Maryland State Trauma Registry
Data Dictionary for Adult Patients

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Maryland Institute for Emergency Medical Services Systems

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Designated Maryland adult 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 Digital Innovations, Inc. 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 P.

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 P.

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
- 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.
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Section I: Demographic
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1. SCREEN NAME: PATIENT NAME: LAST  
DATA ELEMENT: PAT_NAME_L  
DESCRIPTION: Patient Last Number  
TAB: Add Record  
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: Add Record  
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: Add Record  
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: Add Record  
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: Add Record  
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: **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 from another acute care hospital. 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

7. 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
8. 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.

9. 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).

10. 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.

11. 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
12. 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.

13. 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 you only know the patient's age, then estimate year of birth, yyyy, and enter the day and month of arrival at the hospital. If the actual birth date of a child is not available, but you know the child's age in months, then estimate the date of birth to the nearest month and enter mm nn yyyy, where nn is the date of arrival at the hospital.

14. 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
15. 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 #17).

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

16. 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

17. 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
18. 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.

19. 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 #18), 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.

20. 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 #18), 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.
21. SCREEN NAME: COUNTY
DATA ELEMENT: PAT_ADR_CO
DESCRIPTION: County of Residence
TAB: Demographic
SUB-TAB: Patient
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PAT_ADR_ZIP (field #18), 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 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 county codes.

22. 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 #18), 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 L for the country codes.

23. SCREEN NAME: ALTERNATE RESIDENCE
DATA ELEMENT: PAT_ADR_ALT
DESCRIPTION: Alternate Home Residence
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
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Section II: Injury
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24. 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.

25. 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. Enter "*" if estimated time of injury is not known.

26. 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.
27. 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 #26) is “unknown”.

28. 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.

29. 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 you know for sure 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.

Enter “N” if the injury is definitely not related to any work or employment activity. Enter “*” if you have any uncertainty.
30. 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 #29) = “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
Enter the patient’s occupation, if known. This data element will only be activated if INJ_WORK_YN (field #29) = “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

Enter a textual description of the patient’s occupation, if known. This data element will only be activated if INJ_WORK_YN (field #29) = “Y”.
33. 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: Mandatory – MIEMSS, NTDB

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.

34. 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: Conditional – NTDB

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 #33) = “Y”.

35. 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.

36. 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 #35), 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.
37. SCREEN NAME: STATE
DATA ELEMENT: INJADR_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 INJADR_ZIP (field #35), 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.

38. SCREEN NAME: COUNTY
DATA ELEMENT: INJADR_CO
DESCRIPTION: County of Injury Occurrence
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Integer
VALIDATIONS: Mandatory – MIEMSS, NTDB

If a valid United States zip code has been entered in PATADR_ZIP (field #35), 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 county in which the injury occurred, if known. See Appendix B for the county codes.

39. SCREEN NAME: COUNTRY
DATA ELEMENT: INJADR_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 PATADR_ZIP (field #35), 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 L for country codes.

40. SCREEN NAME: PRIMARY ICD 10 MECHANISM
DATA ELEMENT: INJECODE_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.
41. 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”.

42. 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
43. 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  
88. Other

44. 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
45. 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

46. 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”.

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 can 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
48. 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.

49. SCREEN NAME: **PROPER USAGE**  
DATA ELEMENT: **INJ_PDEV_UA01**  
DESCRIPTION: *Proper Usage of Protective Devices*  
TAB: Injury  
SUBTAB: Mechanism of Injury  
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".
50. SCREEN NAME: **RESTRAINTS**  
DATA ELEMENT: **INJ_RESTR**  
DESCRIPTION: **Restraints Used**  
TAB: Injury  
SUBTAB: Mechanism of Injury  
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 use 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 #49). If proper use 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 runsheet specifies only that the patient was "restrained", enter "unknown" for restraint. If the patient is eight years old or above and the runsheet 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

51. SCREEN NAME: **AIRBAGS**  
DATA ELEMENT: **AIRBAG01**  
DESCRIPTION: **Air Bag Deployment**  
TAB: Injury  
SUBTAB: Mechanism of Injury  
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)
52. SCREEN NAME: AIRBAGS
DATA ELEMENT: AIRBAG02
DESCRIPTION: Air Bag Deployment
TAB: Injury
SUBTAB: Mechanism of Injury
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)

53. SCREEN NAME: AIRBAGS
DATA ELEMENT: AIRBAG03
DESCRIPTION: Air Bag Deployment
TAB: Injury
SUBTAB: Mechanism of Injury
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)

54. SCREEN NAME: EQUIPMENT
DATA ELEMENT: INJ_PDEV01
DESCRIPTION: Protective Equipment
TAB: Injury
SUBTAB: Mechanism of Injury
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.

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
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

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
Section III: Prehospital
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, “Add and Link a New Record”, 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.

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 #59).

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
59. 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, if the patient was transported from the scene, or transported to the original receiving hospital, if the patient 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 #58) equals "88" (other).

60. 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.

61. 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.

62. SCREEN NAME: 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 to Other
63. SCREEN NAME: **RUN SHEET #**
DATA ELEMENT: **PHP_RP_NUMS**
DESCRIPTION: **Ambulance Run Sheet 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.

64. 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.

65. 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.

66. 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.
### 67. 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.

### 68. 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.

### 69. 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.
70. 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.

71. SCREEN NAME: **ARRIVED AT SCENE**  
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.

72. SCREEN NAME: **ARRIVED AT SCENE**  
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.

73. 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 provider actually arrived at the patient’s side.
74. 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 provider actually arrived at the patient’s side.

75. 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.

76. 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.

77. SCREEN NAME: **ARRIVED AT DESTINATION**  
DATA ELEMENT: **PHP_AD_DATES**  
DESCRIPTION: **Date Ambulance or Helicopter Arrived at Hospital**  
TAB: Prehospital  
SUBTAB: Scene/Transport  
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.
78. 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.

79. 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 priority assigned by the field provider. 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

80. 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 field provider. 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.
81. 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.

82. 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.

83. 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.

84. 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.
85. **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”.

86. **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”.

87. **SCREEN NAME:** SUPPLEMENTAL O2?
**DATA ELEMENT:** PHAS_SO2_YN
**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”.

88. **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 systolic portion of 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.
89. 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.

90. 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.

91. SCREEN NAME: **OXYGEN SATURATION**  
DATA ELEMENT: **PHAS_SA02S**  
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.

92. 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, NTDB

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

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.

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

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.

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

This field can be calculated by the software or entered directly by the user. If all three prehospital GCS components (field #’s 92 through 94) 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 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.
Click on the “Add” button to the right of the “Prehospital Procedures (All Providers)” 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.

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

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

Enter the number of the service/station that was involved in the care of the patient or choose the service/station from the picklist.
100. 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.

101. 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 O for a list of the medications.
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Section IV: Referring Facility
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102. 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. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer). See Appendices D and E for the hospital codes.

103. 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. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer).

104. 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 #6) = “2” (transfer).
105. 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 #6) = “2” (transfer).

106. 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 #6) = “2” (transfer).

107. 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 #6) = “2” (transfer).
108. 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 #6) = “2” (transfer).

109. 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 #6) = “2” (transfer).

110. 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 #6) = “2” (transfer).
111. 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 #6) = “2” (transfer).

112. 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 #6) = “2” (transfer).

1. Fahrenheit
2. Celsius

113. 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 #6) = “2” (transfer).

1. Oral
2. Axillary
3. Tympanic
4. Rectal
5. Core
6. Temporal
114. 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 #6) = “2” (transfer).

115. 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 #6) = “2” (transfer).

116. 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 #6) = “2” (transfer).
117. 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 #6) = “2” (transfer).

118. 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 #6) = “2” (transfer).

119. 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 #6) = “2” (transfer).
120. 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 #6) = “2” (transfer).

121. 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 #6) = “2” (transfer). See Appendix F for a description of the Glasgow Coma Scale.

122. 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 #6) = “2” (transfer). See Appendix F for a description of the Glasgow Coma Scale.

123. 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 #6) = “2” (transfer). See Appendix F for a description of the Glasgow Coma Scale.
124. 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 121 through 123) 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 #6) = “2” (transfer).

125. 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 G for the listing of the emergency department treatment codes. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer).

126. 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 #6) = “2” (transfer).
127. 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 #6) = “2” (transfer).

128. 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 #129). The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “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
129. 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 #6) = “2” (transfer). This data element will only be activated if ITP_MODES (field #128) equals “88” (other).

130. 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 #6) = “2” (transfer).

131. 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 #6) = “2” (transfer).

132. SCREEN NAME: **RUN SHEET #**
DATA ELEMENT: **ITP_RP_NUMS**
DESCRIPTION: **Ambulance Run Sheet Number**
TAB: Referring Facility
SUBTAB: Inter-Facility Transport
FORMAT: 15-Byte Alphanumeric
VALIDATIONS: Optional

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. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer).
133. 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 #6) = “2” (transfer).

134. 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 #6) = “2” (transfer).

135. 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 #6) = “2” (transfer).
136. 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 #6) = “2” (transfer).

137. 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 #6) = “2” (transfer).

138. 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 #6) = “2” (transfer).
139. 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 #6) = “2” (transfer).

140. SCREEN NAME: **ARRIVED AT SCENE**  
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 #6) = “2” (transfer).

141. SCREEN NAME: **ARRIVED AT SCENE**  
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 #6) = “2” (transfer).
142. 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 provider actually arrived at the patient’s side. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer).

143. 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 provider actually arrived at the patient’s side. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = “2” (transfer).

144. 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 #6) = “2” (transfer).
145. 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 #6) = “2” (transfer).

146. 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 #6) = “2” (transfer).

147. 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 #6) = “2” (transfer).
148. 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 screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

149. 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 #6) = "2" (transfer).

150. 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 #6) = "2" (transfer).

151. 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 #6) = "2" (transfer).
152. 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 #6) = “2” (transfer).

153. 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 #6) = “2” (transfer).

154. 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 #6) = “2” (transfer).

155. 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 #6) = “2” (transfer).
156. 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 systolic portion of 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 #6) = “2” (transfer).

157. 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 #6) = “2” (transfer).

158. 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 #6) = “2” (transfer).
159. 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 #6) = “2” (transfer).

160. 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 #6) = “2” (transfer).

161. 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 #6) = “2” (transfer).

162. 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 #6) = “2” (transfer).
This field can be calculated by the software or entered directly by the user. If all three GCS components (field #'s 160 through 162) 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 #6) = “2” (transfer).
Section V: Emergency Department/Resuscitation
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164. 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.

165. 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 “/”.
166. 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 "/".

167. 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.

168. 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.
169. **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 #167). 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.

170. **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 #168). 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.

171. **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.
172. 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.

173. 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  
2. Neurosurgery  
3. Orthopedics  
4. General Surgery  
5. Medicine  
6. Vascular  
7. Thoracic  
8. Cardio-Thoracic  
9. Plastic Surgery  
10. Pulmonary  
11. Psychiatry  
12. Pediatrics  
13. Burn  
14. ENT  
15. Ophthalmology  
16. Oral Surgery  
17. Emergency Medicine  
18. Infectious Diseases  
19. Nephrology  
20. Renal  
21. Neurology  
22. Urology  
23. Psychiatry  
24. GI/GU  
25. Endocrinology  
26. Cardiology  
27. Geriatrics  
28. Pain Service  
29. Maxillofacial  
88. Other

174. 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  

If the patient was admitted to the hospital, 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.
175. 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.

176. 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.

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 #355) and enter the code of the receiving facility in DIS_FACLNK (field #365).
177. 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

178. 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.

179. 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.
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

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

Enter military time, 00:00 to 23:59. Enter the time that the patient was either upgraded or downgraded for his/her level of care.
183. 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.

184. 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.

185. 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
186. 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.

187. 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.

188. 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.
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

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

Enter the patient’s height as documented on the emergency flow sheet.
192. 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.

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

193. 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

194. 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.

1. Pounds (lbs)
2. Kilograms (kg)
195. 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.

196. 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.

197. 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.
198. 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.

199. 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 you know 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.

200. 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 #203), 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.
201. 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.

202. 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.

203. 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.
**204. 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.

**205. 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.

**206. 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.
207. 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.

208. 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.

209. 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 206 through 208) 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.
210. 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

211. 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.

212. 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.
213. 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".

214. 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

215. 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
216. 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”.

217. 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”.

218. 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”.

219. 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 you know for certain that the patient was intubated at the time that the initial, subsequent or final Glasgow Coma Score was assessed. Otherwise, enter “N”.
220. 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 #223), 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”.

221. 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 patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

222. 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.
223. 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.

224. 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.

225. 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”.

226. 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.
227. 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.

228. SCREEN NAME: **MOTOR**  
DATA ELEMENT: **EDAS_GCS_MRS**  
DESCRIPTION: **Initial 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.

229. SCREEN NAME: **TOTAL**  
DATA ELEMENT: **EDAS_GCSSC**  
DESCRIPTION: **Initial 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 226 through 228) 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.
230. 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 #231). 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

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231. 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 #230) 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
232. 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 #230) 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”.

233. 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])

234. 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 #233) does not equal “1” (not tested). Enter the blood alcohol concentration in mg/dL. 100 mg/dL is equivalent to 100 mg%.
This data element will only be activated if ED_IND_ALC (field #233) 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
Section VI: Patient Tracking
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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
2. Emergency Department
3. Operating Room
4. Intensive Care (A2IC)
5. IMCU/PUC/Stepdown
6. Floor/Unit-Medical/Surgical
7. Telemetry Unit
8. Observation Unit
9. Burn Unit
10. Radiology
11. Post Anesthesia Care Unit (PACU)
12. Special Procedure Unit
13. Labor and Delivery
14. Neonatal (NICU)
15. Pediatric (PICU)
16. Burn Intensive Care Unit (BICU)
17. Cardiac (CICU) or (CCU)
18. Cardiovascular (CVICU)
19. Cardiac Surgery (C-SICU)
20. Medical (MICU)
21. MPCU
22. Neuro (Neuro ICU)
23. Neuro Science Critical Care (NCCU)
24. Surgical (SICU)
25. Weinberg (WICU)
26. Brain Recovery Unit (BRU)
27. Acute Geriatric Unit (AGU)
28. Orthopedic Unit (Wentz-A4W)
29. 6 Surgery
30. Neuroscience Unit (NSU)
31. Neuro Intermediate Care Unit (NIMC)
32. Surgical Intermediate Care Unit (SIMC)
33. Nursery (A2N)
34. Pediatrics (A2PE)
35. Bridgeview (BRDG)
36. Psychiatric Unit
37. Extended Stay Unit- Inpt Admit (ESU)
38. Extended Stay Unit–no Inpt Admit (SSU)
39. Surgical Short Stay Unit (SqSU)
40. Other

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.
238. 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.

239. 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.

240. 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.

241. 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.
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
2. Neurosurgery
3. Orthopedics
4. General Surgery
5. Medicine/Internal Medicine
6. Vascular Surgery
7. Thoracic Surgery
8. Cardiothoracic Surgery
9. Plastic Surgery
10. Pulmonary
11. Psychiatry
12. Pediatrics
13. Burn Services
14. Otolaryngology (ENT)
15. Ophthalmology
16. Oral Surgery
17. Emergency Medicine
18. Infectious Diseases
19. Nephrology
20. Renal
21. Neurology
22. Urology
23. Physiatry
24. Gastro-Intestinal (GI)/GU
25. Endocrinology
26. Cardiology
27. Geriatrics
28. Pain Service
29. Maxillofacial Service
30. Critical Care/Intensivist
31. Interventional Radiology
32. Hematology
33. Child Protective Team (CPT)
34. Obstetrics/Gynecology
35. Hospitalist
36. Palliative Care
37. Pediatric Surgery
38. Radiology
39. Respiratory Therapist
40. Social Services
41. Trauma Resuscitation Nurse
42. Triage Nurse
43. Anesthesiology
44. Chaplain
45. Ortho-Spine
46. Family Medicine
47. Oncology
48. Wound Care
49. Documentation Recorder
50. Nurse Practitioner
51. Nursing
52. Other Surgical
53. Other Non-Surgical

Enter as MM DD YYYY.

Enter the date the service began care for this patient.
244. 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.

245. 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.

246. 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.

247. 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: Providers
248. 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.

249. 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.

250. 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.
251. 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.

252. 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.

253. 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.
254. 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.

255. 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.

256. 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.
257. 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.

258. 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.

259. 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.
260. 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.

261. 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.

262. 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.
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.

Enter 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.

Enter any relevant notes pertaining to this anesthesiologist.
Click on the search button and then select the ID or name of the neurosurgeon involved in the care of this patient.

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.

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.
269. 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.

270. 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.

271. 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.
272. SCREEN NAME: ORTHOPEDICS
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.

273. 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.

274. 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.
275. 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.

276. 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.

277. SCREEN NAME: ORTHOPEDICS
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.
Enter the provider type for the first other provider involved in the care of this patient.

1. Trauma Service
2. Neurosurgery
3. Orthopedics
4. General Surgery
5. Medicine
6. Vascular
7. Thoracic
8. Cardio-Thoracic
9. Plastic Surgery
10. Pulmonary
11. Psychiatry
12. Pediatrics
13. Burn
14. ENT
15. Ophthalmology
16. Oral Surgery
17. Emergency Medicine
18. Infectious Diseases
19. Nephrology
20. Renal
21. Neurology
22. Urology
23. Physiatry
24. GI/GU
25. Endocrinology
26. Cardiology
27. Geriatrics
28. Pain Service
29. Maxillofacial
30. Critical Care/Intensivist
31. Interventional Radiology
32. Hematology
33. CPT (Child Protective Team)
34. Obstetrics/Gynecology
35. Hospitalist
36. Nurse Anesthetist
37. Nurse Practitioner
38. Physician Assistant
39. Anesthesia
88. Other

Click on the search button and then select the ID or name of the first other provider involved in the care of this patient.
280. 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.

281. 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.

282. 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.
283. 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.

284. 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.
Enter the provider type for the second other provider involved in the care of this patient.

1. Trauma Service       21. Neurology
3. Orthopedics           23. Physiatry
4. General Surgery      24. GI/GU
5. Medicine               25. Endocrinology
7. Thoracic              27. Geriatrics
10. Pulmonary            30. Critical Care/Intensivist
13. Burn                 33. CPT (Child Protective Team)
14. ENT                  34. Obstetrics/Gynecology
15. Ophthalmology        35. Hospitalist
17. Emergency Medicine   37. Nurse Practitioner
18. Infectious Diseases  38. Physician Assistant
20. Renal                88. Other

Click on the search button and then select the ID or name of the second other provider involved in the care of this patient.
287. 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.

288. 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.

289. 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.
290. 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.

291. 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.
292. 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.

1. Trauma Service 21. Neurology
3. Orthopedics 23. Physiatry
4. General Surgery 24. GI/GU
5. Medicine 25. Endocrinology
7. Thoracic 27. Geriatrics
10. Pulmonary 30. Critical Care/Intensivist
13. Burn 33. CPT (Child Protective Team)
14. ENT 34. Obstetrics/Gynecology
15. Ophthalmology 35. Hospitalist
17. Emergency Medicine 37. Nurse Practitioner
18. Infectious Diseases 38. Physician Assistant
20. Renal 88. Other

293. 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.
294. 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.

295. 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.

296. 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.
297. 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.

298. 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.
Enter the provider type for the fourth other provider involved in the care of this patient.

1. Trauma Service
2. Neurosurgery
3. Orthopedics
4. General Surgery
5. Medicine
6. Vascular
7. Thoracic
8. Cardio-Thoracic
9. Plastic Surgery
10. Pulmonary
11. Psychiatry
12. Pediatrics
13. Burn
14. ENT
15. Ophthalmology
16. Oral Surgery
17. Emergency Medicine
18. Infectious Diseases
19. Nephrology
20. Renal
21. Neurology
22. Urology
23. Physiatry
24. GI/GU
25. Endocrinology
26. Cardiology
27. Geriatrics
28. Pain Service
29. Maxillofacial
30. Critical Care/Intensivist
31. Interventional Radiology
32. Hematology
33. CPT (Child Protective Team)
34. Obstetrics/Gynecology
35. Hospitalist
36. Nurse Anesthetist
37. Nurse Practitioner
38. Physician Assistant
39. Anesthesia
40. Other

Click on the search button and then select the ID or name of the fourth other provider involved in the care of this patient.
301. 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.

302. 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.

303. 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.
304. 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.

305. 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.
Enter the provider type for the fifth other provider involved in the care of this patient.

1. Trauma Service
2. Neurosurgery
3. Orthopedics
4. General Surgery
5. Medicine
6. Vascular
7. Thoracic
8. Cardio-Thoracic
9. Plastic Surgery
10. Pulmonary
11. Psychiatry
12. Pediatrics
13. Burn
14. ENT
15. Ophthalmology
16. Oral Surgery
17. Emergency Medicine
18. Infectious Diseases
19. Nephrology
20. Renal
21. Neurology
22. Urology
23. Physiatry
24. GI/GU
25. Endocrinology
26. Cardiology
27. Geriatrics
28. Pain Service
29. Maxillofacial
30. Critical Care/Intensivist
31. Interventional Radiology
32. Hematology
33. CPT (Child Protective Team)
34. Obstetrics/Gynecology
35. Hospitalist
36. Nurse Anesthetist
37. Nurse Practitioner
38. Physician Assistant
39. Anesthesia
40. Other

Click on the search button and then select the ID or name of the fifth other provider involved in the care of this patient.
308. 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.

309. 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.

310. 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.
311. 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.

312. 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.
313. 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.

1. Trauma Service
2. Neurosurgery
3. Orthopedics
4. General Surgery
5. Medicine
6. Vascular
7. Thoracic
8. Cardio-Thoracic
9. Plastic Surgery
10. Pulmonary
11. Psychiatry
12. Pediatrics
13. Burn
14. ENT
15. Ophthalmology
16. Oral Surgery
17. Emergency Medicine
18. Infectious Diseases
19. Nephrology
20. Renal
21. Neurology
22. Urology
23. Physiatry
24. GI/GU
25. Endocrinology
26. Cardiology
27. Geriatrics
28. Pain Service
29. Maxillofacial
30. Critical Care/Intensivist
31. Interventional Radiology
32. Hematology
33. CPT (Child Protective Team)
34. Obstetrics/Gynecology
35. Hospitalist
88. Other

314. 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.
315. 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.

316. SCREEN NAME: PHYSICAL THERAPY
DATA ELEMENT: PE_RSP_YN04
DESCRIPTION: Physical Therapy Consult
TAB: Providers
SUBTAB: In-House Consultants
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if the patient received any physical therapy while in the hospital.

317. SCREEN NAME: OCCUPATIONAL THERAPY
DATA ELEMENT: PE_RSP_YN05
DESCRIPTION: Occupational Therapy Consult
TAB: Providers
SUBTAB: In-House Consultants
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if the patient received any occupational therapy while in the hospital.

318. SCREEN NAME: SPEECH THERAPY
DATA ELEMENT: PE_RSP_YN06
DESCRIPTION: Speech Therapy Consult
TAB: Providers
SUBTAB: In-House Consultants
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if the patient received any speech/language therapy while in the hospital.
319. 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.

320. 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 VIII: Procedures
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321. SCREEN NAME: START DATE
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.

322. SCREEN NAME: START TIME
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.

323. SCREEN NAME: INCISION DATE
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.
324. SCREEN NAME: INCISION TIME  
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.

325. SCREEN NAME: STOP DATE  
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.

326. SCREEN NAME: STOP TIME  
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.

327. 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.
328. 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.

329. 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.

330. SCREEN NAME: OR DISPOSITION  
DATA ELEMENT: OR_DSPS  
DESCRIPTION: OR Disposition  
TAB: Procedures  
SUBTAB: Procedures  
FORMAT: 2-Byte Integer  
VALIDATIONS: Conditional Integer - 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  
88. Other
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 or click on the "Add" button in the "Procedures" grid. Enter the following procedure codes for reversal interventions if given to the patient: 30283B1 (PCC, Praxbind, FIEBA), 3E0336Z (Vitamin K), 30233K1 (FFP), 303233R1 (Platelets) and 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.

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. Any antibiotics given should be entered in ED_MEDS (field #340) in order to trigger the ACS audit filter A-13. See Appendix G for a list of the procedure types.

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
334. 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 #333) is "2" (OR).

335. 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.

336. 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.

337. 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.
338. 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.

339. 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.

340. SCREEN NAME: MEDICATION
DATA ELEMENT: ED_MEDS
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 O 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
341. 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.

342. SCREEN NAME: **TIME**  
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.

343. 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 mediation 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 #331), and the date and time the blood product was given in PR_STR_DATES (field #335) and PR_STR_TIMES (field #336).

1. Autotransfused  
2. Matched RBC  
3. Unmatched RBC  
4. Fresh Frozen Plasma  
5. Cyroprecipitates  
6. Platelets  
7. Colloids  
8. Other Blood  
9. Factor VII
Enter the volume of blood used within the first 72 hours.

Enter the volume measurement of blood given in the first 72 hours.

1. Units
2. mL

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
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 IX: Diagnoses
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348. SCREEN NAME: **INITIAL TRI-CODE ICD-10**  
DATA ELEMENT: **INIT_INJ_TXT**  
DESCRIPTION: **Initial Injury Narrative**  
TAB: Diagnoses  
SUBTAB: Initial Injury Coding  
FORMAT: Memo Field  
VALIDATIONS: Optional  

Enter up to 27 textual diagnoses, based on the initial ED assessment of this patient. At least one diagnosis must be entered.

349. SCREEN NAME: **FINAL TRI-CODE ICD-10**  
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.

350. 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 #351).
351. 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

352. 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.

353. SCREEN NAME: **COMORBIDITES**  
DATA ELEMENT: **PECS**  
DESCRIPTION: **Pre-Morbidity 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 Pre-Morbid code(s) for any known pre-existing conditions. If the patient was taking a blood clotting inhibiting medication at the time of injury, please enter “S.31” as a pre-morbid code in order to trigger ACS Audit Filter A-8B. See Appendix H or I for a listing of the pre-morbid codes.

354. 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 #353), equals “other” (Z.99).
Section X: Outcome
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 #363).
8. Against Medical Advice
9. Morgue/Died
10. Left without treatment
11. Foster Care
12. Intermediate Care Facility (Facility providing a level of medical care that is less than the degree of care and treatment that a hospital or skilled nursing facility is designed to provide but greater than the level of room and board.)
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 came from jail and went back to jail, enter “home” for this data element. 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 88 only for a disposition from your hospital that is not included in the remaining choices.

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.
357. 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.

358. 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. 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.

359. 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.
Enter the total number of days the patient 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). An ICU is defined as a unit with an average patient-to-nurse ratio that is not greater than 2 to 1.

Enter the total number of days the patient spent on a mechanical ventilator excluding time in the OR.

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 “Not Applicable” 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 #33) = “Y”.
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 #355) 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

If the patient was transferred to another acute care facility for any reason other than the ones listed above in DIS_RS (field #363), enter a short description of the reason why, such as "PT request". This data element will only be activated if DIS_DEST (field #355) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_RS equals “Other” (999).
365. 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 #355) equals 1, 2, 3, 4, 7, 12, 13, or 15 or ED_DSP (field #176) 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 #366). 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.

366. 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 #355) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_FACLNK (field #365) equals 886, 887, or 888.

367. 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 #355) equals 1, 2, 4, 7, 12, 13, or 15.
368. 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.

369. 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
370. 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

371. 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 #369).

372. 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
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

Enter whether the pre-existing functional status for locomotion of the patient is permanent or temporary.

1. Temporary
2. Permanent
375. 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 #373).

376. 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

377. 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.
5. Not applicable (e.g., patient less than 7 years old, patient died)
6. Unknown
378. 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

379. 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 #377).

380. 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
If the patient died, enter the location where the patient died in this hospital. This screen will only be activated if DIS_DEST (field #355) 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

If the patient died in this hospital in a location other than the ones listed above in DTH_LOC (field #381), enter the location here. This screen will only be activated if DIS_DEST (field #355) equals “9” (morgue/died) and this data element will only be activated if DTH_LOC equals “15” (other).
383. 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 #355) equals “9” (morgue/died).

1. Upon Admission
2. Pre-hospital
3. In-hospital DNR
4. None

384. 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 #355) equals “9” (morgue/died).

385. 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 #355) equals “9” (morgue/died).
386. 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 #355) equals “9” (morgue/died).

387. 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 #355) equals “9” (morgue/died).

388. 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 #355) equals “9” (morgue/died).

389. 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 #355) equals “9” (morgue/died).
390. 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 #355) equals “9” (morgue/died).

391. 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 #358) and DIS_TIME (field #359) and “Y” was entered in BRAIN_DTH_YN (field #390), 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 #355) equals “9” (morgue/died).

392. 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 #358) and DIS_TIME (field #359) and “Y” was entered in BRAIN_DTH_YN (field #390), 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 #355) equals “9” (morgue/died).
### 393. 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 #355) equals “9” (morgue/died).

### 394. 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 #355) equals “9” (morgue/died) and this data element will only be activated if ORG_GR_YN (field #393) equals “Y”.

1. Organ Donated
2. Tissue Donated
3. Eye Donated
4. Donation, NFS
5. None

### 395. 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.

### 396. 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.
397. 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 charged posted by physicians at this hospital for care rendered to this patient. Do NOT include charges made by this hospital.

398. 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.

399. 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 #396) was calculated.

400. 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 #398) was calculated.
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 you don’t know 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

Enter the type(s) of write off(s) for this patient.

1. Bad Debt
2. Administrative
3. Insurance Allowance
4. Cash
5. Charity
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 #402).
Section XI: Quality Assurance
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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”.

Enter “Y” if vital signs were documented in the Emergency Department record according to the policy set by this institution.

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”.

Enter “Y” if the patient required reintubation within 24 hours of extubation. If the patient was not admitted to this hospital, enter “n/a”.

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### 408. 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 this hospital, enter “n/a”.

### 409. 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”.

### 410. 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 was not admitted to this hospital, enter “n/a”.

411. 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 M for a list of the NTDB complications.

412. 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 N for a list of the ACS complications.

413. 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.

414. SCREEN NAME: **RESPONSE**
DESCRIPTION: **Response**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No
VALIDATIONS: Optional

Enter “Y” if there was a response for the corresponding complication or filter.
415. 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.

416. 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.
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 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 you decide to include a case, you MUST identify a reason for doing so. To allow you 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, asphyxiation/suffocation, lightning strike, electrocution, adult and child abuse, or traumatic hypothermia.

3. Trauma cases are a subset of both injury cases and additional cases. This subset complies with the trauma decision tree pre-hospital triage categories (2012) 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. Systolic BP less than 90 mmHg (Adult) or less than 60 mmHg (Pediatric)
      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

   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.

1. Trauma Cases Managed Entirely in the Emergency Department (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

2. Trauma Cases Admitted as Hospital Inpatients (REQUIRED)
   7. Admitted Through the Emergency Department
   8. Admitted Directly to Inpatient Service

3. 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

Note: If two or more conditions apply, e.g. a patient stays 12 days in the ICU and then dies, choose the first condition which applies, starting from 3.1.

4. 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 1, 2 or 3
   16. Trauma Service Consultation Only in the Emergency Department
   17. Trauma Service Consultation Only in the Hospital

5. Injury Cases for Hospital Review (OPTIONAL)
   18. Other self-defined criteria

8. No injury etiology (OPTIONAL)
   19. Trauma Team Response without an Injury Etiology
APPENDIX B: County Codes
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1. Allegany County
2. Anne Arundel County
3. Baltimore County
4. Calvert County
5. Caroline County
6. Carroll County
7. Cecil County
8. Charles County
9. Dorchester County
10. Frederick County
11. Garrett County
12. Harford County
13. Howard County
14. Kent County
15. Montgomery County
16. Prince George's County
17. Queen Anne's County
18. St. Mary's County
19. Somerset County
20. Talbot County
21. Washington County
22. Wicomico County
23. Worcester County
24. Baltimore City
25. Virginia
26. West Virginia
27. Pennsylvania
28. Washington, DC
29. Delaware
30. Grant, WV
31. Hampshire, WV
32. Mineral, WV
33. Bedford, PA
34. Somerset, PA

88. Other
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APPENDIX C: State Codes
AK Alaska
AL Alabama
AR Arkansas
AZ Arizona
CA California
CO Colorado
CT Connecticut
DC District of Columbia
DE Delaware
FL Florida
GA Georgia
HI Hawaii
IA Iowa
ID Idaho
IL Illinois
IN Indiana
KS Kansas
KY Kentucky
LA Louisiana
MA Massachusetts
MD Maryland
ME Maine
MI Michigan
MN Minnesota
MO Missouri
MS Mississippi
MT Montana
NC North Carolina
ND North Dakota
CM Northern Mariana Islands
NE Nebraska
NH New Hampshire
NJ New Jersey
NM New Mexico
NV Nevada
NY New York
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
PR Puerto Rico
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TT Trust Territory
TX Texas
UT Utah
VA Virginia
VI Virgin Islands
VT Vermont
WA Washington
WI Wisconsin
WV West Virginia
WY Wyoming
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APPENDIX D: Hospital Codes Arranged by Code
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<table>
<thead>
<tr>
<th></th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>Johns Hopkins Bayview Medical Center</td>
</tr>
<tr>
<td>202</td>
<td>Church Home and Hospital (no longer in existence)</td>
</tr>
<tr>
<td>203</td>
<td>MedStar Franklin Square Medical Center</td>
</tr>
<tr>
<td>204</td>
<td>Johns Hopkins Hospital</td>
</tr>
<tr>
<td>205</td>
<td>Liberty Medical Center Psychiatric Center (formerly Lutheran Hospital)</td>
</tr>
<tr>
<td>206</td>
<td>University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)</td>
</tr>
<tr>
<td>207</td>
<td>Mercy Medical Center, Baltimore, MD</td>
</tr>
<tr>
<td>208</td>
<td>Bon Secours Hospital</td>
</tr>
<tr>
<td>209</td>
<td>Liberty Medical Center (formerly Provident Hospital) (no longer in existence)</td>
</tr>
<tr>
<td>210</td>
<td>Sinai Hospital</td>
</tr>
<tr>
<td>211</td>
<td>MedStar Harbor Hospital (formerly South Baltimore General Hospital)</td>
</tr>
<tr>
<td>212</td>
<td>Saint Agnes Hospital</td>
</tr>
<tr>
<td>213</td>
<td>University of Maryland St. Joseph Medical Center, MD</td>
</tr>
<tr>
<td>214</td>
<td>MedStar Union Memorial Hospital</td>
</tr>
<tr>
<td>215</td>
<td>University of Maryland Medical Center</td>
</tr>
<tr>
<td>216</td>
<td>Greater Baltimore Medical Center</td>
</tr>
<tr>
<td>217</td>
<td>Northwest Hospital Center</td>
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<td>218</td>
<td>Carroll Hospital Center</td>
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<tr>
<td>219</td>
<td>University of Maryland Harford Memorial Hospital</td>
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<tr>
<td>220</td>
<td>Anne Arundel Medical Center</td>
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<tr>
<td>221</td>
<td>Baltimore Washington Medical Center</td>
</tr>
<tr>
<td>222</td>
<td>Howard County General Hospital – Johns Hopkins Medicine</td>
</tr>
<tr>
<td>223</td>
<td>University of Maryland Upper Chesapeake Medical Center</td>
</tr>
<tr>
<td>224</td>
<td>Children's Hospital &amp; Center for Reconstructive Surgery, MD</td>
</tr>
<tr>
<td>225</td>
<td>MedStar Good Samaritan Hospital</td>
</tr>
<tr>
<td>226</td>
<td>University of Maryland Rehabilitation &amp; Orthopaedic Institute (formerly Kernan Hospital)</td>
</tr>
<tr>
<td>227</td>
<td>Montebello Center, MD</td>
</tr>
<tr>
<td>228</td>
<td>Homewood Hospital Center (no longer in existence)</td>
</tr>
<tr>
<td>229</td>
<td>Inova Alexandria Hospital, VA</td>
</tr>
<tr>
<td>230</td>
<td>Andrew Rader Clinic, VA</td>
</tr>
<tr>
<td>231</td>
<td>Prince George's Hospital Center</td>
</tr>
<tr>
<td>232</td>
<td>Virginia Hospital Center (formerly Arlington Hospital, VA)</td>
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<td>233</td>
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<td>Brunswick Medical Center</td>
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<td>Capitol Hill Hospital, DC (no longer in existence)</td>
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<td>237</td>
<td>Walter P. Carter Center (formerly Carter Community Mental Health &amp; Retardation Center)</td>
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<td>Lincoln Memorial Hospital</td>
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Dominion Hospital, VA
258 Finan Center State Psychiatric Facility
259 Kirk Army Hospital
261 Greater Northeast Medical Center, DC (See Also Northeast Georgetown #313)
262 Kimbrough Army Hospital
263 Gundry Hospital (no longer in existence)
264 MedStar Montgomery Medical Center
265 Shady Grove Adventist Hospital
266 Calvert Memorial Hospital
267 Highland State Health Facility Psychiatric Unit
268 HSC Pediatric Center, DC (formerly Hospital for Sick Children)
269 Waynesboro Hospital, PA
270 Howard University Hospital, DC
271 Monongalia General Hospital, WV
272 York Hospital, 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
279 Fort Detrick 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
284 Charlestown Area Medical Center
285 Masonic Eastern Star Home, DC
286 Fulton County Medical Center, PA
287 Inova Mount Vernon Hospital, VA
288 Providence Hospital, 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
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 of Cecil County
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 Hospital, VA
312 Taylor Manor Hospital
Northeast Georgetown Medical Center (See also Greater Northeast #261)
Jefferson Memorial Hospital, Ranson, WV
Northern Virginia Doctor's Hospital, VA
United Medical Center, DC
Children's National Medical Center, DC
Clifton T. Perkins Hospital Center
Frostburg Hospital (no longer in existence)
Western Maryland Health System, Cumberland Memorial Campus (no longer in existence)
Western Maryland Health System, Sacred Heart Campus (no longer in existence)
Garrett Regional Medical Center (WVU)
West Virginia University Hospital, WV
Sibley Memorial Hospital – Johns Hopkins Medicine, DC
Potomac Hospital, VA
Inova Loudoun Hospital, VA
MedStar Washington Hospital Center, DC
Washington Adventist Hospital
Doctor's Community Hospital
Parkwood Hospital (formerly Clinton Hospital) (no longer in existence)
Eastern Shore State Hospital
McCready Memorial Hospital
MedStar St. Mary's Hospital
National Hospital for Orthopedics & Rehabilitation, VA
George Washington University Hospital, DC
Patuxent River Naval Air Station Hospital (no longer in existence)
MedStar Georgetown University Hospital, DC
Police & Fire Clinic, Washington, DC
McGuire Veteran's Administration Hospital, VA
Inova Fair Oaks Hospital (formerly Commonwealth Hospital), VA
City Hospital, Martinsburg, WV
DC General Hospital (no longer in existence)
MedStar Southern Maryland Hospital Center
Novant Health Prince William Medical Center, VA
10th Street Medical Center, Ocean City, MD
26th Street Medical Center, Ocean City, MD
93rd Street Medical Center, Ocean City, MD (no longer in existence)
Groupe Memorial Hospital
Isle of Wight Medical Center
Bayhealth Medical Center, Kent Hospital, DE
Nanticoke Memorial Hospital, DE
Laurel Regional Medical Center
Bowie Health Center
Malcolm Grow U.S. Air Force Medical Center
Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
National Institutes of Health Clinical Center
Veteran's Administration Medical Center, Perry Point
Beebe Medical Center, DE (formerly Beebe Hospital of Sussex County)
Bayhealth Medical Center, Milford Hospital, DE
Jennersville Regional Hospital, PA
Pocomoke Family Health Center
Pocomoke City Medical Center
Hadley Memorial Hospital, DC
Psychiatric Institute of Montgomery County
Rosewood State Facility (no longer in existence)
Saint Elizabeth's Hospital, DC
Saint Luke Institute
Sheppard & Enoch Pratt Hospital
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<td>Spring Grove State Hospital</td>
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<td>Tawes-Bland Bryant Nursing Center</td>
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<td>TB Clinic</td>
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<td>Tidewater Memorial Hospital, VA</td>
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<td>374</td>
<td>U.S. Naval Health Clinic, Annapolis</td>
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<td>375</td>
<td>U.S. Soldier's and Airmen's Home, DC</td>
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<td>Walter Reed Forrest Glenn Annex</td>
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<td>Psychiatric Institute of DC</td>
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<td>379</td>
<td>63rd Street Medical Center, Ocean City, MD</td>
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<td>75th Street Medical Center, Ocean City, MD</td>
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<td>381</td>
<td>Atlantic General Hospital, Berlin, MD</td>
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<td>Anne Arundel Medical Park (no longer in existence)</td>
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<td>Columbia Medical Plan (no longer in existence)</td>
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<td>384</td>
<td>Adventist Healthcare Germantown Emergency Center</td>
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<td>Riverside Shore Memorial Hospital, Nassawadox, VA</td>
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<td>University of Maryland Shore Emergency Center at Queenstown</td>
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<td>389</td>
<td>Meritus Medical Center</td>
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<td>Christiana Care Free-Standing Emergency Department, Middletown, DE</td>
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<td>Western Maryland Regional Medical Center</td>
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<td>397</td>
<td>Altoona Rehabilitation Hospital</td>
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<td>Health South Rehabilitation Hospital, Mechanicsburg, PA</td>
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<td>Health South Chesapeake Rehabilitation Center, Salisbury, MD</td>
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<td>Conemaugh Meyersdale Medical Center, PA</td>
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<td>Western Maryland Regional Medical Center, Primary Stroke Center</td>
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<td>499</td>
<td>Meritus Medical Center, Psychiatric Unit</td>
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<td>MedStar Franklin Square Medical Center Primary Stroke Center</td>
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<td>Johns Hopkins Hospital Comprehensive Stroke Center</td>
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<td>University of Maryland Medical Center Midtown Campus Primary Stroke Center (formerly Maryland General Hospital)</td>
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<td>Holy Cross Hospital Primary Stroke Center</td>
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<td>Leesburg Hospital, VA</td>
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567 Bashline Memorial Osteopathic Hospital, PA
568 Newark Hospital, NJ
569 Pittsburgh Institute for Rehabilitation
570 Reading Medical Center
571 Riverside Hospital, DE
572 Sacred Heart Hospital, PA
573 Saint Agnes Burn Center, PA
574 Taylor Hospital, WV
575 University of Pennsylvania Hospital
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
589 Washington County Health System Primary Stroke Center (no longer in existence)
590 Baltimore City Public Service Infirmary (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 of Cecil County 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 Peninsula Regional Medical Center, Trauma Center
610 Sinai Hospital Adult Trauma Center
620 Western Maryland Health System, Cumberland Memorial Trauma Center (no longer in existence)
632 Prince George's Hospital 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 Western Maryland Regional Medical Center, 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 Peninsula Regional Medical Cardiac Interventional Center
710 Sinai Hospital Cardiac Interventional Center
712 Saint Agnes Hospital – 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 Medical Center, Pediatric Trauma Center, DC
718 Children's National Medical Center, Pediatric Burn Center, DC
719 Carroll Hospital Cardiac Interventional Center
721 Anne Arundel Medical Center Cardiac Interventional Center
722 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
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<td>727</td>
<td>MedStar Washington Hospital Center, DC, Burn Center</td>
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<td>MedStar Washington Hospital Center, DC, Adult Trauma Center</td>
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<td>Prince George's Hospital Center Cardiac Interventional Center</td>
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<td>R Adams Cowley Shock Trauma Center, Hyperbaric Unit</td>
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<td>MedStar Georgetown University Hospital Eye Trauma Center, DC</td>
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<td>Frederick Memorial Hospital Cardiac Interventional Center</td>
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<td>Sinai Head Injury Rehabilitation Hospital</td>
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<td>Laurel Regional Medical Center – Rehabilitation Unit</td>
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APPENDIX E: Hospital Codes Arranged by Name
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Children's National Medical Center, DC
Children's National Medical Center Pediatric Trauma Center, DC
Children's National Medical Center Pediatric Burn Unit, DC
Children's National Medical Center Neonatal Unit, DC
Christiana Care Free-Standing Emergency Department, Middletown, DE
Christiana Care Health Systems, Christiana Hospital
Christiana Care Health Systems, Christiana Hospital Cardiac Interventional Center
Christiana Care Health Systems, Wilmington Hospital
Church Home and Hospital (no longer in existence)
City Hospital, Martinsburg, WV
Clifton T. Perkins Hospital Center
Columbia Hospital for Women Medical Center, DC (no longer in existence)
Columbia Medical Plan (no longer in existence)
Conemaugh Meyersdale Medical Center, PA
Conemaugh Valley General Hospital, Johnstown, PA
Cooper Trauma Center, NJ
Crownsville State Hospital (no longer in existence)
Cullen Center (no longer in existence)
DC General Hospital (no longer in existence)
DC General Hospital Neonatal Center (no longer in existence)
Deer's Head State Hospital
Delaware Memorial Hospital, DE (no longer in existence)
DeWitt Army Hospital, VA
Doctor's Community Hospital
Dominion Hospital, VA
Dover U.S. Air Force Clinic, DE
DuPont Memorial Hospital (part of Medical Center of Delaware) (no longer in existence)
Eastern Neurological Rehabilitation Hospital (former code was 421)
Eastern Shore State Hospital
Elizabethtown Children’s Hospital (no longer in existence)
Emmitsburg Hospital (no longer in existence)
Finan Center State Psychiatric Facility
Fort Dietrick Medical Center
Fort Howard Veteran's Administration Hospital (no longer in existence)
Fort Washington Hospital
Frederick Memorial Hospital
Frederick Memorial Hospital Cardiac Interventional Center
Frederick Memorial Hospital Primary Stroke Center
Freeman Hospital (no longer in existence)
Frostburg Hospital (no longer in existence)
Fulton County Medical Center, PA
Garrett Regional Medical Center (WVU)
Geisinger Medical Center, PA
George Washington University Hospital, DC
Gettysburg Hospital, PA
Gladys Spellman Nursing Center
Grant Memorial Hospital
Greater Baltimore Medical Center
Greater Baltimore Medical Center Primary Stroke Center
Greater Northeast Medical Center, DC (See Also Northeast Georgetown #313)
Groupe Memorial Hospital
Gundry Hospital (no longer in existence)
Hadley Memorial Hospital, DC
Hagerstown State Hospital (no longer in existence)
Hampshire Memorial Hospital, WV
Hanover Hospital, PA
562 Harryon State Hospital
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
244 Holy Cross Hospital
444 Holy Cross Germantown Hospital
744 Holy Cross Hospital Cardiac Interventional Center
544 Holy Cross Hospital Primary Stroke Center
229 Homewood Hospital Center (no longer in existence)
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
426 Inova Emergency Care Center, VA
340 Inova Fair Oaks Hospital (formerly Commonwealth Hospital), VA
305 Inova Fairfax Hospital, VA
326 Inova Loudoun Hospital, VA
287 Inova Mount Vernon Hospital, VA
349 Isle of Wight Medical Center
273 Jefferson Memorial Hospital, Arlington, VA
314 Jefferson Memorial Hospital, Ranson, WV
360 Jennersville Regional Hospital, 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
461 J.W. Ruby Memorial Hospital, Morgantown, WV
274 Kennedy Krieger Institute
277 Keswick Multi-Care Center (formerly Keswick Home for the Incurables of Baltimore City)
262 Kimbrough Army Hospital
563 Kings Daughters Hospital, VA
259 Kirk Army Hospital
403 Lancaster General Hospital, PA
564 Lancaster Osteopathic Hospital, PA
352 Laurel Regional Medical Center
773 Laurel Regional Medical Center – Rehabilitation Unit
565 Leesburg Hospital, VA
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<td>Liberty Medical Center (formerly Provident Hospital) (no longer in existence)</td>
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<td>206</td>
<td>University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)</td>
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<td>515</td>
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<td>University of Maryland Rehabilitation &amp; Orthopaedic Institute (formerly Kernan Hospital)</td>
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<td>713</td>
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<tr>
<td>387</td>
<td>University of Maryland Shore Emergency Center at Queenstown</td>
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<td>296</td>
<td>University of Maryland Shore Medical Center at Chestertown</td>
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<td>294</td>
<td>University of Maryland Shore Medical Center at Dorchester</td>
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<td>297</td>
<td>University of Maryland Shore Medical Center at Easton</td>
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<tr>
<td>597</td>
<td>University of Maryland Shore Medical Center at Easton Primary Stroke Center</td>
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</table>
University of Maryland Upper Chesapeake Health
University of Maryland Upper Chesapeake Health Cardiac Interventional Center
University of Maryland Upper Chesapeake Health Primary Stroke Center
University of Pennsylvania Hospital
University of Pittsburgh Medical Center Bedford Memorial, PA
University Specialty Center
Upper Shore Mental Health Center
U.S. Naval Health Clinic, Annapolis
U.S. Public Health Hospital, MD
U.S. Soldier's and Airmen's Home, DC
Veteran's Administration Medical Center, Baltimore, MD
Veteran's Administration Medical Center, DC
Veteran's Administration Medical Center, Ellsmere, DE
Veteran's Administration Medical Center, Martinsburg, VA
Veteran's Administration Medical Center, Perry Point
Veteran's Administration Medical Center, Wilmington, DE
Virginia Hospital Center, VA (formerly Arlington Hospital, VA)
Walter P. Carter Center (formerly Carter Community Mental Health & Retardation Center)
Walter Reed Army Medical Center, DC (no longer in existence)
Walter Reed Forest Glenn Annex
Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
War Memorial Hospital, WV
War Memorial Hospital, Berkeley Springs, WV (formerly Morgan County War Memorial Hospital, WV)
Washington Adventist Hospital
Washington Adventist Hospital Cardiac Interventional Center
Washington County Health System, MD (no longer in existence)
Washington County Health System, MD, Adult Trauma Center (no longer in existence)
Washington County Health System, MD, Comprehensive Inpatient Rehabilitation Services (no longer in existence)
Washington County Health System Primary Stroke Center (no longer in existence)
Washington County Health System, MD, Psychiatric Unit (no longer in existence)
Washington County Health System, MD, Skilled Nursing Facility (no longer in existence)
Waynesboro Hospital, PA
West Virginia University Hospital, WV
Western Maryland Center, MD
Western Maryland Health System, Cumberland Memorial Campus (no longer in existence)
Western Maryland Health System Memorial Campus Primary Stroke Center (no longer in existence)
Western Maryland Health System, Cumberland Memorial Trauma Center (no longer in existence)
Western Maryland Health System, Comprehensive Inpatient Rehabilitation Unit (no longer in existence)
Western Maryland Health System, Sacred Heart Campus (no longer in existence)
Western Maryland Regional Medical Center
Western Maryland Regional Medical Center, Adult Trauma Center
Western Maryland Regional Medical Center, Cardiac Interventional Center
Western Maryland Regional Medical Center, Primary Stroke Center
Western Maryland Regional Medical Center, Comprehensive Inpatient Rehabilitation Unit
Western Maryland Regional Medical Center, Psychiatric Unit
Western Pennsylvania University Hospital, PA
Winchester Medical Center
Woodrow Wilson Rehabilitation Center, VA
Yale - New Haven Hospital, CT
York Hospital, PA
York Rehabilitation Hospital, PA
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<th>Code</th>
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<td>999</td>
<td>Unknown</td>
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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: Procedure List
<table>
<thead>
<tr>
<th>1. Arterial Blood Gas</th>
<th>46. Medication – Steroids*</th>
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<tbody>
<tr>
<td>2. Endotracheal Airway</td>
<td>47. Medication – Anticoagulant*</td>
</tr>
<tr>
<td>3. Nasotracheal Airway</td>
<td>50. CT Scan – Head</td>
</tr>
<tr>
<td>4. Cricothyroidotomy</td>
<td>51. CT Scan – Abdomen</td>
</tr>
<tr>
<td>Airway</td>
<td>52. CT Scan – Cervical Spine</td>
</tr>
<tr>
<td>5. Application of Halo</td>
<td>53. CT Scan - Thoracic, Lumbar, Sacro-Lumber</td>
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<tr>
<td>6. Application of Tongs</td>
<td>54. CT Scan - Pelvis</td>
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<tr>
<td>7. Arterial Line</td>
<td>55. CT Scan – Chest</td>
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<tr>
<td>8. Autotransfusion</td>
<td>56. CT Scan - Facial Bone</td>
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<tr>
<td>9. Cardiac Monitoring</td>
<td>57. CT Scan – Other</td>
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<tr>
<td>10. Chest Tube/Decompression</td>
<td>58. CT Scan - Angiogram</td>
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<tr>
<td>11. CPR</td>
<td>60. X-Ray – Head</td>
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<td>12. Femoral Line (Venous)</td>
<td>61. X-Ray – Abdomen</td>
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<td>15. Defibrillation</td>
<td>64. X-Ray – Pelvis</td>
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<td>16. EKG</td>
<td>65. X-Ray – Chest</td>
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<td>17. Foley</td>
<td>66. X-Ray - Facial Bone</td>
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<tr>
<td>19. Hyperbaric Therapy</td>
<td>70. Angiography</td>
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<td>20. ICP Insertion</td>
<td>71. Esophagram</td>
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<td>21. MAST</td>
<td>72. IVP</td>
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<td>22. Oxygen</td>
<td>73. Cystogram/ Urethrogram</td>
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<tr>
<td>23. Pericardiocentesis</td>
<td>74. Other Radiology</td>
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<tr>
<td>24. Peripheral IV</td>
<td>75. Skeletal Survey</td>
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<td>25. Peritoneal Lavage</td>
<td>76. Echocardiogram</td>
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<td>26. Gastric Tube</td>
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<td>27. Swan-Ganz Catheter</td>
<td>78. Volume Replacement</td>
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<td>28. Thoracotomy</td>
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<td>29. Tibial Pin</td>
<td>80. Esophageal Obturator Airway (No Longer Used)</td>
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<td>30. Tracheostomy</td>
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<td>31. Venous Cut-Down</td>
<td>82. Other Skeletal Stabilization</td>
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<td>32. Ventilator</td>
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<td>33. Closed Reduction</td>
<td>84. Extrication</td>
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<td>34. Sutures/Staples</td>
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<td>35. Pulse Oximetry</td>
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<td>36. End-Tidal CO2</td>
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<td>37. Level I Rapid Infusion</td>
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<td>38. Blood Drawn</td>
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<td>39. Control Bleeding</td>
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<td>40. Assist Ventilation</td>
<td>92. Blood Products Given</td>
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<td>41. Medication - Paralytic Agent*</td>
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<td>42. Medication – Antibiotic*</td>
<td>93. Arterial line – Percutaneous</td>
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<td>43. Medication – Other*</td>
<td>94. Arterial line – Cutdown</td>
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<td>44. Medication – Analgesics*</td>
<td>95. Thoracentesis</td>
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<td>45. Medication – Sedatives*</td>
<td>96. Central lines – Percutaneous</td>
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<td>97. Central lines – Cutdown</td>
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<td>98. Refused Care</td>
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<td>100. RSI</td>
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<td>103. Cervical Spine Collar/Immobilization</td>
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<td>114. Hare Traction Splint</td>
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<td>116. Pelvic Binder Applied</td>
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<td>118. Bronchoscopy</td>
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<td>119. PICC Lines</td>
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<td>120. Endoscopy</td>
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<td>122. Epidural Pain Control</td>
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<td>124. BIPAP</td>
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<td>125. Brain Perfusion/Flow Study</td>
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<td>131. Massive Transfusion - Protocol Initiated</td>
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<td>132. Blood Glucose</td>
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<td>133. N/G Tube</td>
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Notes:
All procedures list in the current NTDB data dictionary must be tracked.

**Blue bolded** and current NTDB required procedures must be tracked regardless of where they were performed.

The following procedures must also be tracked using their ICD-10 codes:
REBOA (ICD10: 04L03DZ)
Suprapubic Catheter (ICD10: 0T9B30Z)
Ureteric Stent ICD10: (0T9630Z – Right, 0T9730Z – Left)
APPENDIX H: 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 ADD/ADHD
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 Erythematous
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
K.01 Documented Prior History of Pulmonary Disease with Ongoing Active Treatment
K.02 Asthma
K.03 Chronic Obstructive Pulmonary Disease
K.04 Chronic Pulmonary Condition
L.01 Serum Creatinine > 2 mg % (on Admission)
L.02 Dialysis (Excludes Transplant Patients)
N.01 Chronic Drug Abuse
N.02 Chronic Alcohol Abuse
NONE Not Available
P.00 Pregnancy
S.01 No NTDS Co-Morbidities are present
S.02 Alcoholism
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
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 Requiring Medication
S.20 Impaired Sensorium (Retired 2012)
S.21 Prematurity
S.22 Obesity (Retired 2015)
S.23 Respiratory Disease
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.30 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
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
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
APPENDIX I: Co-Morbid Codes Arranged Alphabetically
Acquired Coagulopathy
Active Chemotherapy
ADD/ADHD
Alcoholism
Alzheimers Disease
Angina Pectoris
Anticoagulant Therapy
Ascites within 30 Days (Retired 2015)
Asthma
Bilirubin > 2mg % (on Admission)
Bleeding Disorder
Bronchopulmonary Dysplasia (BPD)
Cerebral Palsy
Chemotherapy for Cancer within 30 Days
Chronic Alcohol Abuse
Chronic Dementia
Chronic Demyelinating Disease
Chronic Drug Abuse
Chronic Obstructive Pulmonary Disease
Chronic Pulmonary Condition
Cirrhosis
Concurrent or Existence of Metastasis
Congenital Anomalies
Congestive Heart Failure (+S.07)
Coronary Pulmonale
Coronary Artery Disease
Coumadin Therapy
Current Smoker
Currently Requiring or on Dialysis
CVA with Residual Neurological Deficit
CVA/Hemiparesis
(Stroke with Residual)
Cystic Fibrosis
Dementia
Diabetes Mellitus
Dialysis (Excludes Transplant Patients)
Disseminated Cancer
Documented History of Cirrhosis
Documented Prior History of Pulmonary Disease with Ongoing Active Treatment
Do Not Resuscitate (DNR) Status
Drug Use Disorder (Retired 2017)
Esophageal Varices (Retired 2015)
Functionally Dependent Health Status
Gastric or Esophageal Varices (+S14)
Hemophilia
History of Angina within Past 1 Month (Retired 2017)
History of Cardiac Surgery
History of Myocardial Infarction
within Past 6 Months (Retired 2017)
History of Psychiatric Disorders
History of Peripheral Vascular Disease (PVD) (Retired 2017)
HIV/AIDS
Hydrocephalus
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
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)
P.00  Pregnancy
S.21  Prematurity
Z.07  Reactive Airway Disease (RAD)
S.23  Respiratory Disease
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 Erythematos
S.36  Substance Abuse Disorder
F.03  Transplants
H.01  Undergoing Current Therapy
APPENDIX K: ACS Audit Filters
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The ACS Audit Filters form the second part of 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 #71) and PHP_A_TIMES (field #72), and the date and time the ambulance left the scene, PHP_L_DATES (field #75) and PHP_L_TIMES (field #76), for patients that are transported from the scene, PAT_ORIGIN (field #6) = “1” and whose transport mode, PHP_MODES (field #58), is equal to 1, 2, 3...8, 9, 13 or 14. Patients that required extrication, PH_INTS (field #98) = “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 #6) = “1” and transport mode, PHP_MODES (field #58), 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_RP_NUMS (field #63).
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 #209), or the GCS upon release from the ED, EDAS_GCSSC (field #229) for assessment type, EDAS_ATYPES (field #210) = “3” (final).

For patients that were transported from the scene, PAT_ORIGIN (field #6) = “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 #176), of “9” (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172).

If a patient received a CT Scan of the head, any ED procedure (procedure type), PR_CATS (field #332) = “50”. The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #335) and PR_STR_TIMES (field #336).

The ICD-10-CM diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

- In one of the following ranges: 800.10 – 800.99 excluding 800.5
- 801.10 – 801.99 excluding 801.5
- 803.10 – 803.99 excluding 803.5
- 804.10 – 804.99 excluding 804.5
- 850.00 – 850.99
- 851.00 – 851.99
- 852.00 – 852.59
- 853.00 – 853.19
- 854.00 – 854.19
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 #209), or the GCS upon release from the ED, EDAS_GCSSC (field #229) for assessment type, EDAS_ATYPES (field #210) = “3” (final).

For patients that were transported from the scene, PAT_ORIGIN (field #6) = “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 #176), of “9” (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172).

If a patient received a CT Scan of the head, any ED procedure (procedure type), PR_CATS (field #332) = “50”. The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #335) and PR_STR_TIMES (field #336).

The ICD-10 diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

In one of the following ranges:  
- 800.10 – 800.99 excluding 800.5  
- 801.10 – 801.99 excluding 801.5  
- 803.10 – 803.99 excluding 803.5  
- 804.10 – 804.99 excluding 804.5  
- 850.00 – 850.99  
- 851.00 – 851.99  
- 852.00 – 852.59  
- 853.00 – 853.19  
- 854.00 – 854.19
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 #209), or the GCS upon release from the ED, EDAS_GCSSC (field #229) for assessment type, EDAS_ATYPES (field #210) = “3” (final).

For patients that were transferred from another hospital, PAT_ORIGIN (field #6) = “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 #176), of “9” (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172).

If a patient did not receive a CT Scan of the head at the referring hospital, then all referring hospital treatments, RFPR_CATS (field #125), will not equal “50”. If a patient received a CT Scan of the head at this hospital, any ED procedure (procedure type), PR_CATS (field #332) = “50”. The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #335) and PR_STR_TIMES (field #336).

The ICD-10 diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

- In one of the following ranges: 800.10 – 800.99 excluding 800.5
- 801.10 – 801.99 excluding 801.5
- 803.10 – 803.99 excluding 803.5
- 804.10 – 804.99 excluding 804.5
- 850.00 – 850.99
- 851.00 – 851.99
- 852.00 – 852.59
- 853.00 – 853.19
- 854.00 – 854.19
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 #209), or the GCS upon release from the ED, EDAS_GCSCS (field #229) for assessment type, EDAS_ATYPES (field #210) = “3” (final).

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 #176), of “9” (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172).

For patients that were transferred from another hospital, PAT_ORIGIN (field #6) = “2”.

If a patient did not receive a CT Scan of the head at the referring hospital, then all referring hospital treatments, RFPR_CATS (field #125), will not equal “50”. If a patient received a CT Scan of the head at this hospital, any ED procedure (procedure type), PR_CATS (field #332) = “50”. The date and time that the procedure was performed are contained in the corresponding fields for procedure date and time, PR_STR_DATES (field #335) and PR_STR_TIMES (field #336).

The ICD-10 diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

In one of the following ranges:  
800.10 – 800.99 excluding 800.5  
801.10 – 801.99 excluding 801.5  
803.10 – 803.99 excluding 803.5  
804.10 – 804.99 excluding 804.5  
850.00 – 850.99  
851.00 – 851.99  
852.00 – 852.59  
853.00 – 853.19  
854.00 – 854.19

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 #405), 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.
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 #229) for assessment type, EDAS_ATYPES (field #210) = “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 #172).

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 #176), of “9” (morgue/died). The date and time of ED arrival are contained in the fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172). This clinical indicator also does not include any patient that had a DNR order issued, DNR_DET (field #383).

If the patient came from the scene, then if a mechanical airway was established, either any pre-hospital treatment, PH_INTS (field #98), must be equal to either 2,3,4,30,32 or 90 or any ED procedure, (procedure type), PR_CATS (field #332), must be equal to either 2,3,4,30 or 32 or the patient must be intubated in the field, upon arrival at the ED or upon release from the ED, thus PHAS_INTUB_YNS (field #85) must equal “Y”, EDAS_INTUB_YN (field #199) must equal “Y” or EDAS_INTUB_YNS (field #219) must equal “Y” for EDAS_ATYPES (field #210) = “3” (final). If the patient was transferred, then if a mechanical airway was established, either any pre-hospital treatment, PH_INTS, must be equal to either 2,3,4,30, 32 or 90, any ED procedure, (procedure type), PR_CATS, must be equal to either 2,3,4,30 or 32 or any treatment performed in the ED at the transferring hospital, RFPR_CATS (field #125), must be equal to 2,3,4,30 or 32, or the patient must be intubated in the field, upon arrival at the ED or upon release from the ED, thus PHAS_INTUB_YNS must equal “Y”, EDAS_INTUB_YN must equal “Y”, or EDAS_INTUB_YNS must equal “Y” for EDAS_ATYPES = "3". If none of these conditions are met, then a mechanical airway was not established.
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 #176) of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of release from the ED are contained in the fields, EDD_DATE (field #171) and EDD_TIME (field #172).

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) and the etiology codes, INJ_ECODE_ICD10_01, (field #40), or INJ_ECODE_ICD10_02, (field #41).

The ICD-10 diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

- In one of the following ranges: 863.30-863.39, 863.50-863.59, 863.90-863.99, 864.10-864.19, 865.10-865.19, 866.10-866.13, 868.10-868.19, 902.0-902.9
- or one of the following: 862.1, 863.1, 867.1, 867.3, 867.5, 867.7, 867.9, 869.1

The ICD-10 etiology codes are auto-mapped to the ICD-9-CM etiology codes and the following codes qualify for gunshot wounds:

- In one of the following ranges: 922.0-922.9, 955.0-955.4, 965.0-965.4, 985.0-985.4
- or the following: 970

The surgical procedures performed are determined from PR_ICD10_S (field #331).

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM codes and the following codes qualify for surgical treatment of gunshot wounds to the abdomen:

- In one of the following ranges: 43.50-59.99, 39.30-39.32, 39.56-39.59
  38.06, 38.07, 38.16, 38.17, 38.26, 38.27, 38.36, 38.37, 38.46, 38.47, 38.56, 38.57, 38.66, 38.67, 38.76, 38.77, 38.86, 38.87, 39.98, 39.99, 41.42, 41.43, 41.5, 41.93, 41.95, 41.99
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 ED or as an in-hospital procedure.

If the systolic blood pressure in the Emergency Department, EDAS_SBP, (field #201), 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 embolization and/or angiography in the emergency department or as an in-hospital procedure, then procedure type, PR_CATS, (field #332) will be equal to either "128" or "70".

The date and time of the emergency department arrival are contained in EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of the procedure are contained in OP_A_DATES (field #321) and OP_A_TIMES (field #322).

The diagnosis of an abdominal injury is determined from the ICD-10-CM codes generated by Tri-Code for (ICD10_S).

The ICD-10-CM codes are auto-mapped to the ICD-9-CM diagnosis codes and the following codes qualify:

In one of the following ranges: 863.00-868.10, 902.0-902.9
or one of the following: 862.1, 869.1

The surgical procedures performed are determined from PR_ICD10_S (field #331).

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

In one of the following ranges: 43.50-59.99, 39.30-39.32, 39.56-39.59
or one of the following: 38.06, 38.07, 38.16, 38.17, 38.26, 38.27, 38.36, 38.37, 38.46, 38.47, 38.56, 38.57, 38.66, 38.67, 38.76, 38.77, 38.86, 38.87, 39.98, 39.99, 41.42, 41.43, 41.5, 41.93, 41.95, 41.99
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 #165) and EDA_TIME (field #166). The date and time of the procedure are contained in OP_A_DATES (field #321) and OP_A_TIMES (field #322).

The ICD-10-CM diagnosis codes are auto-mapped to the ICD-9-CM diagnosis codes and the following codes qualify:

- In one of the following ranges: 863.00-868.10, 902.0-902.9
- or one of the following: 862.1, 869.1

The surgical procedures performed are determined from PR_ICD10_S (field #331).

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM codes and the following codes qualify:

- In one of the following ranges: 43.50-59.99, 39.30-39.32, 39.56-39.59
- or one of the following: 38.06, 38.07, 38.16, 38.17, 38.26, 38.27, 38.36, 38.37, 38.46, 38.47, 38.56, 38.57, 38.66, 38.67, 38.76, 38.77, 38.86, 38.87, 39.98, 39.99, 41.42, 41.43, 41.5, 41.93, 41.95, 41.99
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 #321) and OP_A_TIMES (field #322). The date and time of emergency department arrival are contained in EDA_DATE (field #165) and EDA_TIME (field #166).

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 ICD-10-CM diagnosis codes are auto-mapped to the ICD-9-CM codes and the following codes qualify for extradural and subdural brain hemorrhage:

In one of the following ranges: 852.20-852.59, 800.20-800.29, 800.70-800.79, 801.20-801.29, 801.70-801.79, 803.20-803.29, 803.70-803.79, 804.20-804.29, 804.70-804.79

Whether or not a craniotomy was performed is determined from PR_ICD10_S (field #331).

The qualifying ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM codes and the following codes qualify for craniotomies:

In one of the following range: 01.24 - 01.31
or the following: 02.02

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 #229) for assessment type, EDAS_ATYPES (field #210) = "3"(final).

This clinical indicator excludes patients that went to the OR and had an ICD-9-CM procedure performed between 01.24 and 01.31 which is auto-mapped from the ICD-10-CM procedure codes, PR_ICD10_S (field #331).

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 #176) 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. For ED treatments or in-hospital treatments, procedure type, PR_CATS (field #332) should equal "20" or "101". For OR procedures, the ICD-9-CM procedure codes should be equal to 01.18 or 02.2, which will be auto-mapped from the ICD-10-CM procedure codes (PR_ICD10_S). The corresponding dates and times for the ED treatments and in-hospital treatments are contained in PR_STR_DATES (field #335) and PR_STR_TIMES (field #336). The dates and times of the OR procedures are contained in OP_A_DATES (field #321) and OP_A_TIMES (field #322).
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 #6).

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 #105) and RFS_A_TIME (field #106), and the date and time of departure from the transferring hospital, RFS_DIS_DATE (field #107) and RFS_DIS_TIME (field #108).

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 #165), and EDA_TIME (field #166), and the date and time of release from the ED, EDD_DATE (field #171) and EDD_TIME (field #172).

This clinical indicator includes only patients that had an emergency department disposition, ED_DSP (field #176), equal to 3, 4, or 5.

Patients with an inclusion criteria, INCL_RS (field #164), 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 #176), of “7” (transferred) and/or a final disposition, DIS_DEST (field #355), 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 #165) and EDA_TIME (field #166), and the date and time of discharge, DIS_DATE (field #358), and DIS_TIME (field #359).
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 #176), of “9” (morgue/died).

Because the field for injury type, INJ_TYPE01 (field #42), 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 #331).

The date and time of the procedures are contained in OP_A_DATES (field #321) and OP_A_TIMES (field #322). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #165) and EDA_TIME (field #166).

The ICD-10-CM diagnoses codes are auto-mapped to the ICD-9-CM codes and the following codes qualify for open fractures of the long bones:

One in the following range: 812.10-812.19, 812.50-812.59, 821.30-823.39, 823.10-823.12, 823.30-823.32, 823.90-823.92
or one of the following: 812.30, 812.31, 821.10, 821.11

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM procedure codes and the following codes qualify for initial surgical treatment:

One of the following: 78.02, 78.05, 78.07, 78.12, 78.15, 78.17, 78.42, 78.45, 78.47, 79.21, 79.25, 79.26, 79.31, 79.35, 79.36, 79.41, 79.45, 79.46, 79.51, 79.55, 79.56, 79.61, 79.65, 79.66
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 #321) and OP_A_TIMES (field #322). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #165) and EDA_TIME (field #166).

The surgical procedures performed are determined from PR_ICD10_S (field #331).

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM codes and the following codes qualify for abdominal, thoracic, vascular, and cranial surgery:

One in the following range: 01.00 – 01.10, 01.24 - 01.28, 01.30 – 01.60, 02.00 – 02.14, 02.91 - 02.99, 32.29 – 33.49, 33.60 – 34.03, 34.05 – 37.40, 38.01 – 38.09, 38.10 – 38.69, 38.80 – 38.89, 39.00 – 39.99, 41.42 – 43.00, 43.3 – 44.29, 44.42 - 44.50, 44.63 – 44.98, 45.00 – 45.12, 45.14 – 46.32, 46.40 – 48.22, 48.24 – 49.01, 49.03 – 54.11, 54.22 – 54.51, 54.61 – 57.00, 57.12 – 57.31, 57.34 – 57.41, 57.51 - 57.93, 57.95 – 59.99

Or one of the following: 01.21, 02.21, 44.31, 44.38, 44.40, 44.61, 54.19

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 #173). If the patient is not admitted under the care of a surgeon, then ADM_SVC will not be equal to either 1, 2, 3, 4, 6, 8, 9, 13, 14, 15 or 22.

The date of admission, ADM_DATE (field #167), 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 #176) equals "7" (transfer) or "9" (morgue/died).

The date and time of the emergency department arrival are contained in EDA_DATE (field #165) and EDA_TIME (field #166). The date and time of the procedure are contained in either OP_A_DATES (field #321) and OP_A_TIMES (field #322).

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 are auto-mapped to the ICD-9-CM diagnosis codes and the following codes qualify for diaphyseal fractures:

One in the following range:  821.00 - 821.11

The surgical procedures performed are determined from PR_ICD10_S (field #331).

The ICD-10-CM procedure codes are auto-mapped to the ICD-9-CM procedure codes and the following codes qualify for treatment of diaphyseal fractures:

One of the following:  78.15, 79.15, 79.35, 81.52

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 #407), 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 #411) or ACS COMPLICATIONS (field #412).

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 #411) or ACS COMPLICATIONS (field #412), 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 #411) or ACS COMPLICATIONS (field #412) or listed in the ICD-10 complications, non trauma diagnoses, NTD_ICD10_S (field #350) for diagnosis type, NTD_TYPES (field #351) = “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 #164) = “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 #355).

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 #410), 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 #408), or the field for an unplanned visit to a critical care unit related to trauma care, MD_CARE_FLTR600 (field #409), contains a response of “Y”, then the patient is included in this filter.
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Appendix L: Country Codes
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Appendix M: NTDB Complication Codes
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0. None
1. Other
2. Retired 2011 – Abdominal Compartment Syndrome
3. Retired 2011 – Abdominal Fascia Left Open
4. Acute Renal Failure
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 (DVT)
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. Unplanned Return to 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
Appendix N: 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. Hemorthorax
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
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4010. Small Bowel Obstruction
4011. Ulcer (Duodenal/Gastric)
4099. Other GI
4501. Acalculus 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. Thromophlebitis
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 O: Medications
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 (Adrenalin)
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
Appendix P: Data Element Deadline Information
This page left intentionally blank.
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  
6. Patient Origin  
13. Date of Birth  
14. Gender  
20. State of Residence  
21. County of Residence  
37. State of Injury  
38. County of Injury  
40. Primary ICD-10 Mechanism of Injury  
42. Primary Injury Type  
50. Restraints  
51. Airbags  
54. Equipment  
58. Pre-Hospital Mode of Transport Mode  
165. ED Arrival Date  
166. ED Arrival Time  
171. ED Discharge Date  
172. ED Discharge Time  
176. ED Disposition/Admit Location  
234. Blood Alcohol Content Level  
350. Final Anatomical Diagnoses  
355. Final Disposition
Registry data elements required on a quarterly basis are:

1. Patient Last Name
2. Patient First Name
3. Patient Middle Initial
4. Patient Arrival Date
5. Patient Origin
6. Trauma Alert ID
7. History Number
8. Readmission Flag
9. Time to Readmission
10. Social Security Number
11. Date of Birth
12. Referring Facility
13. Other Referring Facility
14. Referring Facility Trauma Registry Number
15. Inclusion Criteria
16. ED Arrival Date
17. Admission Date
18. ED Disposition/Admit Location
19. Discharge Date

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
Appendix Q: Flowcharts and Guidelines
Maryland Trauma Registry Inclusion Criteria

Key:
The number in parenthesis after the inclusion criteria list below associates with the Maryland Trauma Registry Data Dictionary Inclusion Code.

Adult Data Dictionary Definitions

Definition 1
Injury Case
N18B ICD 10 Inclusion codes

Definition 2
- Additional Cases:
  - Hanging/Strangulation
  - Near Drowning
  - Asphyxiation/Suffocation
  - Lightning Striking
  - Electrocution
  - Adult or Child Abuse
  - Traumatic Hypothermia

Definition 3
Trauma Cases
Trauma Decision Tree
Categories Alpha, Bravo, Charlie, Delta
All Trauma Activations

Trauma Cases - Managed in ED:
- Dead on Arrival (1)
- ED Death (2)
- ED D/C - AMA (3)
- ED Transfer - Specialty Hospital (4)
- ED Transfer - Another Hospital (5)
- ED Transfer to Observation (6)
- All Trauma Service Consults (18)
- Field Priority 1 or 2 as defined (15)

Trauma Cases - In-patients
Admitted through the ED (7)
Admit Directly to Inpatient Service (8)
Trauma Service Consultation Only in the Hospital (17)

Additional Trauma Cases
Self defined criteria (16)
Trauma Team Activation without injury (19)

Enter in Registry
Maryland Trauma Registry
Missing/Non-Linking e-Meds Process

Missing eMeds

1. Contact Base Station Coordinator for follow-up with EMS
2. Place note in Registry with date of contact to Base Station with outcome
3. If no PCR is obtainable use appropriate ASC Filter:
   - 2001 – Absence of Ambulance Report in Medical Record
   - 2002 – Incomplete EMS Form *

* Examples of incomplete EMS form
  - Short form only
  - Missing data from sections

Non-linking eMedS

1. Send email to Trauma Registry Database Administrator at MIEMSS and Project Manager for Maryland Trauma Registry at DI to advise them of issue
   - Include Trauma Registry Number and PCR Number
2. Place note in Registry with date of contact and outcome
3. If unable to link enter EMS data from PCR manually into MTR

January 2017
Maryland Trauma Registry
Cleared by Trauma in the Emergency Department by Specialty

**Specialty**

**ED Disposition**
ED/Resus Tab

- Admit [1,2,3,4,5]
- Observation [10]

On ED/Arrival Page:
- if OBS and stays OBS: Choose Inclusion Criteria - (6) - ED Dispo - choose unit, Admission date/time - N/A
- if OBS and change to In-patient: Do Not change Inclusion Criteria (6)
  complete Admission date and time to reflect order to in-patient status

**Final Disposition**
Outcome Tab

- Discharge
  Choose appropriate location

**OB**

- Observation (Fetal Monitoring)
  Discharge [6]

- Admitted or Observation with Orders
  Admit [1,2,3,4,5]
  Observation [choose unit]
  Discharge
  Choose appropriate location

**Psych**

- Discharge [6]
  Psych [15]

**To another Trauma Center* or Acute Care Hospital**
**For any reason**

- Transfer [7]
  Choose appropriate location
  *[4] Specialty Referral Hospital
  **[7] Acute Care Hospital

* 2016 NTDB Data Dictionary page 77
June 2016
### Procedure for Filling Out the QA Filters in the MTR

<table>
<thead>
<tr>
<th>QA Filter</th>
<th>Population to be Included</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>N/A</th>
<th>Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Documentation of Pain Assessment</td>
<td>All Patients except Direct Admits and DOAs</td>
<td>Documented in Record</td>
<td>Not Documented in Record</td>
<td>Not an option</td>
<td>Direct Admits</td>
<td>Not Yet Addressed</td>
</tr>
<tr>
<td>Vital Signs Documented (According to the Policy set by your Hospital)</td>
<td>All Patients except Direct Admits</td>
<td>Documented in Record</td>
<td>Not Documented in Record</td>
<td>Not an option</td>
<td>Direct Admits</td>
<td>Not Yet Addressed</td>
</tr>
<tr>
<td>Required Reintubation within 24 Hours of Extubation</td>
<td>Admitted Patients Only</td>
<td>Documented in Record</td>
<td>Documentation of Extubation and No Documentation of Reintubation within 24 Hours</td>
<td>Not an option</td>
<td>Patients Not Admitted and Patients that were not Intubated</td>
<td>Not Yet Addressed</td>
</tr>
<tr>
<td>Unplanned Visit to ICU</td>
<td>Admitted Patients Only</td>
<td>Documented in Record</td>
<td>Not Documented in Record</td>
<td>Not an option</td>
<td>Patients Not Admitted</td>
<td>Not Yet Addressed</td>
</tr>
<tr>
<td>Unplanned Visit to OR</td>
<td>Admitted Patients Only</td>
<td>Documented in Record</td>
<td>Not Documented in Record</td>
<td>Not an option</td>
<td>Patients Not Admitted</td>
<td>Not Yet Addressed</td>
</tr>
</tbody>
</table>

No records should have blanks or unknowns upon closing.

1/11/2016