Plain Radiography of Pelvis |
| X-Ray - Chest | BW03ZZZ | Plain Radiography of Chest |
| Angio - Spleen | B4131ZZ | Fluoroscopy of Splenic Arteries using Low Osmolar Contrast |
| Angio - Pelvis | B41C1ZZ | Fluoroscopy of Pelvic Arteries using Low Osmolar Contrast |
| Embolize Spleen | 04L43DZ | Occlusion of Splenic Artery with Intraluminal Device, Percutaneous Approach |
| Embolize Hepatic Artery | 04L33DZ | Occlusion of Hepatic Artery with Intraluminal Device, Percutaneous Approach |

APPENDIX J: Co-Morbid Codes Arranged by Code

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A.01 History of Cardiac Surgery
 A.02 Coronary Artery Disease
 A.03 Congestive Heart Failure
 A.04 Coronary Pulmonale
 A.05 Myocardial Infarction
 A.06 Hypertension
 B.01 Insulin Dependent
 B.02 Non-Insulin Dependent
 C.00 Other GI Issues
 C.01 Peptic Ulcer Disease
 C.02 Gastric or Esophageal Varices
 C.03 Pancreatitis
 C.04 Inflammatory Bowel Disease
 D.01 Acquired Coagulopathy
 D.02 Coumadin Therapy
 D.03 Hemophilia
 D.04 Pre-existing Anemia
 D.06 Sickle Cell Anemia
 E.00 History of Psychiatric Disorders
 E.01 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
 F.01 HIV/AIDS
 F.02 Routine Steroid Use
 F.03 Transplants
 F.04 Active Chemotherapy
 G.01 Bilirubin > 2mg % (on Admission)
 G.02 Documented History of Cirrhosis
 H.01 Undergoing Current Therapy
 H.02 Concurrent or Existence of Metastasis
 I.01 Rheumatoid Arthritis
 I.02 Systemic Lupus Erythematosus
 I.03 Muscular Dystrophy
 J.01 Spinal Cord Injury
 J.02 Multiple Sclerosis
 J.03 Alzheimers Disease
 J.04 Seizures
 J.05 Chronic Demyelinating Disease
 J.06 Chronic Dementia
 J.07 Organic Brain Syndrome
 J.08 Parkinsons Disease
 J.09 CVA/Hemiparesis (Stroke with Residual)
 J.11 Cerebral Palsy
 J.12 Intraventricular Hemorrhage
 J.13 Other Brain Development Issues
 K.00 Obesity
 Documented Prior History of Pulmonary
 L.01 Disease with Ongoing Active Treatment
 L.02 Asthma
 L.03 Chronic Obstructive Pulmonary Disease
 L.04 Chronic Pulmonary Condition
 Serum Creatinine > 2 mg %
 M.01 (on Admission)
 M.02 Dialysis (Excludes Transplant Patients)

N.01 Chronic Drug Abuse
 N.02 Chronic Alcohol Abuse
 NONE Not Available
 P.00 Pregnancy (Retired 2020)
 S.01 No NTDS Co-Morbidities are present
 S.02 Alcohol Use Disorder
 S.03 Ascites within 30 days (Retired 2015)
 S.04 Bleeding Disorder
 S.05 Chemotherapy for Cancer within 30 Days
 S.06 Congenital Anomalies
 S.07 Congestive Heart Failure (CHF)
 S.08 Current Smoker
 S.09 Currently Requiring or on Dialysis
 S.10 Cerebrovascular Accident (CVA)
 S.11 Diabetes Mellitus
 S.12 Disseminated Cancer
 S.13 Do Not Resuscitate (DNR) Status
 S.14 Esophageal Varices (Retired 2015)
 S.15 Functionally Dependent Health Status
 S.16 History of Angina within Past 1 Month (Retired 2017)
 S.17 History of Myocardial Infarction within Past 6 Months (Retired 2017)
 S.18 History of Peripheral Vascular Disease (PVD) (Retired 2017)
 S.19 Hypertension
 S.20 Impaired Sensorium (Retired 2012)
 S.21 Prematurity (Retired 2020)
 S.22 Obesity (Retired 2015)
 S.23 Chronic Obstructive Pulmonary Disease (COPD)
 S.24 Steroid Use
 S.25 Cirrhosis
 S.26 Dementia
 S.27 Major Psychiatric Illness (Retired 2017)
 S.28 Drug Use Disorder (Retired 2017)
 S.29 Pre-Hospital Cardiac Arrest with CPR (Retired 2015)
 S.31 Anticoagulant Therapy
 S.32 Angina Pectoris
 S.33 Mental/Personality Disorder
 S.34 Myocardial Infarction (MI)
 S.35 Peripheral Arterial Disease (PAD)
 S.36 Substance Abuse Disorder
 S.37 Prematurity
 S.38 Pregnancy
 Z.03 Bronchopulmonary Dysplasia (BPD)
 Z.04 Cystic Fibrosis
 Z.05 Inborn Error of Metabolism
 Z.06 Osteogenesis Imperfecta
 Z.07 Reactive Airway Disease (RAD)
 Z.08 Hydrocephalus
 Z.99 Other (Retired 2019)

APPENDIX K: Co-Morbid Codes Arranged Alphabetically

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D.01 Acquired Coagulopathy
F.04 Active Chemotherapy
E.01 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
S.02 Alcohol Use Disorder
J.03 Alzheimers Disease
S.32 Angina Pectoris
S.31 Anticoagulant Therapy
S.03 Ascites within 30 Days (Retired 2015)
L.02 Asthma
G.01 Bilirubin > 2mg % (on Admission)
S.04 Bleeding Disorder
Z.03 Bronchopulmonary Dysplasia (BPD)
J.11 Cerebral Palsy
S.05 Chemotherapy for Cancer within 30 Days
N.02 Chronic Alcohol Abuse
J.06 Chronic Dementia
J.05 Chronic Demyelinating Disease
N.01 Chronic Drug Abuse
L.03 and
S.23 Chronic Obstructive Pulmonary Disease (COPD)
L.04 Chronic Pulmonary Condition
S.25 Cirrhosis
H.02 Concurrent or Existence of Metastasis
S.06 Congenital Anomalies
A.03 and
S.07 Congestive Heart Failure (CHF)
A.04 Coronary Pulmonale
A.02 Coronary Artery Disease
D.02 Coumadin Therapy
S.08 Current Smoker
S.09 Currently Requiring or on Dialysis
S.10 CVA with Residual Neurological Deficit
CVA/Hemiparesis
J.09 (Stroke with Residual)
Z.04 Cystic Fibrosis
S.26 Dementia
S.11 Diabetes Mellitus
M.02 Dialysis (Excludes Transplant Patients)
S.12 Disseminated Cancer
G.02 Documented History of Cirrhosis
Documented Prior History of Pulmonary
L.01 Disease with Ongoing Active Treatment
S.13 Do Not Resuscitate (DNR) Status
S.28 Drug Use Disorder (Retired 2017)
S.14 Esophageal Varices (Retired 2015)
S.15 Functionally Dependent Health Status
C.02 and
S.14 Gastric or Esophageal Varices
D.03 Hemophilia
S.16 History of Angina within Past 1 Month (Retired 2017)
A.01 History of Cardiac Surgery
History of Myocardial Infarction
S.17 within Past 6 Months (Retired 2017)
E.00 History of Psychiatric Disorders
S.18 History of Peripheral Vascular Disease (PVD) (Retired 2017)
F.01 HIV/AIDS

| | |
|----------|---|
| Z.08 | Hydrocephalus |
| A.06 | Hypertension |
| S.19 | Hypertension Requiring Medication |
| S.20 | Impaired Sensorium (Retired 2012) |
| Z.05 | Inborn Error of Metabolism |
| C.04 | Inflammatory Bowel Disease |
| B.01 | Insulin Dependent |
| J.12 | Intraventricular Hemorrhage |
| S.27 | Major Psychiatric Illness (Retired 2017) |
| S.33 | Mental/Personality Disorder |
| J.02 | Multiple Sclerosis |
| I.03 | Muscular Dystrophy |
| A.05 and | |
| S.34 | Myocardial Infarction (MI) |
| S.01 | No NTDS Co-Morbidities are Present |
| B.02 | Non-Insulin Dependent |
| K.00 | Obesity |
| J.07 | Organic Brain Syndrome |
| Z.06 | Osteogenesis Imperfecta |
| Z.99 | Other |
| J.13 | Other Brain Development Issues |
| C.00 | Other GI Issues |
| C.03 | Pancreatitis |
| J.08 | Parkinsons Disease |
| C.01 | Peptic Ulcer Disease |
| S.35 | Peripheral Arterial Disease (PAD) |
| D.04 | Pre-existing Anemia |
| S.29 | Pre-hospital Cardiac Arrest with CPR (Retired 2015) |
| S.38 | Pregnancy |
| S.37 | Prematurity |
| Z.07 | Reactive Airway Disease (RAD) |
| I.01 | Rheumatoid Arthritis |
| F.02 | Routine Steroid Use |
| J.04 | Seizures |
| M.01 | Serum Creatinine > 2 mg % (on Admission) |
| D.06 | Sickle Cell Anemia |
| J.01 | Spinal Cord Injury |
| S.24 | Steroid Use |
| I.02 | Systemic Lupus Erythematosus |
| S.36 | Substance Abuse Disorder |
| F.03 | Transplants |
| H.01 | Undergoing Current Therapy |

APPENDIX L: ACS Audit Filters

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The ACS Audit Filters form the quality assurance reports generated by the Maryland Trauma Registry. In the discussion of the filters which follows, the specific manner in which each filter is addressed by the Maryland Trauma Registry is described in detail.

A-1 Ambulance scene time greater than 20 minutes excluding patients that required extrication.

The EMS scene time is calculated using the date and time of ambulance arrival at the scene, PHP_A_DATES (field #88) and PHP_A_TIMES (field #89), and the date and time the ambulance left the scene, PHP_L_DATES (field #92) and PHP_L_TIMES (field #93), for patients that are transported from the scene, PAT_ORIGIN (field #7) = "1" and whose transport mode, PHP_MODES (field #73), is equal to 1,2,3...8, 9, 13 or 14. Patients that required extrication, PH_INTS (field #124) = "84", are not included in this filter.

A-2 Absence of ambulance report in medical record for patients transported by prehospital EMS personnel.

If the patient is transported to the hospital by prehospital EMS personnel from the scene, PAT_ORIGIN (field #7) = "1" and transport mode, PHP_MODES (field #73), is equal to 1, 2, 3...8, 9, 13, or 14. The absence or presence of an ambulance report can be determined from the field, PHP_PCR_NUMS (field #80).

A-3a Patients that came directly from the scene who had a Glasgow Coma Scale between 9 and 14 either upon admission to the Emergency Department or release from the Emergency Department who either did not receive a CT scan of the head within 2 hours of Emergency Department arrival or did not receive a CT Scan at all excluding those patients that died in the Emergency Department within 2 hours of arrival.

The GCS of interest is the GCS upon ED arrival, EDAS_GCS (field #262), or the GCS upon release from the ED, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3" (final).

For patients that were transported from the scene, PAT_ORIGIN (field #7) = "1".

This clinical indicator does not include any patient that died in the ED within 2 hours of arrival. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219).

If a patient received a CT Scan of the head, the qualifying procedures will be found in PR_ICD10_S (field #425). The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

The qualifying ICD-10-CM procedure codes are:

- "BW2[89]"
- "B[0N]20"

The qualifying ICD-10-CM diagnoses codes are: "S06."

A-3b Patients that came directly from the scene who had a Glasgow Coma Score less than 9 either upon admission to the Emergency Department or release from the Emergency Department who did not receive a CT Scan within one hour of Emergency Department arrival or did not receive a CT Scan at all excluding those that died in the Emergency Department within one hour of arrival.

The GCS of interest is the GCS upon ED arrival, EDAS_GCS (field #262), or the GCS upon release from the ED, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3" (final).

For patients that were transported from the scene, PAT_ORIGIN (field #7) = "1".

This clinical indicator does not include any patient that died in the ED within one hour of arrival. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219).

If a patient received a CT Scan of the head, the qualifying procedures will be found in PR_ICD10_S (field #425). The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

The qualifying ICD-10-CM procedure codes are:

- "BW2[89]"
- "B[0N]20"

The qualifying ICD-10-CM diagnoses codes are: "S06."

A-3d Patients that were transferred in from another hospital who had a Glasgow Coma Score between 9 and 14 either upon admission to or release from this Emergency Department at this hospital, did not have a CT Scan at the referring hospital and also did not have a CT Scan within 2 hours of arrival at this hospital or did not receive a CT Scan at all at this hospital excluding those patients that died within two hours of arrival.

The GCS of interest is the GCS upon ED arrival, EDAS_GCS (field #262), or the GCS upon release from the ED, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3" (final).

For patients that were transferred from another hospital, PAT_ORIGIN (field #7) = "2".

This clinical indicator does not include any patient that died in the ED within two hours of arrival. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219).

If a patient did not receive a CT Scan of the head at the referring hospital, then all referring hospital treatments, RFPR_CATS (field #160), will not equal "50".

If a patient received a CT Scan of the head at this hospital, the qualifying procedures will be found in PR_ICD10_S (field #425). The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

The qualifying ICD-10-CM procedure codes are:

- "BW2[89]"
- "B[ON]20"

The qualifying ICD-10-CM diagnoses codes are: "S06."

A-3e Patients that were transferred in from another hospital who had a Glasgow Coma Score less than 9 either upon admission to or release from this Emergency Department, did not have a CT Scan at the referring hospital and also did not have a CT Scan within one hour of arrival at this hospital or did not receive a CT Scan at all at this hospital excluding those patients that died within one hour of arrival.

The GCS of interest is the GCS upon ED arrival, EDAS_GCS (field #262), or the GCS upon release from the ED, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3" (final).

For patients that were transferred from another hospital, PAT_ORIGIN (field #7) = "2".

This clinical indicator does not include any patient that died in the ED within one hour of arrival. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219).

If a patient did not receive a CT Scan of the head at the referring hospital, then all referring hospital treatments, RFPR_CATS (field #160), will not equal "50".

If a patient received a CT Scan of the head at this hospital, the qualifying procedures will be found in PR_ICD10_S (field #425). The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

The qualifying ICD-10-CM procedure codes are:

- "BW2[89]"
- "B[0N]20"

The qualifying ICD-10-CM diagnoses codes are: "S06."

A-4 Absence of appropriate vital sign documentation for any trauma patient beginning with arrival in Emergency Department, including time spent in radiology, up to release from the Emergency Department.

Vital signs documented, MD_CARE_FLTR200 (field #522), will contain a value of "Y" or "N". A value of "Y" indicates that the vital signs were properly documented in the patient's ED chart. A value of "N" indicates that they were not properly documented.

A-5 Comatose trauma patients leaving the Emergency Department before mechanical airway is established excluding those patients that died in the Emergency Department within five minutes of arrival or those patients that had a DNR order issued.

If the GCS total upon release from the ED, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3" (final), is less than or equal to 8, the patient is considered comatose for the purposes of this clinical indicator.

Instead of "leaving" the emergency department, the Maryland Trauma Registry substitutes "released from" the emergency department, indicating the time the patient physically left the ED, i.e. EDD_TIME (field #219).

This clinical indicator does not include any patient that died in the ED within 5 minutes of arrival. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219). This clinical indicator also does not include any patient that had a DNR order issued, DNR_DET (field #500).

A mechanical airway must be established either:

- In the field (PH_INTS (field #124) = 2,3,4,30,32,90)
- OR At the referring facility if the patient is a transfer (RFPR_CATS (field #160) = 2,3,4,30,32,90)
- OR Upon inter-facility transfer if the patient is a transfer (IT_INTS (field #184) = 2,3,4,30,32,90)
- OR Upon arrival to the ED (EDAS_INTUB_YN (field #252) = "Y")
- OR Upon release from the ED (EDAS_INTUB_YNS (field #281) = "Y" for EDAS_ATYPES (field #272) = "3" (final assessment))
- OR In the ED (PR_CATS (field #426) = 2,3,4,30,32,90)
- OR Have one of the following ICD-10-CM procedure codes, PR_ICD10_S (field #425):
 - "09HN7BZ"
 - "09HN8BZ"
 - "0B114Z4"
 - "0B114F4"
 - "0B113Z4"
 - "0B113F4"
 - "0B110Z4"
 - "0B110F4"
 - "0B110D6"
 - "5A19[345]5Z"
 - "0BH18EZ"
 - "0BH17EZ"

A-6 Any patient sustaining a gunshot wound to the abdomen who is managed non-operatively excluding any patient that died within 30 minutes of arrival to the Emergency Department.

This clinical indicator does not include any patient that died in the ED within 30 minutes of arrival. These patients will have an ED disposition, ED_DSP (field #223) of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of release from the ED are contained in the fields, EDD_DATE (field #218) and EDD_TIME (field #219).

The determination of a gunshot will be determined by the TQIP Injury Classification 1 (TQIP10_ICLASS1) = "6" (firearm).

The diagnosis of a gunshot wound to the abdomen is determined by examining the ICD-10-CM codes generated by Tri-Code for final diagnoses (ICD10_S) (field #443) and the etiology codes, INJ_ECODE_ICD10_01 (field #59) or INJ_ECODE_ICD10_02 (field #60).

If a patient received an operative procedure, the qualifying procedures will be found in PR_ICD10_S (field #425). The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #429) and PR_STR_TIMES (field #430).

The qualifying ICD-10-CM procedure codes are:

- "0D[189BCJLMNQRSTUV][6-9,A-Z]0",
- "0F[189BCJLMNQRSTUV]!0",
- "07[9BCJNQST]P0",
- "0G[9BCJNQST][2345]0",
- "04[19BCJLNQRSUV][0-9,A-J,Y]0",
- "06[19BCJLNQRSUV][0-9,A-J,Y]0",
- "0W[189BCJMQU][FGHJLPR]0"

The qualifying ICD-10-CM diagnoses codes are:

- "S3[67]"
- "S38.[13]"

A-7a Patients with abdominal injuries and hypotension (systolic blood pressure, 90 mm Hg for patients age 10 and above and 70 mm Hg plus 2 times the patients age for patients less than age 10), who do not undergo a laparotomy within one hour of arrival at the Emergency Department excluding any patient that had an embolization and/or angiography in the Emergency Department or as an in-hospital procedure.

If the systolic blood pressure in the emergency department, EDAS_SBP, (field #254), has a value of less than 90 for patients age 10 and above and less than 70 plus 2 times the patient's age for patients less than age 10, then the patient is considered for this clinical indicator.

If the patient had an occlusion of artery or a fluoroscopy in the emergency department or an in-hospital procedure, then procedure codes, PR_ICD10_S (field #425) = "04L![34]" or "B41[0-9,B-D,J]"

The date and time of the emergency department arrival are contained in EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of the procedure are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416).

The diagnosis of an abdominal injury is determined from the ICD-10-CM codes generated by Tri-Code for (ICD10_S).

The qualifying diagnoses codes are:

- "S3[67]"
- "S38.[13]"

The surgical procedures performed are determined from PR_ICD10_S.

The qualify procedures for laparotomy are: "OWJ[GHJ]"

A-7b Patients requiring laparotomy, which is not performed within 4 hours of arrival at the Emergency Department.

The date and time of the emergency department arrival are contained in EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of the procedure are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416).

The diagnosis of an abdominal injury is determined from the ICD-10-CM codes generated by Tri-Code for (ICD10_S).

The qualifying diagnoses codes are:

- "S3[67]"
- "S38.[13]"

The surgical procedures performed are determined from PR_ICD10_S (field #425).

The qualifying ICD-10 procedure codes are: "0WJ[GHJ]"

A-8a Patients with epidural or subdural brain hematoma receiving craniotomy more than 4 hours after arrival at Emergency Department, excluding those performed for intracranial pressure (ICP) monitoring.

The date and time of the procedure are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416). The date and time of emergency department arrival are contained in EDA_DATE (field #210) and EDA_TIME (field #211).

The presence of an extradural or subdural brain hemorrhage is determined from the ICD-10-CM codes generated by Tri-Code for ICD10_S.

The qualifying diagnosis codes for extradural and subdural brain hemorrhage are: "S06.[45]"

Whether or not a craniotomy was performed is determined from PR_ICD10_S (field #425).

The qualifying ICD-10-CM procedure codes for craniotomies:

- "0N[89BRTU][012345678CDEFG]0"
- "00[89BCQ][0123456789ABCD]0"

A-8b Patients sustaining severe head injuries either receiving intracranial pressure (ICP) monitoring more than 4 hours after release from the Emergency Department or receiving no monitoring at all excluding those patients that went to the OR for a craniotomy, died in the Emergency Department or were transferred out to another hospital from the Emergency Department.

This clinical indicator includes patients that have an AIS equal to "4" or "5" in body region 1 and a GCS upon release from the ED less than or equal to 8, EDAS_GCSSC (field #291) for assessment type, EDAS_ATYPES (field #272) = "3"(final).

This clinical indicator also excludes patients that either died in the ED or were transferred out to another hospital from the ED. These patients will have an ED disposition, ED_DSP (field #223) of "7" (transferred) or "9" (morgue/died).

Whether or not a patient was monitored can be found using either the ED treatments, in-hospital procedures, or OR procedures. The corresponding dates and times for the ED treatments and in-hospital treatments are contained in PR_STR_DATES (field #429) and PR_STR_TIMES (field #430). The dates and times of the OR procedures are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416).

Whether or not the patient was monitored or had a craniotomy can be determined from PR_ICD10_S (field #425).

The qualifying ICD-10 codes for monitoring are:

- "4A100BZ"
- "4A103BD"
- "4A107BD"

The qualifying ICD-10 codes for craniotomies (which are excluded) are:

- "00[9BCDNQTU]"
- "0W[9C]1"
- "0N[BQCDSTU][0134567CFG]"

A-9a Patients transferred to another health care facility after spending more than 6 hours in the initial hospital (transfers in).

This clinical indicator applies only to transfer patients. All transfer patients will have a value of "2" in PAT_ORIGIN (field #7).

The length of time spent in the transferring hospital's emergency department is calculated from the date and time of arrival at the transferring hospital, RFS_A_DATE (field #131) and RFS_A_TIME (field #132), and the date and time of departure from the transferring hospital, RFS_DIS_DATE (field #133) and RFS_DIS_TIME (field #134).

A-9b Patients spending greater than 6 hours in the Emergency Department that were released from the Emergency Department to the ICU, OR, or OR Recovery Room.

The length of time spent in the emergency department can be calculated using the date and time of arrival in the ED, EDA_DATE (field #210), and EDA_TIME (field #211), and the date and time of release from the ED, EDD_DATE (field #218) and EDD_TIME (field #219).

This clinical indicator includes only patients that had an emergency department disposition, ED_DSP (field #223), equal to "3" (ICU), "4" (OR), or "5" (OR Recovery Room).

Patients with an inclusion criteria, INCL_RS (field #209), of "8" (Admitted Directly to Inpatient Service) are not included in this clinical indicator.

A-9c Patients transferred to another health care facility after spending more than 6 hours in the initial hospital (transfers out).

This clinical indicator applies only to patients with an emergency department disposition, ED_DSP (field #223), of "7" (transferred) and/or a final disposition, DIS_DEST (field #453), of "4" (specialty referral center).

The length of time spent in the initial facility is calculated from the date and time of arrival in the ED, EDA_DATE (field #210) and EDA_TIME (field #211), and the date and time of discharge, DIS_DATE (field #456), and DIS_TIME (field #457).

A-10 Trauma patients with open fractures of the long bones as a result of blunt trauma receiving initial surgical treatment greater than 24 hours after Emergency Department arrival excluding patients that died in the Emergency Department.

For the purposes of this Clinical Indicator, long bones are the tibia, fibula, humerus, and femur. The presence of an open long-bone fracture is determined from the ICD-10-CM codes generated by Tri-Code for ICD10_S.

This clinical indicator does not include any patient that died in the ED. These patients will have an ED disposition, ED_DSP (field #223), of "9" (morgue/died).

Because the field for injury type, INJ_TYPE01 (field #62), refers only to the injury requiring the most immediate treatment, it is inadequate to determine whether or not the open fracture is a result of blunt trauma. Therefore, the phrase "as a result of blunt trauma" is ignored for the purposes of this clinical indicator.

The surgical procedures performed are determined from PR_ICD10_S (field #425).

The date and time of the procedures are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416). The date and time of arrival in the emergency department are contained in EDA_DATE (field #210) and EDA_TIME (field #211).

The ICD-10-CM diagnoses codes that qualify for open fractures of the long bones:

- RE_STARTS_ENDS_WITH(ANY(ICD10_S), "S42.[234]", "B")
- RE_STARTS_ENDS_WITH(ANY(ICD10_S), "S72", "[BC]")
- RE_STARTS_ENDS_WITH(ANY(ICD10_S), "S82.[1-6]", "[BC]")
- RE_STARTS_ENDS_WITH(ANY(ICD10_S), "S82.8[3-7]", "[BC]")

The ICD-10-CM procedure codes that qualify for initial surgical treatment are:

- "0P[BDHNQRSU][CDFG]"
- "0Q[HNQRSU][BD6789BCGHJK]"
- "0S[BCHS][CDFG]![458Z][^X]"

A-11 Initial abdominal, thoracic, vascular, or cranial surgery performed more than 24 hours after arrival.

The date and time of the procedure are contained in OP_A_DATES (field #415) and OP_A_TIMES (field #416). The date and time of arrival in the emergency department are contained in EDA_DATE (field #210) and EDA_TIME (field #211).

The surgical procedures performed are determined from PR_ICD10_S (field #425).

The ICD-10-CM procedure codes that qualify for abdominal, thoracic, vascular, and cranial surgery are:

Abdominal ICD 10 Procedures:

- "0D![7-9,A-Z]"
- "0D[0-9,A-G,I-Z]6"
- "0DH63UZ"
- "0DH64UZ"
- "0DH67UZ"
- "0DH68UZ"
- "0F"
- "0T[0-8,A-Z]"
- "07!P"
- "0G![2345]"
- "0U![0-9,D]"
- "0V![0-4]"
- "0W![FGHJLPR]"
- Excluding "0D9670Z" AND "0D967ZZ"

Thoracic ICD 10 Procedures:

- "0B"
- "0D![1-4]"
- Excluding any procedure that starts with "0BH1"

Cranial ICD 10 Procedures:

- "00![0123456789ABCD]"

Vascular ICD 10 Procedures:

- "0[23456]"
- Excluding procedures that start with "05H" and "06H"

A-12 Trauma patients admitted to the hospital under the care of an admitting or attending physician who is not a surgeon.

Patients qualifying under this filter can be identified by the value in admitting service, ADM_SVC (field #220). If the patient is not admitted under the care of a surgeon, then ADM_SVC will not be equal to either:

- Trauma Service
- Neurosurgery
- Orthopedics
- General Surgery
- Vascular
- Cardio-Thoracic
- Plastic Surgery
- Burn
- ENT
- Ophthalmology
- Urology

The date of admission, ADM_DATE (field #214), must be valued or unknown.

A-13 Adult trauma patients that did not have fixation of femoral diaphyseal fracture within 24 hours of arrival in the Emergency Department or patients that did not have fixation at all excluding those patients that died in the Emergency Department or were transferred from the Emergency Department.

This clinical indicator excludes all patients whose ED disposition (ED_DSP, field #223) equals "7" (transfer) or "9" (morgue/died).

The date and time of the emergency department arrival are contained in EDA_DATE (field #210) and EDA_TIME (field #211). The date and time of the procedure are contained in either OP_A_DATES (field #415) and OP_A_TIMES (field #416).

The diagnosis of a diaphyseal fracture is determined by examining the ICD-10-CM codes generated by Tri-Code for final diagnoses (ICD10_S) for patients who are age 15 and over.

The ICD-10-CM diagnoses codes that qualify for diaphyseal fractures are: "S72.3"

The surgical procedures performed are determined from PR_ICD10_S (field #425).

The ICD-10-CM procedure codes that qualify for treatment of diaphyseal fractures are:

- "0QS[89]![456BCD]"
- "0QH[89]"

A-14 Any patient requiring reintubation within 24 hours of extubation.

If the field for reintubation required within 24 hours of extubation, MD_CARE_FLTR400 (field #524), equals "Y", then the patient is included in this filter.

A-15a Specific complications.

This filter includes all patients that have one or more of only the following NTDB and/or ACS complications listed in either field, NTDB COMPLICATIONS (field #528) or ACS COMPLICATIONS (field #529).

Specific Complications: 0004, 0008, 0011, 0014, 0015, 0018, 0019, 0020, 0021, 0022, 0023, 2501, 3005, 3007, 3009, 3010, 3011, 4004, 4005, 5005, 6506, 7008, 7507, 8504, 8508, 9006

A-15b Selected complications.

This filter allows the user to choose which NTDB and/or ACS complications, NTDB COMPLICATIONS (field #528) or ACS COMPLICATIONS (field #529), will be included.

A-15c Any complications.

This filter includes all patients with one or more complications listed in either the NTDB and/or ACS complications, NTDB COMPLICATIONS (field #528) or ACS COMPLICATIONS (field #529) or listed in the ICD-10 complications, non trauma diagnoses, NTD_ICD10_S (field #447) for diagnosis type, NTD_TYPES (field #448) = "1" (complication diagnosis).

A-16 All trauma deaths excluding those patients that were dead on arrival.

Patients who were dead on arrival have an inclusion criteria, INCL_RS (field #209) = "1". These patients are excluded from this filter.

All other deaths are reviewed. Qualifying cases have a value of "9" (morgue/died) for final disposition, DIS_DEST (field #453).

A-17a Any patient having an unplanned visit to the operating room.

If the field for unplanned visit to the OR, MD_CARE_FLTR700 (field #527), contains a response of "Y", then the patient is included in this filter.

A-17b Any patient having an unplanned visit to the ICU or an unplanned visit to a critical care unit related to trauma.

If the field for unplanned visit to the ICU, MD_CARE_FLTR500 (field #525), or the field for unplanned visit to a critical care unit related to trauma care, MD_CARE_FLTR600 (field #526), contains a response of "Y", then the patient is included in this filter.

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Appendix M: Activity Codes

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Y93.01 Walking, marching and hiking
Y93.02 Running
Y93.11 Swimming
Y93.12 Springboard and platform diving
Y93.13 Water polo
Y93.14 Water aerobics and water exercise
Y93.15 Underwater diving and snorkeling
Y93.16 Rowing, canoeing, kayaking, rafting and tubing
Y93.17 Water skiing and wake boarding
Y93.18 Surfing, windsurfing and boogie boarding
Y93.19 Other activity involving water and watercraft
Y93.21 Ice skating
Y93.22 Ice hockey
Y93.23 Snow (alpine) (downhill) skiing, snow boarding, sledding, tobogganing and snow tubing
Y93.24 Cross country skiing
Y93.29 Other activity involving ice and snow
Y93.31 Mountain climbing, rock climbing and wall climbing
Y93.32 Rappelling
Y93.33 BASE jumping
Y93.34 Bungee jumping
Y93.35 Hand gliding
Y93.39 Other activity involving climbing, rappelling and jumping off
Y93.41 Dancing
Y93.42 Yoga
Y93.43 Gymnastics
Y93.44 Trampolining
Y93.45 Cheerleading
Y93.49 Other activity involving dancing and other rhythmic movements
Y93.51 Roller skating (inline) and skateboarding
Y93.52 Horseback riding
Y93.53 Golf
Y93.54 Bowling
Y93.55 Bike riding
Y93.56 Jumping rope
Y93.57 Non-running track and field events
Y93.59 Other activity involving other sports and athletics played individually
Y93.61 American tackle football
Y93.62 American flag or touch football
Y93.63 Rugby
Y93.64 Baseball
Y93.65 Lacrosse and field hockey
Y93.66 Soccer
Y93.67 Basketball
Y93.68 Volleyball (beach) (court)
Y93.6A Physical games generally associated with school recess, summer camp and children
Y93.69 Other activity involving other sports and athletics played as a team or group
Y93.71 Boxing
Y93.72 Wrestling
Y93.73 Racquet and hand sports
Y93.74 Frisbee
Y93.75 Martial arts
Y93.79 Other specified sports and athletics
Y93.A1 Exercise machines primarily for cardiorespiratory conditioning
Y93.A2 Calisthenics

Y93.A3 Aerobic and step exercise
Y93.A4 Circuit training
Y93.A5 Obstacle course
Y93.A6 Grass drills
Y93.A9 Other activity involving cardiorespiratory exercise
Y93.B1 Exercise machines primarily for muscle strengthening
Y93.B2 Push-ups, pull-ups, sit-ups
Y93.B3 Free weights
Y93.B4 Pilates
Y93.B9 Other activity involving muscle strengthening
Y93.C1 Computer keyboarding
Y93.C2 Hand held interactive electronic device
Y93.C9 Other activity involving computer technology and electronic devices
Y93.D1 Knitting and crocheting
Y93.D2 Sewing
Y93.D3 Furniture building and finishing
Y93.D9 Other activity involving arts and handcrafts
Y93.E1 Personal bathing and showering
Y93.E2 Laundry
Y93.E3 Vacuuming
Y93.E4 Ironing
Y93.E5 Floor mopping and cleaning
Y93.E6 Residential relocation
Y93.E8 Other personal hygiene
Y93.E9 Other interior property and clothing maintenance
Y93.F1 Caregiving, bathing
Y93.F2 Caregiving, lifting
Y93.F9 Other caregiving
Y93.G1 Food preparation and clean up
Y93.G2 Grilling and smoking food
Y93.G3 Cooking and baking
Y93.G9 Other activity involving cooking and grilling
Y93.H1 Digging, shoveling and raking
Y93.H2 Gardening and landscaping
Y93.H3 Building and construction
Y93.H9 Other activing involving exterior property and land maintenance, building and construction
Y93.I1 Roller coaster riding
Y93.I9 Other activity involving external motion
Y93.J1 Piano playing
Y93.J2 Drum and other percussion instrument playing
Y93.J3 String instrument playing
Y93.J4 Winds and brass instrument playing
Y93.K1 Walking an animal
Y93.K2 Milking an animal
Y93.K3 Grooming and shearing an animal
Y93.K9 Other activity involving animal care
Y93.81 Refereeing a sports activity
Y93.82 Spectator at an event
Y93.83 Rough housing and horseplay
Y93.84 Sleeping
Y93.85 Activity, choking game
Y93.89 Other specified activity
Y93.9 Activity, unspecified

Appendix N: Country Codes

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| | | | |
|----|--------------------------------|----|-----------------------------------|
| AF | Afghanistan | CN | Comoros |
| AX | Akrotiri Sovereign Base Area | CW | Cook Islands |
| AL | Albania | CR | Coral Sea Islands |
| AG | Algeria | CS | Costa Rica |
| AQ | American Samoa | IV | Cote d'Ivoire |
| AN | Andorra | HR | Croatia |
| AO | Angola | CU | Cuba |
| AV | Anguilla | CY | Cyprus |
| AY | Antarctica | EZ | Czech Republic |
| AC | Antigua and Barbuda | CG | Democratic Republic of the Congo |
| AR | Argentina | DA | Denmark |
| AM | Armenia | DX | Dhekelia Sovereign Base Area |
| AA | Aruba | DJ | Djibouti |
| AT | Ashmore and Cartier Islands | DO | Dominica |
| AS | Australia | DR | Dominican Republic |
| AU | Austria | EC | Ecuador |
| AJ | Azerbaijan | EG | Egypt |
| BF | Bahamas | ES | El Salvador |
| BA | Bahrain | EK | Equatorial Guinea |
| FQ | Baker Island | ER | Eritrea |
| BG | Bangladesh | EN | Estonia |
| BB | Barbados | ET | Ethiopia |
| BS | Bassas da India | EU | Europa Island |
| BO | Belarus | FK | Falkland Islands (Malvinas) |
| BE | Belgium | FO | Faroe Islands |
| BH | Belize | FM | Federated States of Micronesia |
| BN | Benin | FJ | Fiji |
| BD | Bermuda | FI | Finland |
| BT | Bhutan | FR | France |
| BL | Bolivia | FG | French Guiana |
| BK | Bosnia and Herzegovina | FP | French Polynesia |
| BC | Botswana | FS | French Southern Territories |
| BV | Bouvet Island | GB | Gabon |
| BR | Brazil | GZ | Gaza Strip |
| IO | British Indian Ocean Territory | GG | Georgia |
| VI | British Virgin Islands | GM | Germany |
| BX | Brunei | GH | Ghana |
| BU | Bulgaria | GI | Gibraltar |
| UV | Burkina Faso | GO | Glorioso Islands |
| BY | Burundi | GR | Greece |
| CB | Cambodia | GL | Greenland |
| CM | Cameroon | GJ | Grenada |
| CA | Canada | GP | Guadeloupe |
| CV | Cape Verde | GQ | Guam |
| CJ | Cayman Islands | GT | Guatemala |
| CT | Central African Republic | GK | Guernsey |
| CD | Chad | GV | Guinea |
| CI | Chile | PU | Guinea-Bissau |
| KT | Christmas Island | GY | Guyana |
| IP | Clipperton Island | HA | Haiti |
| CK | Cocos (Keeling) Islands | HM | Heard Island and McDonald Islands |
| CO | Colombia | HO | Honduras |

| | | | |
|----|---------------------|----|----------------------------------|
| HK | Hong Kong | MH | Montserrat |
| HQ | Howland Island | MO | Morocco |
| HU | Hungary | MZ | Mozambique |
| IC | Iceland | BM | Myanmar |
| IN | India | WA | Namibia |
| ID | Indonesia | NR | Nauru |
| IR | Iran | BQ | Navassa Island |
| IZ | Iraq | NP | Nepal |
| IM | Isle of Man | NL | Netherlands |
| IS | Israel | NT | Netherlands Antilles |
| IT | Italy | NC | New Caledonia |
| JM | Jamaica | NZ | New Zealand |
| JN | Jan Mayen | NU | Nicaragua |
| JA | Japan | NG | Niger |
| DQ | Jarvis Island | NI | Nigeria |
| JE | Jersey | NE | Niue |
| JQ | Johnston Atoll | NF | Norfolk Island |
| JO | Jordan | KN | North Korea |
| JU | Juan de Nova Island | CQ | Northern Mariana Islands |
| KZ | Kazakhstan | NO | Norway |
| KE | Kenya | MU | Oman |
| KQ | Kingman Reef | PK | Pakistan |
| KR | Kiribati | PS | Palau |
| KU | Kuwait | PM | Panama |
| KG | Kyrgyzstan | PP | Papua New Guinea |
| LA | Laos | PF | Paracel Islands |
| LG | Latvia | PA | Paraguay |
| LE | Lebanon | CH | People's Republic of China |
| LT | Lesotho | PE | Peru |
| LI | Liberia | RP | Philippines |
| LY | Libya | PC | Pitcairn Islands |
| LS | Liechtenstein | PL | Poland |
| LH | Lithuania | PO | Portugal |
| LU | Luxembourg | RQ | Puerto Rico |
| MC | Macau | QA | Qatar |
| MA | Madagascar | TW | Republic of China (Taiwan) |
| MI | Malawi | EI | Republic of Ireland |
| MY | Malaysia | MK | Republic of Macedonia |
| MV | Maldives | CF | Republic of the Congo |
| ML | Mali | UG | Republic of Uganda |
| MT | Malta | RE | Reunion |
| RM | Marshall Islands | RO | Romania |
| MB | Martinique | RS | Russia |
| MR | Mauritania | RW | Rwanda |
| MP | Mauritius | SH | Saint Helena |
| MF | Mayotte | SC | Saint Kitts and Nevis |
| MX | Mexico | ST | Saint Lucia |
| MQ | Midway Islands | SB | Saint Pierre and Miquelon |
| MD | Moldova | VC | Saint Vincent and the Grenadines |
| MN | Monaco | WS | Samoa |
| MG | Mongolia | SM | San Marino |
| MJ | Montenegro | TP | Sao Tome and Principe |

| | | | |
|----|---|----|-------------------|
| SA | Saudi Arabia | WF | Wallis and Futuna |
| SG | Senegal | WE | West Bank |
| RB | Serbia | WI | Western Sahara |
| SE | Seychelles | YM | Yemen |
| SL | Sierra Leone | ZA | Zambia |
| SN | Singapore | ZI | Zimbabwe |
| LO | Slovakia | | |
| SI | Slovenia | | |
| BP | Solomon Islands | | |
| SO | Somalia | | |
| SF | South Africa | | |
| SX | South Georgia and the South Sandwich Islands | | |
| KS | South Korea | | |
| SP | Spain | | |
| PG | Spratly Islands | | |
| CE | Sri Lanka | | |
| SU | Sudan | | |
| NS | Suriname | | |
| SV | Svalbard | | |
| WZ | Swaziland | | |
| SW | Sweden | | |
| SZ | Switzerland | | |
| SY | Syria | | |
| TI | Tajikistan | | |
| TZ | Tanzania | | |
| TH | Thailand | | |
| GA | The Gambia | | |
| TT | Timor-Leste/East Timor | | |
| TO | Togo | | |
| TL | Tokelau | | |
| TN | Tonga | | |
| TD | Trinidad and Tobago | | |
| TE | Tromelin Island | | |
| TS | Tunisia | | |
| TU | Turkey | | |
| TX | Turkmenistan | | |
| TK | Turks and Caicos Islands | | |
| TU | Tuvalu | | |
| VQ | U.S. Virgin Islands | | |
| UP | Ukraine | | |
| AE | United Arab Emirates | | |
| UK | United Kingdom | | |
| US | United States | | |
| UM | United States Minor Outlying Islands | | |
| UY | Uruguay | | |
| UZ | Uzbekistan | | |
| NH | Vanuatu | | |
| VT | Vatican City | | |
| VE | Venezuela | | |
| VM | Vietnam | | |
| WQ | Wake Island | | |

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Appendix O: NTDB Complication Codes

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0. None
1. Retired 2019 - Other
2. Retired 2011 - Abdominal Compartment Syndrome
3. Retired 2011 - Abdominal Fascia Left Open
4. Acute Kidney Injury
5. Acute Respiratory Distress Syndrome (ARDS)
6. Retired 2011 - Base Deficit
7. Retired 2011 - Bleeding
8. Cardiac Arrest with CPR
9. Retired 2011 - Coagulopathy
10. Retired 2011 - Coma
11. Retired 2017 - Decubitus Ulcer
12. Deep Surgical Site Infection
13. Retired 2017 - Drug or Alcohol Withdrawal Syndrome
14. Deep Vein Thrombosis
15. Extremity Compartment Syndrome
16. Retired 2016 - Graft/Prosthesis/Flap Failure
17. Retired 2011 - Intracranial Pressure
18. Myocardial Infarction
19. Organ/Space Surgical Site Infection
20. Retired 2016 - Pneumonia
21. Pulmonary Embolism
22. Stroke/CVA
23. Retired 2017 - Superficial Surgical Site Infection
24. Retired 2011 - Systemic Sepsis
25. Unplanned Intubation
26. Retired 2011 - Wound Disruption
27. Retired 2016 - Urinary Tract Infection
28. Retired 2016 - Catheter-Related Blood Stream Infection
29. Osteomyelitis
30. Retired 2020 - Unplanned Return to the OR
31. Unplanned Admission to the ICU
32. Severe Sepsis
33. Catheter Associated Urinary Tract Infection
34. Central Line Associated Bloodstream Infection
35. Ventilator Assisted Pneumonia
36. Alcohol Withdrawal Syndrome
37. Pressure Ulcer
38. Superficial Incisional Surgical Site Infection
39. Delirium
40. Unplanned Visit to the Operating Room

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Appendix P: ACS Complication Codes

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1001. Aspiration (Prehospital)
1002. Esophageal Intubation
1003. Extubation, Unintentional
1004. Mainstem Intubation
1005. Unable to Intubate
1009. Other Airway
1501. Inappropriate Fluid Management (Except Inability to Start IV)
1502. Unable to Start IV
1599. Other Prehospital Fluid
2001. Absence of Ambulance Report in Medical Record
2002. Incomplete EMS Form
2003. Ambulance Scene Time Greater Than 20 Minutes
2098. EMS Failure to Notify ED Immediately of Trauma Alert Patient
2099. Other Prehospital
2501. Esophageal Intubation
2502. Extubation, Unintentional
2503. Mainstem Intubation
2504. Comatose Patient Leaving ED without Mechanical Airway Established
2598. Self-Extubation
2599. Other Airway
3001. Abscess (Excludes Empyema)
3002. Adult Respiratory Distress Syndrome (ARDS)
3003. Aspiration/Pneumonia
3004. Atelectasis
3005. Empyema
3006. Fat Embolus
3007. Hemothorax
3008. Pneumonia
3009. Pneumothorax (Barotrauma)
3010. Pneumothorax (Iatrogenic)
3011. Pneumothorax (Recurrent)
3012. Pneumothorax (Tension)
3013. Pulmonary Edema
3014. Pulmonary Embolus
3015. Respiratory Failure
3016. Upper Airway Obstruction
3017. Pleural Effusion
3099. Other Pulmonary
3501. Arrhythmia
3502. Cardiac Arrest (Unexpected) with CPR
3503. Cardiogenic Shock
3504. Congestive Heart Failure
3505. Myocardial Infarction
3506. Pericarditis
3507. Pericardial Effusion or Tamponade
3508. Shock
3599. Other Cardiovascular
4001. Anastomotic Leak
4002. Bowel Injury (Iatrogenic)
4003. Dehiscence/Evisceration
4004. Enterotomy (Iatrogenic)
4005. Fistula
4006. Hemorrhage (Lower GI)
4007. Hemorrhage (Upper GI)
4008. Ileus
4009. Peritonitis

4010. Small Bowel Obstruction
4011. Ulcer (Duodenal/Gastric)
4099. Other GI
4501. Acalculous Cholecystitis
4502. Hepatitis
4503. Liver Failure
4504. Pancreatic Fistula
4505. Pancreatitis
4506. Splenic Injury (Iatrogenic)
4599. Other Hepatic/Biliary
5001. Coagulopathy (Intraoperative)
5002. Coagulopathy (Other)
5003. Disseminated Intravascular Coagulation (DIC)
5005. Transfusion Complication
5099. Other Hematologic.
5501. Cellulitis/Traumatic Injury
5502. Fungal Sepsis
5503. Intra-abdominal Abscess
5504. Line Infection
5505. Necrotizing Fasciitis
5506. Sepsis-Like Syndrome
5507. Septicemia
5508. Sinusitis
5509. Wound Infection
5510. Yeast Infection
5511. Deep Surgical Site Infection
5512. Organ/Space Surgical Site Infection
5513. Severe Sepsis
5514. Superficial Surgical Site Infection
5599. Other Infection
6001. Renal Failure
6002. Ureteral Injury
6003. Urinary Tract Infection, Early
6004. Urinary Tract Infection, Late
6005. Acute Kidney Injury
6099. Other Renal/GU
6501. Compartment Syndrome (Can be a Diagnosis or Complication)
6502. Decubitus (Minor)
6503. Decubitus (Blister)
6504. Decubitus (Open Sore)
6505. Decubitus (Deep)
6506. Loss of Reduction/Fixation
6507. Nonunion
6508. Osteomyelitis
6509. Orthopaedic Wound Infection
6510. Graft/Prosthesis Flap Failure
6598. Blunt, Open Fx of Long Bones w/>8 Hrs. Before Treatment
6599. Other Musculoskeletal/Integumentary
7001. Alcohol/Drug Withdrawal
7002. Anoxic Encephalopathy
7003. Brain Death
7004. Diabetes Insipidus
7005. Meningitis
7006. Neuropraxia (Iatrogenic)
7007. Nonoperative Subdural/Epidural Hematoma
7008. Progression of Original Neurologic Insult

7009. Seizure in Hospital
7010. Syndrome of Inappropriate Antidiuretic Hormone (SIADH)
7011. Stroke/CVA
7012. Ventriculitis (Postsurgical)
7013. Pt. from Scene w/ GCS 9-14 & No CT Head in 2 Hrs.
7014. Pt. from Scene w/GCS 3-8 & No CT Head in 1 Hr.
7015. Pt. Transferred w/GCS <14 & No CT Head at Referring Hospital
7016. Pt. Transferred w/GCS 9-14 & No CT Head at ED in 2 Hrs.
7017. Pt. Transferred w/GCS 3-8 & No CT Head at ED in 1 Hr.
7099. Other Neurologic
7501. Anastomotic Hemorrhage
7502. Deep Venous Thrombosis (Lower Extremity)
7503. Deep Venous Thrombosis (Upper Extremity)
7504. Embolus (Nonpulmonary)
7505. Gangrene
7506. Graft Infection
7507. Thrombosis
7508. Thrombophlebitis
7599. Other Vascular
8001. Psychiatric
8501. Anesthetic Complication
8502. Drug
8503. Fluid and Electrolytes
8504. Hypothermia
8505. Monitoring
8507. Readmission
8508. Postoperative Hemorrhage
8509. Unplanned Escalation to ICU
8510. Unplanned Return to OR
8594. Pt. w/ GSW to the Abdomen Managed Nonoperatively
8595. Pt. w/EDH/SDH w/ ICP Monitor > 4 Hrs. EDA or No ICP & No Craniotomy
8596. Readmission to ICU
8597. Deaths w/Conditional Injuries w/o Surgery
8598. No Autopsies for Deaths < 48 Hrs. of Arrival
8599. Other Miscellaneous
9001. Delay in Disposition
9002. Delay in Trauma Team Activation
9003. Delay to Operating Room
9004. Delay in MD Response
9005. Delay in Obtaining Consultation
9006. Delay in Diagnosis
9007. Error in Diagnosis
9008. Error in Judgment
9009. Error in Technique
9010. Incomplete Hospital Record
9011. Abdominal Injury and Hypotension w/ Laparotomy > 1 Hr.
9012. Abdominal Injury w/ Laparotomy > 4 Hrs.
9013. Pt. w/ EDH/SDH w/Craniotomy > 4 Hrs. After ED Arrival Excluding ICP
9014. Pt. Transferred in After > 6 Hrs. at Initial Hospital
9015. Pt. Leaving ED & Admitted ICU/OR/OR Recovery > 6 Hrs. after ED Arrival
9016. Pt. Transferred Out > 6 Hrs. After ED Arrival
9017. Abdominal/Thoracic/Vascular/Cranial Surgery > 24 Hrs After ED Arrival
9018. Pt. Admitted Under Non-Surgical Attending
9019. Nonfixation of Femoral Diaphyseal Fx in Adult Pt.
9020. Lac Liver or Spleen w/ Laparotomy > 2 Hrs. After Adm
9999. Trauma Death

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Appendix Q: Medications

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2. Acetaminophen (Tylenol)
3. Adenosine (Adenocard)
5. Albuterol (Airet)
12. Aspirin
14. Atropine (Homatropine)
18. Calcium Chloride (CaCl)
22. Charcoal
29. Crystalloid Solution
30. Cyanide Poison Kit
31. D10
33. D25
34. D50
41. Dexamethasone (Decadron)
42. Diazepam (Valium)
44. Diltiazem (Cardizem)
45. Diphenhydramine (Benadryl)
47. Dopamine
50. Epinephrine (Adrenaline)
51. Epinephrine 1 to 1000
52. Epinephrine 1 to 10000
55. Etomidate (Amidate)
57. Fentanyl (Duragesic)
61. Glucagon (Glucagen)
62. Haloperidol (Haldol)
63. Heparin (Interfacility)
69. Ipratropium (Atrovent)
74. Lactated Ringers
75. Lidocaine (Xylocaine)
90. Midazolam (Versed)
93. Morphine (Morphine Sulfate)
96. Naloxone (Narcan)
99. Nitroglycerine
102. Normal Saline
104. Ondansetron (Zofran)
105. Oral Glucose
106. Oxygen
125. Sodium Bicarbonate
135. Succinylcholine (Succinylcholine Chloride)
137. Terbutaline (Brethaire)
148. Vecuronium (Vecuronium Bromide)
149. Ketamine
150. Medication – Other
151. Medication – Analgesics
152. Medication – Antibiotic
153. Medication – Anticoagulant
154. Medication – Paralytic Agent
155. Medication – Sedatives
156. Medication – Steroids

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Appendix R: Data Element Deadline Information

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Registry data required for each patient discharged from the trauma centers between June 1 and May 31 will be due by mid-July of the same year. The following data elements that must be completed for this submission are:

- 4. Patient Arrival Date
- 5. Patient Arrival Time
- 7. Patient Origin
- 16. Date of Birth
- 19. Gender
- 27. State of Residence
- 28. County of Residence
- 41. State of Injury
- 42. County of Injury
- 45. Restraints
- 47. Airbags
- 50. Equipment
- 59. Primary ICD-10 Mechanism of Injury
- 62. Primary Injury Type
- 73. Pre-Hospital Mode of Arrival from Scene
- 210. ED Arrival Date
- 211. ED Arrival Time
- 218. ED Discharge Date
- 219. ED Discharge Time
- 220. ED Disposition/Admit Location
- 453. Final Disposition

Registry data elements required on a quarterly basis are:

The data must be entered into the registry by the following deadlines:

January to March – Due by the second week of May of that year

April to June – Due by the second week of August of that year

July to September – Due by the second week of November of that year

October to December – Due by the second week of February of the following year

1. Patient Last Name
2. Patient First Name
3. Patient Middle Initial
4. Patient Arrival Date
7. Patient Origin
8. Trauma Alert ID
10. History Number
12. Readmission Flag
13. Time to Readmission
15. Social Security Number
16. Date of Birth
128. Referring Facility
129. Other Referring Facility
130. Referring Facility Trauma Registry Number
209. Inclusion Criteria
210. ED Arrival Date
214. Admission Date
223. ED Disposition/Admit Location
456. Discharge Date

Appendix S: Flowcharts and Guidelines

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MARYLAND STATE TRAUMA REGISTRY INCLUSION CRITERIA

Revised September 14, 2020

Key: The number in parenthesis after the inclusion criteria listed below associates with the MSTR Data Dictionary Inclusion Code

Definition: Trauma Services are Trauma Surgery, Emergency Medicine, Neurosurgery, and Orthopedic Surgery.

Adult Data Dictionary Definitions

Definition-1

Trauma Decision Tree Categories:
Alpha, Bravo, Charlie, Delta
All Trauma Activations: Levels 1, 2, 3



Trauma Cases Managed in the ED:

- Dead on Arrival (1)
- ED Death (2)
- ED Discharge-AMA (3)
- ED Transfer to Specialty Hospital (4)
- ED Transfer to Another Hospital (5)
- ED Transfer to Observation (6)
- All Trauma Services Consults in ED (16)
- Field Priority 1 & 2 as Defined (15)



Trauma Cases In-Patient:

- Admitted through the ED (7)
- Admit Directly to In-Patient Service (8) Trauma Services Consult Only in the Hospital (17)



Additional Trauma Cases:

- Self-Defined Criteria (18)
- Trauma Team Activation without Injury (19)



Enter Into the MSTR

Definition-2

- Hanging/Strangulation
- Near-Drowning
- Asphyxiation/Suffocation
- Lightning Striking
- Electrocution
- Adult and Child Abuse
- Traumatic Hypothermia



Enter Into the MSTR

Definition-3 Injury Case

NTDB ICD10 Inclusion Codes



- Isolated Hip Fractures \geq Age 65 with a Fall Mechanism of Injury with External Cause Codes W00-W19 and ICD10 Diagnosis Codes S72.0-S72.2

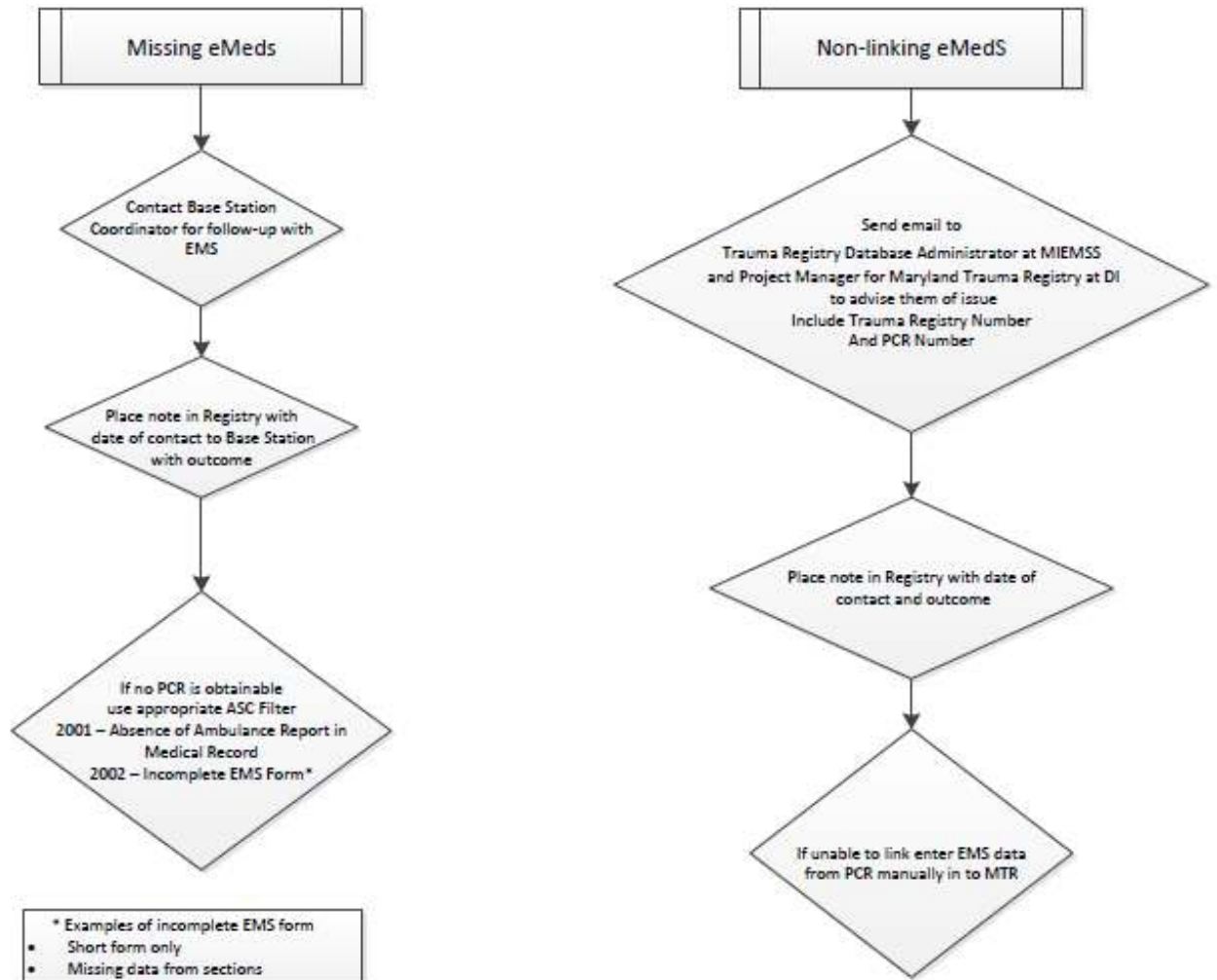


- Hospital Death- With Trauma Surgeon Consult (9)
- Hospital Death-No Trauma Surgeon Consult (10)
- Admit to ICU-With Trauma Services Consult (11)
- Admit to ICU-No Trauma Services Consult (12)
- Hospital Admission-With Trauma Services Consult (13)
- Hospital Admission-No Trauma Services Consult (14)



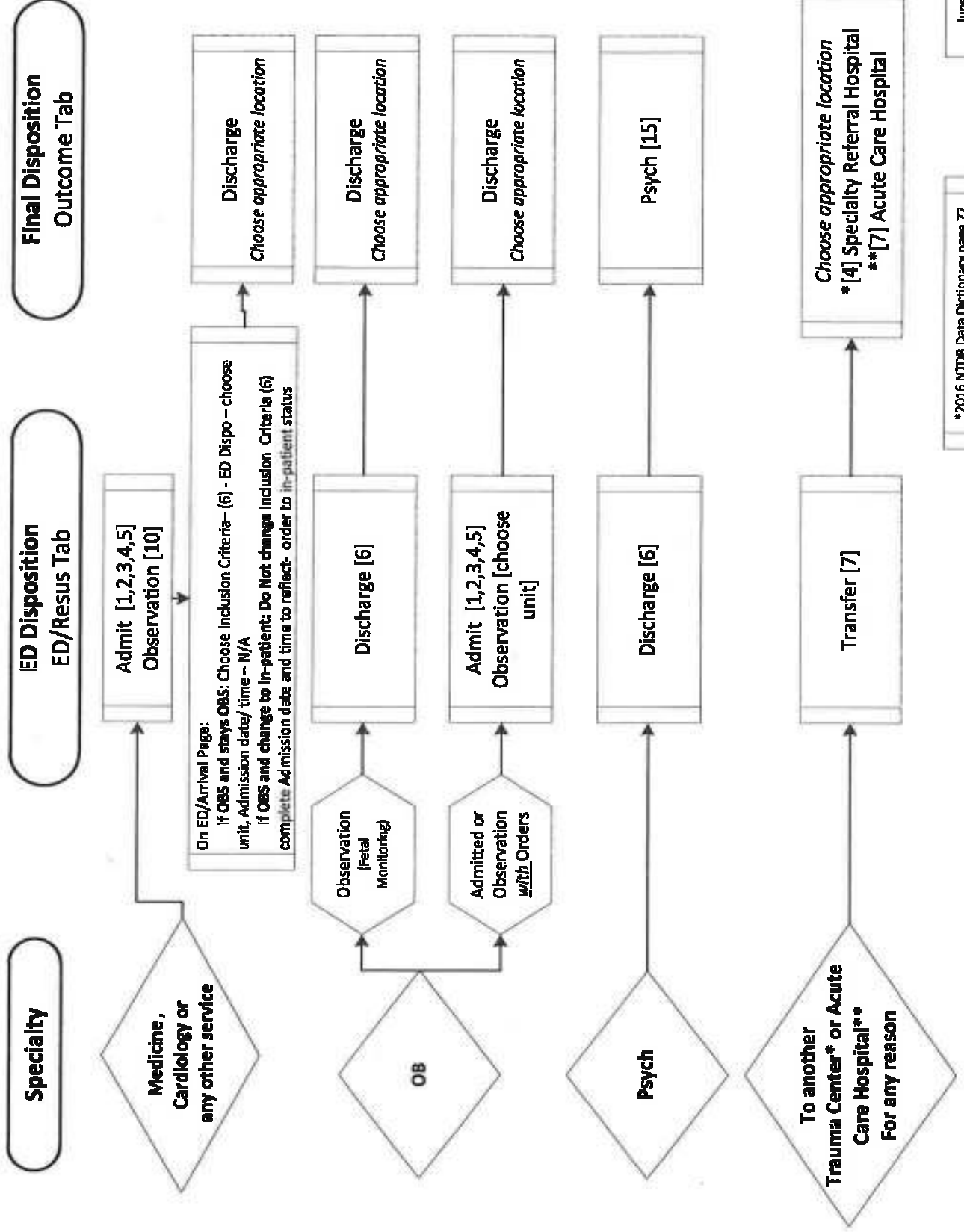
Enter Into the MSTR

Maryland Trauma Registry Missing/Non-Linking e-Meds Process



Maryland Trauma Registry

Cleared by Trauma in the Emergency Department by Specialty



Procedure for Filling Out the QA Filters in the MTR

| QA Filter | Population to be Included | Yes | No | Unknown | N/A | Blank |
|---|--|----------------------|--|---------------|---|-------------------|
| ED Documentation of Pain Assessment | All Patients except Direct Admits and DOAs | Documented in Record | Not Documented in Record | Not an option | Direct Admits | Not Yet Addressed |
| Vital Signs Documented (According to the Policy set by your Hospital) | All Patients except Direct Admits | Documented in Record | Not Documented in Record | Not an option | Direct Admits | Not Yet Addressed |
| Required Reintubation within 24 Hours of Extubation | Admitted Patients Only | Documented in Record | Documentation of Extubation and No Documentation of Reintubation within 24 Hours | Not an option | Patients Not Admitted and Admitted Patients that were not Intubated | Not Yet Addressed |
| Unplanned Visit to ICU | Admitted Patients Only | Documented in Record | Not Documented in Record | Not an option | Patients Not Admitted | Not Yet Addressed |
| Unplanned Visit to OR | Admitted Patients Only | Documented in Record | Not Documented in Record | Not an option | Patients Not Admitted | Not Yet Addressed |

No records should have blanks or unknowns upon closing.

1/11/2016