

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

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Data Dictionary

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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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time of injury to the patient. Estimate the time, if necessary. Enter "*" if estimated time of injury may be in error by 12 hours or more.

26. SCREEN NAME: **PLACE OF INJURY/E849**
DATA ELEMENT: **INJ_PLC**
DESCRIPTION: **Place of Injury**
TAB: Injury
SUB-TAB: Injury Information
FORMAT: 1-Byte Integer

Enter the type of place where the injury occurred using the following codes:

0. Home
1. Farm
2. Mine/Quarry
3. Industrial Place
4. Place for Recreation or Sport
5. Street or Highway
6. Public Building
7. Residential Institution (Jail, Mental Institution, Nursing Home, etc.)
8. Other Specified Place
9. Unspecified Place

These coding options are identical to the ICD-9-CM classification scheme that is described in the E849 category. Consult the E849 category for a definition of each place of occurrence. Enter "8" if you are uncertain about 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

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 (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

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

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

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

31. SCREEN NAME: **OCCUPATION**
DATA ELEMENT: **PAT_JOB**
DESCRIPTION: **OCCUPATION**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Integer

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

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

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

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

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

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

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: **INJ_ADR_ST**
DESCRIPTION: **State of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Alphanumeric

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 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: **INJ_ADR_CO**
DESCRIPTION: **County of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Integer

If a valid United States zip code has been entered in PAT_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 county in which the injury occurred, if known. See Appendix B for the county codes.

39. SCREEN NAME: **COUNTRY**
DATA ELEMENT: **INJ_ADR_CY_S**
DESCRIPTION: **Country of Injury Occurrence**
TAB: Injury
SUBTAB: Injury Information
FORMAT: 2-Byte Alphanumeric

If a valid United States zip code has been entered in PAT_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 country in which the injury occurred, if known. See Appendix L for country codes.

40. SCREEN NAME: **PRIMARY E-CODE**
DATA ELEMENT: **INJ_ECODE01**
DESCRIPTION: **Primary External Cause of Injury**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 5-Byte Fixed with 1 Decimal Place

Enter as 999.9.

Enter the ICD-9-CM external cause of injury code for the event or circumstance that was most responsible for the principal anatomic injury to the patient.

41. SCREEN NAME: **SECONDARY E-CODE**
DATA ELEMENT: **INJ_ECODE02**
DESCRIPTION: **Secondary External Cause of Injury**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 5-Byte Fixed with 1 Decimal Place

Enter as 999.9.

Enter the ICD-9-CM external cause of injury code for the event or circumstance that was secondarily responsible for the principal anatomic injury to the patient.

42. SCREEN NAME: **INJURY TYPE**
DATA ELEMENT: **INJ_TYPE01**
DESCRIPTION: **Primary Injury Type**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 2-Byte Integer

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

Enter the secondary injury type.

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

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

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

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".

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

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

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

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

49. 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

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.

1. Auto-Pedestrian/Auto-Bicycle Injury
2. Blast
3. Broadside
4. Death at Scene
5. Ejection
6. Explosion
7. Extrication Time > 20 Min
8. Fall => 3 Times Patient's Height
9. Head-On
10. High Speed Crash
11. Initial Speed > 40 mph
12. Intrusion approx > 12 inches
13. Major Auto Deformity > 20 inches
14. Motorcycle Crash > 20 mph
15. Pedestrian Thrown or Run Over
16. Rear-ended
17. Roll Over
18. T-Bone
19. Windshield Broken/Bent
20. Amputation Proximal to Wrist or Ankle
21. Limb Paralysis
22. Penetrating Injury

50. SCREEN NAME: **INJURY DESCRIPTION**
DATA ELEMENT: **INJ_CAU_MEMO**
DESCRIPTION: **Injury Description**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: Memo Field

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.

51. SCREEN NAME: **PROPER USAGE**
DATA ELEMENT: **INJ_PDEV_UA01**
DESCRIPTION: **Proper Usage of Protective Devices**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: Yes/No

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".

52. SCREEN NAME: **RESTRAINTS**
DATA ELEMENT: **INJ_RESTR**
DESCRIPTION: **Restraints Used**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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 #51). 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 the patient was not in a motor vehicle or crash, enter "not applicable". 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

53. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG01**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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)

54. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG02**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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)

55. SCREEN NAME: **AIRBAGS**
DATA ELEMENT: **AIRBAG03**
DESCRIPTION: **Air Bag Deployment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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)

56. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PDEV01**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

If the patient was wearing protective equipment at the time of injury, enter the type of protective equipment.

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

57. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PDEV02**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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

58. SCREEN NAME: **EQUIPMENT**
DATA ELEMENT: **INJ_PEV03**
DESCRIPTION: **Protective Equipment**
TAB: Injury
SUBTAB: Mechanism of Injury
FORMAT: 1-Byte Integer

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

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Section III: Prehospital

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59. SCREEN NAME: **ADD AND LINK A NEW RECORD**
DESCRIPTION: **Link for E-MEDS Records**
TAB: Prehospital
SUBTAB: Scene/Transport

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 E-MEDS 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 E-MEDS data.

60. SCREEN NAME: **MODE**
DATA ELEMENT: **PHP_MODES**
DESCRIPTION: **Prehospital Mode of Transport**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2-Byte Integer

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 #61).

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

61. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **PHP_MODE_SS**
DESCRIPTION: **Other Mode of Prehospital Transport**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 50-Byte Alphanumeric

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 #60) equals "88" (other).

62. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PHP_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Scene/Transport

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

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

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

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

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

1. Transport from Scene
2. Transport from Rendezvous
3. Non-Transport

65. SCREEN NAME: **RUN SHEET #**
DATA ELEMENT: **PHP_RP_NUMS**
DESCRIPTION: **Ambulance Run Sheet Number**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 15-Byte Alphanumeric

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.

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

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

67. 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

Enter as MM DD YYYY.

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

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

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.

69. SCREEN NAME: **DISPATCHED**
DATA ELEMENT: **PHP_D_DATES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Date**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the date that the ambulance or helicopter was dispatched to the scene of injury or site of prehospital patient encounter.

70. SCREEN NAME: **DISPATCHED**
DATA ELEMENT: **PHP_D_TIMES**
DESCRIPTION: **Ambulance or Helicopter Dispatch Time**
TAB: Prehospital
SUBTAB: Scene/Transport
FORMAT: 2,2-Byte Integers

Enter as HH MM.

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

71. 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

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.

72. 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

Enter as HH MM.

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

73. 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

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.

74. 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

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.

75. 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

Enter as MM DD YYYY.

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

76. 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

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.

77. 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

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.

78. 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

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.

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

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.

80. 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

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.

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

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

82. 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

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.

83. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PHAS_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment

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.

84. SCREEN NAME: **UNIT**
DATA ELEMENT: **PHAS_UNITS**
DESCRIPTION: **Unit**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 15-Byte Integer

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

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

Enter as MM DD YYYY.

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

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

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.

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

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

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

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

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

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

90. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **PHAS_SBPS, PHAS_DBPS**
DESCRIPTION: **Prehospital Blood Pressure**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3,3-Byte Integers

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.

91. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **PHAS_PULSES**
DESCRIPTION: **Prehospital Pulse Rate**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer

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.

92. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **PHAS_URRS**
DESCRIPTION: **Prehospital Respiratory Rate**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer

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.

93. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **PHAS_SAO2S**
DESCRIPTION: **Prehospital Oxygen Saturation**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer

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

94. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **PHAS_GCS_EOS**
DESCRIPTION: **Prehospital GCS Eye Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer

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.

95. SCREEN NAME: **VERBAL**
DATA ELEMENT: **PHAS_GCS_VRS**
DESCRIPTION: **Prehospital GCS Verbal Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer

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.

96. SCREEN NAME: **MOTOR**
DATA ELEMENT: **PHAS_GCS_MRS**
DESCRIPTION: **Prehospital GCS Motor Component**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 1-Byte Integer

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.

97. SCREEN NAME: **TOTAL**
DATA ELEMENT: **PHAS_GCSSC**
DESCRIPTION: **Prehospital GCS Total**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 2-Byte Integer

This field can be calculated by the software or entered directly by the user. If all three prehospital GCS components (field #'s 94 through 96) 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.

98. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PH_INT_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment

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.

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

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

100. SCREEN NAME: **PROCEDURE**
DATA ELEMENT: **PH_INTS**
DESCRIPTION: **Treatments Rendered at the Scene**
TAB: Prehospital
SUBTAB: Treatment
FORMAT: 3-Byte Integer

Click on the "Procedures" 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.

101. SCREEN NAME: **SERVICE/STATION**
DATA ELEMENT: **PH_MED_AGNCLNKS**
DESCRIPTION: **Service/Station**
TAB: Prehospital
SUBTAB: Treatment

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

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

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

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

Click on the "Medications" button and then click on the medications that were given by this prehospital unit only.

Section IV: Referring Facility

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

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.

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

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).

106. 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

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).

107. SCREEN NAME: **TRANSPORT MODE**
DATA ELEMENT: **ITP_MODE**
DESCRIPTION: **Transport Mode Upon Transfer**
TAB: Referring Facility
SUBTAB: Immediate Referring Facility
FORMAT: 2-Byte Integer

If the patient was transferred to this hospital from another hospital, enter the mode of transportation by which the patient arrived at this hospital. 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

108. 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

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).

109. 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

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).

110. 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

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).

111. 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

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).

112. 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

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).

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

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).

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

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).

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

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

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

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

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

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).

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

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).

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

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).

120. 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

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).

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

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).

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

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).

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

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).

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

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.

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

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.

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

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.

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

This field can be calculated by the software or directly entered by the user. If all three transfer components (field #'s 124 through 126) 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. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

128. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **RFAS_PTS_WT**
DESCRIPTION: **Range of Patient's Weight at Transferring Hospital**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter the appropriate range for the patient's weight upon examination. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

129. SCREEN NAME: **AIRWAY**
DATA ELEMENT: **RFAS_PTS_AIR**
DESCRIPTION: **Transferring Hospital Airway**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter "normal" if the patient airway is normal. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

130. SCREEN NAME: **SKELETAL**
DATA ELEMENT: **RFAS_PTS_SKL**
DESCRIPTION: **Transferring Hospital Skeletal Injury Type**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter "none" if there are no fractures. Enter "closed fracture" if there is only one fracture. Enter "open or multiple fractures" if there are open or multiple fractures. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

131. SCREEN NAME: **CUTANEOUS**
DATA ELEMENT: **RFAS_PTS_CUT**
DESCRIPTION: **Transferring Hospital Cutaneous**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter "none" if there are no open wounds. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

132. SCREEN NAME: **CNS**
DATA ELEMENT: **RFAS_PTS_CNS**
DESCRIPTION: **Transferring Hospital CNS**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter the patient's level of consciousness upon examination. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

133. SCREEN NAME: **PULSE PALP**
DATA ELEMENT: **RFAS_PTS_PLP**
DESCRIPTION: **Transferring Hospital Pulse Palpations**
TAB: Referring Facility
SUBTAB: Assessment
FORMAT: 1-Byte Integer

Enter the appropriate range for the patient's systolic blood pressure upon examination. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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

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

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).

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

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).

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

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).

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

Click on the "Inter-Facility Procedures" button and click on the procedures that were performed by EMS personnel while in transit from the transferring hospital to this hospital. The screen containing this data element will only appear if PAT_ORIGIN (field #6) = "2" (transfer).

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Section V: Emergency Department/Resuscitation

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138. SCREEN NAME: **INCLUSION CRITERIA**
DATA ELEMENT: **INCL_RS**
DESCRIPTION: **Inclusion Criteria**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer

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.

139. 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

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 “/”.

140. 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

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 “/”.

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

Enter as MM DD YYYY.

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

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

Enter as HH MM.

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

143. 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

Enter as MM DD YYYY.

Enter the date that the decision was made to admit the patient to the hospital as an inpatient.

144. 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

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.

145. 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

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.

146. 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

Enter as HH MM.

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

147. SCREEN NAME: **ADMITTING SERVICE**
DATA ELEMENT: **ADM_SVC**
DESCRIPTION: **Admitting Service**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer

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

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

148. SCREEN NAME: **ADMITTING PHYSICIAN**
DATA ELEMENT: **ADMP_MD_LNK**
DESCRIPTION: **Admitting Physician**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: Memo

Enter the code or select the code from the list for the physician responsible for admitting the patient.

149. SCREEN NAME: **ED DISPOSITION**
DATA ELEMENT: **ED_DSP**
DESCRIPTION: **ED Disposition**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2-Byte Integer

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. Short Stay Unit
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 #349) and enter the code of the receiving facility in DIS_FACLNK (field #353).

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

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

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

151. 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

Enter as MM DD YYYY.

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

152. 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

Enter as HH MM.

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

153. SCREEN NAME: **TRAUMA ALERT LEVEL CHANGED**
DATA ELEMENT: **ED_TALC**
DESCRIPTION: **Change in Trauma Alert Level**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 1-Byte Integer

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

154. SCREEN NAME: **TRAUMA ALERT LEVEL CHANGED**
DATA ELEMENT: **ED_TTA_DATE02_M, ED_TTA_DATE02_D, ED_TTA_DATE02_Y**
DESCRIPTION: **Date of Trauma Level Change**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

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

155. SCREEN NAME: **TRAUMA ALERT LEVEL CHANGED**
DATA ELEMENT: **ED_TTA_TIME02_H, ED_TTA_TIME02_M**
DESCRIPTION: **Time of Trauma Level Change**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 2,2-Byte Integers

Enter as HH MM.

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

156. 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

Enter as MM DD YYYY.

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

157. 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

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.

158. SCREEN NAME: **SIGNS OF LIFE**
DATA ELEMENT: **LIFE_SIGNS**
DESCRIPTION: **Signs of Life**
TAB: ED/Resus
SUBTAB: Arrival/Admission
FORMAT: 1-Byte Integer

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

159. 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

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.

160. 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

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.

161. 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

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.

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

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

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

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

164. SCREEN NAME: **HEIGHT**
DATA ELEMENT: **EDAS_HGT**
DESCRIPTION: **Patient's Height**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer

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

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

Enter the unit by which the height was taken.

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

166. SCREEN NAME: **WEIGHT**
DATA ELEMENT: **EDAS_WGT**
DESCRIPTION: **Patient's Weight**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer

Enter the patient's weight as documented on the emergency department flow sheet. If not documented, enter weight based on child's age.

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

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

Enter the unit by which the weight was taken.

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

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

Enter "Y" if the weight was estimated based on child's age. Enter "N" if weight was taken from the patient's chart.

169. 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

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.

170. 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

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.

171. 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

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.

172. 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

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.

173. SCREEN NAME: **RESPIRATORY ASSISTED?**
DATA ELEMENT: **EDAS_ARR_YN**
DESCRIPTION: **Initial Respiratory Assistance**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No

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 #176), 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.

174. 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

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 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.

175. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **EDAS_PULSE**
DESCRIPTION: **Initial ED Heart Rate**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer

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.

176. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **EDAS_URR**
DESCRIPTION: **Initial ED Respiratory Rate**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer

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.

177. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **EDAS_SAO2**
DESCRIPTION: **Initial ED Oxygen Saturation**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 3-Byte Integer

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.

178. SCREEN NAME: **SUPPLEMENTAL OXYGEN**
DATA ELEMENT: **EDAS_SO2_YN**
DESCRIPTION: **ED Supplement Oxygen**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: Yes/No

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.

179. 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

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.

180. SCREEN NAME: **VERBAL**
DATA ELEMENT: **EDAS_GCS_VR**
DESCRIPTION: **Initial ED Verbal GCS Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer

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.

181. SCREEN NAME: **MOTOR**
DATA ELEMENT: **EDAS_GCS_MR**
DESCRIPTION: **Initial ED Motor GCS Component**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 1-Byte Integer

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.

182. SCREEN NAME: **TOTAL**
DATA ELEMENT: **EDAS_GCS**
DESCRIPTION: **Initial ED GCS Total**
TAB: ED/Resus
SUBTAB: Initial Assessment
FORMAT: 2-Byte Integer

This field can be calculated by the software or entered directly by the user. If all three ED GCS components (field #'s 179 through 181) 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. 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.

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

This is the INITIAL assessment in the ED. Enter the appropriate range for the patient's weight upon examination.

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

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

This is the INITIAL assessment in the ED. Enter "normal" if the patient airway is normal. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated.

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

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

This is the INITIAL assessment in the ED. Enter "none" if there are no fractures. Enter "closed fracture" if there is only one fracture. Enter "open or multiple fractures" if there are open or multiple fractures.

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

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

This is the INITIAL assessment in the ED. Enter "none" if there are no open wounds. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound.

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

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

This is the INITIAL assessment in the ED. Enter the level of consciousness of the patient upon examination.

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

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

This is the INITIAL assessment in the ED. Enter the appropriate range for the patient's systolic blood pressure upon examination.

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

189. SCREEN NAME: **ASSESSMENT TYPE**
DATA ELEMENT: **EDAS_ATYPES**
DESCRIPTION: **Assessment Type**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer

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 show up automatically on the first line of this grid.

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

190. 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

Enter as MM DD YYYY.

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

191. 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

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.

192. SCREEN NAME: **TEMPERATURE/UNIT/ROUTE**
DATA ELEMENT: **EDAS_TEMPS**
DESCRIPTION: **Temperature in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 5-Byte Floating Decimal

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

193. 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

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

194. 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

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

195. SCREEN NAME: **PARALYTIC AGENTS?**
DATA ELEMENT: **EDAS_PAR_YNS**
DESCRIPTION: **Paralytic Agents Given in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No

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".

196. SCREEN NAME: **SEDATED?**
DATA ELEMENT: **EDAS_SED_YNS**
DESCRIPTION: **Was Patient Sedated in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No

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".

197. 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

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".

198. SCREEN NAME: **INTUBATED?**
DATA ELEMENT: **EDAS_INTUB_YNS**
DESCRIPTION: **Was Patient Intubated in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No

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".

199. SCREEN NAME: **RESPIRATORY ASSISTED?**
DATA ELEMENT: **EDAS_ARR_YNS**
DESCRIPTION: **Respiratory Assistance in the ED**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No

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 #202), 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".

200. SCREEN NAME: **SBP/DBP**
DATA ELEMENT: **EDAS_SBPS, EDAS_DBPS**
DESCRIPTION: **ED Blood Pressure**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3,3-Byte Integers

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.

201. SCREEN NAME: **PULSE RATE**
DATA ELEMENT: **EDAS_PULSES**
DESCRIPTION: **ED Heart Rate**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer

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.

202. SCREEN NAME: **RESPIRATORY RATE/MIN**
DATA ELEMENT: **EDAS_URRS**
DESCRIPTION: **ED Respiratory Rate**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer

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.

203. SCREEN NAME: **OXYGEN SATURATION**
DATA ELEMENT: **EDAS_SAO2S**
DESCRIPTION: **ED Oxygen Saturation**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 3-Byte Integer

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

204. SCREEN NAME: **SUPPLEMENTAL OXYGEN**
DATA ELEMENT: **EDAS_SO2_YNS**
DESCRIPTION: **ED Supplement Oxygen**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: Yes/No

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".

205. SCREEN NAME: **GCS: EYE**
DATA ELEMENT: **EDAS_GCS_EOS**
DESCRIPTION: **ED Eye GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer

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.

206. SCREEN NAME: **VERBAL**
DATA ELEMENT: **EDAS_GCS_VRS**
DESCRIPTION: **ED Verbal GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer

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.

207. SCREEN NAME: **MOTOR**
DATA ELEMENT: **EDAS_GCS_MRS**
DESCRIPTION: **Initial ED Motor GCS Component**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 1-Byte Integer

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.

208. SCREEN NAME: **TOTAL**
DATA ELEMENT: **EDAS_GCSSC**
DESCRIPTION: **Initial ED GCS Total**
TAB: ED/Resus
SUBTAB: Vitals
FORMAT: 2-Byte Integer

This field can be calculated by the software or entered directly by the user. If all three ED GCS components (field #'s 205 through 207) 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.

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

This is the initial, subsequent or final assessment in the ED. Enter the appropriate range for the patient's weight upon examination.

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

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

This is the initial, subsequent or final assessment in the ED. Enter "normal" if the patient airway is normal. Enter "maintainable" if the patient airway is maintainable. Enter "unmaintainable" if the patient airway is unmaintainable such as if the patient is intubated.

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

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

This is the initial, subsequent or final assessment in the ED. Enter "none" if there are no fractures. Enter "closed fracture" if there is only one fracture. Enter "open or multiple fractures" if there are open or multiple fractures.

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

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

This is the initial, subsequent or final assessment in the ED. Enter "none" if there are no open wounds. Enter "minor" if there is a minor wound such as a laceration. Enter "major/penetrating" if there is a major or penetrating wound such as a gunshot wound.

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

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

This is the initial, subsequent or final assessment in the ED. Enter the patient's level of consciousness upon examination.

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

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

This is the initial, subsequent or final assessment in the ED. Enter the appropriate range for patient's systolic blood pressure upon examination.

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

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

Enter the skin condition from the emergency department flowsheet.

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

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

Enter the breathing status from the emergency department flow sheet.

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

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

Enter the heart rhythm from the emergency department flow sheet.

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

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

Enter capillary refill on arrival.

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

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

Enter condition of pupils from the emergency department flow sheet.

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

220. SCREEN NAME: **DRUG USE INDICATOR**
DATA ELEMENT: **ED_IND_DRG01**
DESCRIPTION: **Drug Use Indicator**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer

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 #221). 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

221. SCREEN NAME: **TOX SCREEN RESULTS**
DATA ELEMENT: **ED_DRG01, ED_DRG02, ED_DRG03, ED_DRG04, ED_DRG05, ED_DRG06**
DESCRIPTION: **Toxicology Results**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: Check Boxes

This field will only be activated if ED_IND_DRG01 (field #220) 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 "Tox Screen Results" button and click on the box(es) that correspond to those drugs:

Amphetamine – including methamphetamines (ice), phenmetrazine (Preludin), Mephentermine (Wyamine), and dextroamphetamine (Dexedrine)
Barbiturate – includes phenobarbital, amobarbital, pentobarbital, and secobarbital
Benzodiazepine – includes diazepam (Valium), lorazepam (Ativan), Chloridiazpoxide (Librium), and flurazepam (Dalmene)
Cannabis – includes cannabis derivatives such as hashish
Cocaine – includes crack
Methamphetamine
Opiates – includes heroin, codeine, morphine, meperidine (Demerol), hydromorphone (Dilaudid), oxycodone (ingredient in Percodan), pentazocine (Talwin) and methodone.
PCP – includes phencyclidine and angel dust
Other – other types of drugs not listed above

222. SCREEN NAME: **ALCOHOL USE INDICATOR**
DATA ELEMENT: **ED_IND_ALC**
DESCRIPTION: **Alcohol Use Indicator**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer

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])

223. 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

This data element will only be activated if ED_IND_ALC (field #222) does not equal "1" (not tested). Enter the blood alcohol concentration in mg/dL. 100 mg/dL is equivalent to 100 mg%.

224. SCREEN NAME: **BAC METHOD**
DATA ELEMENT: **ED_BAC_TYPE**
DESCRIPTION: **BAC Method**
TAB: ED/Resus
SUBTAB: Labs
FORMAT: 1-Byte Integer

This data element will only be activated if ED_IND_ALC (field #222) 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

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

Enter the blood source.

1. Arterial
2. Venous
3. Mixed Venous

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

Enter as MM DD YYYY.

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

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

Enter as HH MM.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section VI: Event

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

Enter as MM DD YYYY.

Enter the date of the first ICU visit.

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

Enter as HH MM.

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

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

Enter as MM DD YYYY.

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

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

Enter as HH MM.

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

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

Enter as MM DD YYYY.

Enter the date of the first ward visit.

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

Enter as HH MM.

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

Section VII: Providers

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243. SCREEN NAME: **TRAUMA SERVICE**
DATA ELEMENT: **EDP_MD_LNK01**
DESCRIPTION: **Responsible Trauma Surgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

244. 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

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.

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

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.

246. 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

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.

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

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.

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

Enter any relevant notes pertaining to this trauma surgeon.

249. SCREEN NAME: **EMERGENCY MEDICINE**
DATA ELEMENT: **EDP_MD_LNK02**
DESCRIPTION: **Emergency Medicine Physician**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

250. 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

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.

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

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.

252. 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

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.

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

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.

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

Enter any relevant notes pertaining to this emergency medicine physician.

255. SCREEN NAME: **ANESTHESIA**
DATA ELEMENT: **EDP_MD_LNK03**
DESCRIPTION: **Anesthesiologist**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

Click on the search button and then select the ID or name of the anesthesiologist involved in the care of this patient.

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

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.

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

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.

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

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.

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

Enter as HH MM.

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

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

Enter any relevant notes pertaining to this anesthesiologist.

261. SCREEN NAME: **NEUROSURGERY**
DATA ELEMENT: **EDP_MD_LNK04**
DESCRIPTION: **Neurosurgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

Click on the search button and then select the ID or name of the neurosurgeon involved in the care of this patient.

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

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.

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

Enter as HH MM.

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

264. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE04**
DESCRIPTION: **Neurosurgeon Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers

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.

265. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME04**
DESCRIPTION: **Neurosurgeon Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

266. SCREEN NAME: **NEUROSURGERY**
DATA ELEMENT: **EDP_MEMO04**
DESCRIPTION: **Notes for Neurosurgeon**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to this neurosurgeon.

267. SCREEN NAME: **ORTHOPEDICS**
DATA ELEMENT: **EDP_MD_LNK05**
DESCRIPTION: **Orthopedics**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

Click on the search button and then select the ID or name of the orthopedic surgeon involved in the care of this patient.

268. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_DATE05**
DESCRIPTION: **Orthopedics Called Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers

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.

269. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME05**
DESCRIPTION: **Orthopedics Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

270. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_DATE05**
DESCRIPTION: **Orthopedics Arrival Date**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2,4-Byte Integers

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.

271. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME05**
DESCRIPTION: **Orthopedics Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

272. SCREEN NAME: **ORTHOPEDECS**
DATA ELEMENT: **EDP_MEMO05**
DESCRIPTION: **Notes for Orthopedics**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to this orthopedic surgeon.

273. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE06**
DESCRIPTION: **First Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer

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

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

274. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK06**
DESCRIPTION: **First Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

275. 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

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.

276. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME06**
DESCRIPTION: **First Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

277. 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

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.

278. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME06**
DESCRIPTION: **First Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

279. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO06**
DESCRIPTION: **Notes for First Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to the first other provider.

280. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE07**
DESCRIPTION: **Second Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer

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

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

281. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK07**
DESCRIPTION: **Second Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

282. 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

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.

283. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME07**
DESCRIPTION: **Second Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

284. 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

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.

285. SCREEN NAME: **ARRIVED**
 DATA ELEMENT: **EDP_A_TIME07**
 DESCRIPTION: **Second Other Provider Arrival Time**
 TAB: Providers
 SUBTAB: ED/Resus
 FORMAT: 2,2-Byte Integers

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.

286. SCREEN NAME: **TYPE**
 DATA ELEMENT: **EDP_MEMO07**
 DESCRIPTION: **Notes for Second Other Provider**
 TAB: Providers
 SUBTAB: ED/Resus
 FORMAT: Memo Field

Enter any relevant notes pertaining to the second other provider.

287. SCREEN NAME: **TYPE**
 DATA ELEMENT: **EDP_TYPE08**
 DESCRIPTION: **Third Other Provider Type**
 TAB: Providers
 SUBTAB: ED/Resus
 FORMAT: 2-Byte Integer

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

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

288. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK08**
DESCRIPTION: **Third Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

289. 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

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.

290. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME08**
DESCRIPTION: **Third Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

291. 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

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.

292. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME08**
DESCRIPTION: **Third Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

293. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO08**
DESCRIPTION: **Notes for Third Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to the third other provider.

294. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE09**
DESCRIPTION: **Fourth Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer

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

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

295. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK09**
DESCRIPTION: **Fourth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

296. 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

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.

297. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME09**
DESCRIPTION: **Fourth Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

298. 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

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.

299. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME09**
DESCRIPTION: **Fourth Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

300. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO09**
DESCRIPTION: **Notes for Fourth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to the fourth other provider.

301. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_TYPE10**
DESCRIPTION: **Fifth Other Provider Type**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2-Byte Integer

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

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

302. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MD_LNK10**
DESCRIPTION: **Fifth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Search Button

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

303. 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

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.

304. SCREEN NAME: **CALLED**
DATA ELEMENT: **EDP_C_TIME10**
DESCRIPTION: **Fifth Other Provider Called Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

305. 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

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.

306. SCREEN NAME: **ARRIVED**
DATA ELEMENT: **EDP_A_TIME10**
DESCRIPTION: **Fifth Other Provider Arrival Time**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: 2,2-Byte Integers

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.

307. SCREEN NAME: **TYPE**
DATA ELEMENT: **EDP_MEMO10**
DESCRIPTION: **Notes for Fifth Other Provider**
TAB: Providers
SUBTAB: ED/Resus
FORMAT: Memo Field

Enter any relevant notes pertaining to the fifth other provider.

308. 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

Enter the type(s) of in-house consultation(s) for this patient.

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

309. 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

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.

310. 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

Enter any notes relating to the consultation(s) for this patient.

311. SCREEN NAME: **PHYSICAL THERAPY**
DATA ELEMENT: **PE_RSP_YN04**
DESCRIPTION: **Physical Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No

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

312. SCREEN NAME: **OCCUPATIONAL THERAPY**
DATA ELEMENT: **PE_RSP_YN05**
DESCRIPTION: **Occupational Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No

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

313. SCREEN NAME: **SPEECH THERAPY**
DATA ELEMENT: **PE_RSP_YN06**
DESCRIPTION: **Speech Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No

Enter "Y" if the patient received any speech/language therapy while in the hospital.

314. SCREEN NAME: **CHEMICAL THERAPY**
DATA ELEMENT: **PE_RSP_YN07**
DESCRIPTION: **Chemical Therapy Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No

Enter "Y" if the patient received any therapy for chemical dependency (including alcohol) while in the hospital.

315. SCREEN NAME: **SOCIAL WORK**
DATA ELEMENT: **PE_RSP_YN08**
DESCRIPTION: **Social Work Consult**
TAB: Providers
SUBTAB: In-House Consults
FORMAT: Yes/No

Enter "Y" if the patient received a consultation from social work while in the hospital.

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Section VIII: Procedures

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316. SCREEN NAME: **START DATE**
DATA ELEMENT: **OP_A_DATES**
DESCRIPTION: **OR Arrival Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers

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.

317. SCREEN NAME: **START TIME**
DATA ELEMENT: **OP_A_TIMES**
DESCRIPTION: **OR Arrival Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time the patient arrived in the OR for this visit.

318. SCREEN NAME: **INCISION DATE**
DATA ELEMENT: **OP_F_INCS_DATES**
DESCRIPTION: **OR Incision Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the date the first incision was made for the patient for this OR visit.

319. SCREEN NAME: **INCISION TIME**
DATA ELEMENT: **OP_F_INCS_TIMES**
DESCRIPTION: **OR Incision Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers

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.

320. SCREEN NAME: **PHYSICIAN 1**
DATA ELEMENT: **OP_MD_LNK01S**
DESCRIPTION: **First Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures

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.

321. SCREEN NAME: **PHYSICIAN 2**
DATA ELEMENT: **OP_MD_LNK02S**
DESCRIPTION: **Second Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures

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.

322. SCREEN NAME: **PHYSICIAN 3**
DATA ELEMENT: **OP_MD_LNK03S**
DESCRIPTION: **Third Physician for This OR Visit**
TAB: Procedures
SUBTAB: Procedures

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.

323. SCREEN NAME: **OR DISPOSITION**
DATA ELEMENT: **OR_DSPTS**
DESCRIPTION: **OR Disposition**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2-Byte Integer

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

324. SCREEN NAME: **PROCEDURE CODE**
DATA ELEMENT: **PR_ICD9_S**
DESCRIPTION: **OR Procedures**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 5-Byte Floating Decimal

The user may enter the ICD-9-CM 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.

Do not include organ or tissue harvesting for transplantation.

325. SCREEN NAME: **PROCEDURE TYPE**
DATA ELEMENT: **PR_CATS**
DESCRIPTION: **Procedure Type**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 3-Byte Integer

Enter the procedure type for the procedure performed during this patient's hospital stay. If the user has not yet clicked on the "Add" button in the "Procedures" grid, the user should click on this button to enter the procedure type. See Appendix G for a list of the procedure types.

326. SCREEN NAME: **LOCATION**
DATA ELEMENT: **PR_LOCS**
DESCRIPTION: **Location**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2-Byte Integer

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

327. SCREEN NAME: **OR VISIT #**
DATA ELEMENT: **PR_OPLNKS**
DESCRIPTION: **OR Visit Number**
TAB: Procedures
SUBTAB: Procedures

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 #326) is "2" (OR).

328. SCREEN NAME: **START DATE**
DATA ELEMENT: **PR_STR_DATES**
DESCRIPTION: **Start Date**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the start date for this procedure.

329. SCREEN NAME: **TIME**
DATA ELEMENT: **PR_STR_TIMES**
DESCRIPTION: **Start Time**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the start time for this procedure.

330. SCREEN NAME: **PHYSICIAN**
DATA ELEMENT: **PR_MD_LNKS**
DESCRIPTION: **Physician**
TAB: Procedures
SUBTAB: Procedures

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.

331. SCREEN NAME: **MEDICATION**
DATA ELEMENT: **ED_MEDS**
DESCRIPTION: **Medication**
TAB: Procedures
SUBTAB: Procedures
FORMAT: Screen with Check Boxes

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.

1. Medication – Analgesics
2. Medication – Antibiotic
3. Medication – Anticoagulant
4. Medication – Other
5. Medication – Paralytic Agent
6. Medication – Sedatives
7. Medication – Steroids

332. SCREEN NAME: **DATE**
DATA ELEMENT: **ED_MED_DATES**
DESCRIPTION: **Date Medication was Given**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the date that the medication(s) was given.

333. SCREEN NAME: **TIME**
DATA ELEMENT: **ED_MED_TIMES**
DESCRIPTION: **Time Medication was Given**
TAB: Procedures
SUBTAB: Procedures
FORMAT: 2,2-Byte Integers

Enter as HH MM.

Use military time, 00:00 to 23:59. Enter the time that the medication(s) was given.

334. SCREEN NAME: **BLOOD PRODUCT**
DATA ELEMENT: **BLOOD_TYPES**
DESCRIPTION: **Blood Product**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer

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.

1. Autotransfused
2. Matched RBC
3. Unmatched RBC
4. Fresh Frozen Plasma
5. Cryoprecipitates
6. Platelets
7. Colloids
8. Other Blood
9. Factor VII

335. SCREEN NAME: **VOLUME**
DATA ELEMENT: **BLOOD_UNITS**
DESCRIPTION: **Volume**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 4-Byte Integer

Enter the volume of blood used within the first 72 hours.

336. SCREEN NAME: **VOLUME**
DATA ELEMENT: **BLOOD_UNIT_MEASS**
DESCRIPTION: **Units**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer

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

1. Units
2. mL

337. SCREEN NAME: **LOCATION**
DATA ELEMENT: **BLOOD_LOCS**
DESCRIPTION: **Location Where Blood was Given**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 2-Byte Integer

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

338. SCREEN NAME: **TIME PERIOD**
DATA ELEMENT: **BLOOD_TIME_PDS**
DESCRIPTION: **Time Period**
TAB: Procedures
SUBTAB: Blood Tracking
FORMAT: 1-Byte Integer

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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339. SCREEN NAME: **INITIAL TRI-CODE**
DATA ELEMENT: **INIT_INJ_TXT**
DESCRIPTION: **Initial Injury Narrative**
TAB: Diagnoses
SUBTAB: Initial Injury Coding
FORMAT: Memo Field

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

340. SCREEN NAME: **TRI-CODE 1**
DATA ELEMENT: **INJ_TXT**
DESCRIPTION: **Final Injury Narrative**
TAB: Diagnoses
SUBTAB: Final Injury Coding
FORMAT: Memo Field

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.

341. SCREEN NAME: **DIAGNOSES**
DATA ELEMENT: **NTD_ICD9_S**
DESCRIPTION: **Diagnoses**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 6-Byte Floating Decimal

Click on the "Add" button to enter any relevant non trauma diagnoses that were found while the patient was in this hospital. These diagnoses may include complications, pre-existing conditions, or non-injury diagnoses. For non-injury diagnoses or complications, enter only ICD-9-CM codes. For the pre-existing conditions, enter either ICD-9-CM codes or V-codes.

342. SCREEN NAME: **TYPE**
DATA ELEMENT: **NTD_TYPES**
DESCRIPTION: **Diagnosis Type**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 1-Byte Integer

Enter the type of diagnosis entered for the corresponding non trauma diagnosis.

1. Complication Diagnosis
2. Pre-Existing Diagnosis
3. Current Diagnosis

343. SCREEN NAME: **COMORBIDITES**
DATA ELEMENT: **PECS**
DESCRIPTION: **Pre-Morbidity Codes**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 4-Byte Floating Decimal

Click on the "Add" button to enter the Pre-Morbid code(s) for any known pre-existing conditions. See Appendix H or I for a listing of the Pre-Morbid codes.

344. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **PEC_S01**
DESCRIPTION: **Other Pre-Morbid Code**
TAB: Diagnoses
SUBTAB: Non Trauma Diagnoses
FORMAT: 50-Byte Alphanumeric

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 #343), equals "other" (Z.99)

Section X: Outcome

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345. SCREEN NAME: **DISCHARGE/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

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.

346. SCREEN NAME: **DISCHARGE/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

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.

347. SCREEN NAME: **TOTAL DAYS: ICU**
DATA ELEMENT: **ICU_DAYS**
DESCRIPTION: **ICU Days**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer

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.

348. SCREEN NAME: **VENTILATOR**
DATA ELEMENT: **VENT_DAYS**
DESCRIPTION: **Total Ventilator Days**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer

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

349. SCREEN NAME: **DISCHARGED TO**
DATA ELEMENT: **DIS_DEST**
DESCRIPTION: **Final Disposition**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 2-Byte Integer

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 #351).
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.

350. SCREEN NAME: **DISCHARGED TO ALTERNATE CAREGIVER**
DATA ELEMENT: **DIS_TO_ALT_CGVR_YN**
DESCRIPTION: **Discharged to Alternate Caregiver**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: Yes/No

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".

351. SCREEN NAME: **TRANSFER REASON**
DATA ELEMENT: **DIS_RS**
DESCRIPTION: **Basis for Transfer to Another Acute Care Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer

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 #349) 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

352. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DIS_RS_S**
DESCRIPTION: **Reason for Transfer to Another Acute Care Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text

If the patient was transferred to another acute care facility for any reason other than the ones listed above in DIS_RS (field #351), enter a short description of the reason why, such as "PT request". This data element will only be activated if DIS_DEST (field #349) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_RS equals "999" (other).

353. SCREEN NAME: **IF TRANSFERRED, FACILITY**
DATA ELEMENT: **DIS_FACLNK**
DESCRIPTION: **Receiving Hospital/Facility**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 3-Byte Integer

Enter the code for the receiving facility if DIS_DEST (field #349) equals 1, 2, 3, 4, 7, 12, 13, or 15 or ED_DSP (field #149) 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 #354). 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.

354. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DIS_FAC_S**
DESCRIPTION: **Other Receiving Hospital**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text

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 #349) equals 1, 2, 4, 7, 12, 13, or 15 and DIS_FACLNK (field #353) equals 886, 887, or 888.

355. 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

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 #349) equals 1, 2, 4, 7, 12, 13, or 15.

356. SCREEN NAME: **REASON FOR DELAYED DISCHARGE**
DATA ELEMENT: **DDR_S01**
DESCRIPTION: **Reason for Delayed Discharge**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 50-Byte Text

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.

357. 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

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

358. 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

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

1. Temporary
2. Permanent

359. 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

Assess as close to discharge as possible. Use the same criteria as DI_PRE_F (field #357).

360. 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

Enter whether the discharge functional status for feeding of the patient is permanent or temporary.

1. Temporary
2. Permanent

361. SCREEN NAME: **PRE-EXISTING STATUS: LOCOMOTION**
DATA ELEMENT: **DI_PRE_L**
DESCRIPTION: **FIM Locomotion Indicator Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer

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

362. SCREEN NAME: **PRE-EXISTING QUALIFIER: LOCOMOTION**
DATA ELEMENT: **DI_PRE_LQ**
DESCRIPTION: **FIM Locomotion Qualifier Before Injury**
TAB: Outcome
SUBTAB: Initial Discharge
FORMAT: 1-Byte Integer

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

1. Temporary
2. Permanent

363. 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

Assess as close to discharge as possible. Use the same criteria as DI_PRE_L (field #361).

364. 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

Enter whether the discharge functional status for locomotion of the patient is permanent or temporary.

1. Temporary
2. Permanent

365. 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

Includes clear expression of verbal or nonverbal language. This means expressing linguistic information verbally or graphically with appropriate and accurate meaning and grammar.

1. Dependent-total help required:
Expresses basic needs and ideas less than half of the time. Needs prompting more than half the time or does not express basic needs appropriately or consistently despite prompting.
2. Dependent-partial help required:
Expresses basic needs and ideas about everyday situations half (50%) or more than half of the time. Requires some prompting, but requires that prompting less than half (50%) of the time.
3. Independent with device:
Expresses complex or abstract ideas with mild difficulty. May require an augmentative communication device or system.
4. Independent:
Expresses complex or abstract ideas intelligibly and fluently, verbally or nonverbally, including signing or writing.
8. Not applicable (e.g., patient less than 7 years old, patient died)
9. Unknown

366. 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

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

1. Temporary
2. Permanent

367. 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

Assess as close to discharge as possible. Use the same criteria as DI_PRE_E (field #365).

368. 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

Enter whether the discharge functional status for expression of the patient is permanent or temporary.

1. Temporary
2. Permanent

369. SCREEN NAME: **FOLLOW UP SERVICE**
DATA ELEMENT: **FLC_TYPE01**
DESCRIPTION: **Follow Up Service**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 2-Byte Integer

Enter the patient's follow up service.

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

370. SCREEN NAME: **FOLLOW UP PHYSICIAN**
DATA ELEMENT: **FLC_MD_LNK01**
DESCRIPTION: **Follow Up Physician**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Search Button

Click on the search button and then select the ID or name of the follow-up physician.

371. SCREEN NAME: **CLINICAL FOLLOW UP**
DATA ELEMENT: **FLC_MEMO01**
DESCRIPTION: **Notes for Clinical Follow Up**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Memo Field

Enter any relevant notes pertaining to the clinical follow up for this patient.

372. SCREEN NAME: **EATING**
DATA ELEMENT: **PIM_TYPE01**
DESCRIPTION: **WEEFIM Eating**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM eating score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

373. SCREEN NAME: **GROOMING**
DATA ELEMENT: **PIM_TYPE02**
DESCRIPTION: **WEEFIM Grooming**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM grooming score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

374. SCREEN NAME: **BATHING**
DATA ELEMENT: **PIM_TYPE03**
DESCRIPTION: **WEEFIM Bathing**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM bathing score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

375. SCREEN NAME: **DRESSING**
DATA ELEMENT: **PIM_TYPE04**
DESCRIPTION: **WEEFIM Dressing**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM dressing score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

376. SCREEN NAME: **TOILETING**
DATA ELEMENT: **PIM_TYPE05**
DESCRIPTION: **WEEFIM Toileting**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM toileting score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

377. SCREEN NAME: **BLADDER/BOWEL**
DATA ELEMENT: **PIM_TYPE06**
DESCRIPTION: **WEEFIM Bladder/Bowel**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM bladder/bowel score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

378. SCREEN NAME: **CHAIR**
DATA ELEMENT: **PIM_TYPE07**
DESCRIPTION: **WEEFIM Transfers to Chair**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM transfers to chair score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

379. SCREEN NAME: **TUB**
DATA ELEMENT: **PIM_TYPE08**
DESCRIPTION: **WEEFIM Transfers to Tub**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM transfers to tub score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

380. SCREEN NAME: **LOCOMOTION**
DATA ELEMENT: **PIM_TYPE09**
DESCRIPTION: **WEEFIM Locomotion**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM locomotion score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

381. SCREEN NAME: **STAIRS**
DATA ELEMENT: **PIM_TYPE10**
DESCRIPTION: **WEEFIM Stairs**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM stairs score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

382. SCREEN NAME: **COMPREHENSION**
DATA ELEMENT: **PIM_TYPE11**
DESCRIPTION: **WEEFIM Comprehension**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM comprehension score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

383. SCREEN NAME: **EXPRESSION**
DATA ELEMENT: **PIM_TYPE12**
DESCRIPTION: **WEEFIM Expression**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM expression score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

384. SCREEN NAME: **SOCIAL**
DATA ELEMENT: **PIM_TYPE13**
DESCRIPTION: **WEEFIM Social**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM social score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

385. SCREEN NAME: **PROBLEM SOLVING**
DATA ELEMENT: **PIM_TYPE14**
DESCRIPTION: **WEEFIM Problem Solving**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM problem solving score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

386. SCREEN NAME: **MEMORY**
DATA ELEMENT: **PIM_TYPE15**
DESCRIPTION: **WEEFIM Memory**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: 1-Byte Integer

Enter the WEEFIM memory score.

1. Total Assistance
2. Maximal Assistance
3. Moderate Assistance
4. Minimal Contact Assistance
5. Supervision or Setup
6. Modified Independence
7. Complete Independence

387. SCREEN NAME: **MEDICATIONS**
DATA ELEMENT: **PEC_MED01, PEC_MED 02, PED_MED03, PED_MED04, PEC_MED05**
DESCRIPTION: **Medications**
TAB: Outcome
SUBTAB: Pediatric
FORMAT: Five 2-Byte Integers

Click on the "Medications" button to display the list of medications. Then, click on the appropriate medications. Up to 5 medications can be chosen.

388. SCREEN NAME: **LOCATION**
DATA ELEMENT: **DTH_LOC**
DESCRIPTION: **Location of Death**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2-Byte Integer

If the patient died, enter the location where the patient died in this hospital. This screen will only be activated if DIS_DEST (field #349) 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

389. SCREEN NAME: **IF OTHER**
DATA ELEMENT: **DTH_LOC_S**
DESCRIPTION: **Other Death Location**
TAB: Outcome
SUBTAB: If Death
FORMAT: 50-Byte Text

If the patient died in this hospital in a location other than the ones listed above in DTH_LOC (field #388), enter the location here. This screen will only be activated if DIS_DEST (field #349) equals "9" (morgue/died) and this data element will only be activated if DTH_LOC equals "15" (other).

390. SCREEN NAME: **DNR ORDER**
DATA ELEMENT: **DNR_DET**
DESCRIPTION: **Do Not Resuscitate Order**
TAB: Outcome
SUBTAB: If Death
FORMAT: 1-Byte Integer

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 #349) equals "9" (morgue/died).

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

391. SCREEN NAME: **ME CASE**
DATA ELEMENT: **ME_STAT**
DESCRIPTION: **Medical Examiner Case**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No

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 #349) equals "9" (morgue/died).

392. SCREEN NAME: **WAS AUTOPSY PERFORMED?**
DATA ELEMENT: **AUT_YN**
DESCRIPTION: **Was Autopsy Performed?**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No

If the patient died and the medical examiner performed an autopsy, enter "Y". This screen will only be activated if DIS_DEST (field #349) equals "9" (morgue/died).

393. SCREEN NAME: **WITHDRAW OF CARE**
DATA ELEMENT: **WITHDRAW_CARE_YN**
DESCRIPTION: **Withdraw of Care**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No

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 #349) equals "9" (morgue/died).

394. 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

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 #349) equals "9" (morgue/died).

395. 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

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 #349) equals "9" (morgue/died).

396. SCREEN NAME: **AUTOPSY ID**
DATA ELEMENT: **ME_RP_NUM**
DESCRIPTION: **Autopsy ID**
TAB: Outcome
SUBTAB: If Death
FORMAT: 10-Byte Alphanumeric

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 #349) equals "9" (morgue/died).

397. SCREEN NAME: **BRAIN DEATH**
DATA ELEMENT: **BRAIN_DTH_YN**
DESCRIPTION: **Brain Death?**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No

If the patient died and was considered a brain death, then enter "Y". This screen will only be activated if DIS_DEST (field #349) equals "9" (morgue/died).

398. 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

Enter as MM DD YYYY.

If the patient died and both the date and time of death were entered in DIS_DATE (field #345) and DIS_TIME (field #346) and "Y" was entered in BRAIN_DTH_YN (field #397), 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 #349) equals "9" (morgue/died).

399. SCREEN NAME: **BRAIN DEATH**
DATA ELEMENT: **BRAIN_DTH_TIME**
DESCRIPTION: **Time of Brain Death**
TAB: Outcome
SUBTAB: If Death
FORMAT: 2,2-Byte Integers

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 #345) and DIS_TIME (field #346) and "Y" was entered in BRAIN_DTH_YN (field #397), 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 #349) equals "9" (morgue/died).

400. SCREEN NAME: **ORGAN/TISSUE DONOR**
DATA ELEMENT: **ORG_GR_YN**
DESCRIPTION: **Organ/Tissue Donor**
TAB: Outcome
SUBTAB: If Death
FORMAT: Yes/No

If the patient died and was an organ or tissue donor, enter "Y". This screen will only be activated if DIS_DEST (field #349) equals "9" (morgue/died).

401. SCREEN NAME: **ORGAN PROCUREMENT**
DATA ELEMENT: **ORG_DNR01**
DESCRIPTION: **Organ Procured**
TAB: Outcome
SUBTAB: If Death
FORMAT: 1-Byte Integer

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 #349) equals "9" (morgue/died) and this data element will only be activated if ORG_GR_YN (field #400) equals "Y".

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

402. SCREEN NAME: **HOSPITAL CHARGES BILLED \$**
DATA ELEMENT: **BAC_CHG_FAC**
DESCRIPTION: **Hospital Charges Billed**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer

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.

403. SCREEN NAME: **COLLECTED \$**
DATA ELEMENT: **BILL_COL_FAC**
DESCRIPTION: **Hospital Charges Collected**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer

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.

404. SCREEN NAME: **PHYSICIAN CHARGES BILLED \$**
DATA ELEMENT: **CHGT01**
DESCRIPTION: **Physician Charges Billed**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer

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.

405. SCREEN NAME: **COLLECTED \$**
DATA ELEMENT: **CHGT_COL01**
DESCRIPTION: **Physician Charges Collected**
TAB: Outcome
SUBTAB: Billing
FORMAT: 10-Byte Integer

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.

406. SCREEN NAME: **HOSPITAL COLLECTIONS**
DATA ELEMENT: **BILL_COL_FAC_DATE**
DESCRIPTION: **Hospital Collections Date**
TAB: Outcome
SUBTAB: Billing
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the date that BILL_COL_FAC (field #403) was calculated.

407. SCREEN NAME: **PHYSICIAN COLLECTIONS**
DATA ELEMENT: **CHGT_COL_DATE01**
DESCRIPTION: **Physician Collections Date**
TAB: Outcome
SUBTAB: Billing
FORMAT: 2,2,4-Byte Integers

Enter as MM DD YYYY.

Enter the date that CHGT_COL01 (field #405) was calculated.

408. SCREEN NAME: **PAYOR SOURCE**
DATA ELEMENT: **PAYOR01, PAYOR02, PAYOR03, PAYOR04, PAYOR05**
DESCRIPTION: **Payor Sources**
TAB: Outcome
SUBTAB: Billing
FORMAT: Check Boxes

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
7. Workman's Comp
8. Government
9. Title V
10. Blue Cross/Blue Shield
11. No Charge
12. Medicaid (Pending)
13. Bad Debt
14. Medical Assistance/HMO
15. Medicaid – MCO
16. Medicaid – Federal
88. Other

409. SCREEN NAME: **CHARGES COLLECTED: WRITE OFFS:**
DATA ELEMENT: **CHGT_TYPE02, CHGT_TYPE03, CHGT_TYPE04, CHGT_TYPE05, CHGT_TYPE06**
DESCRIPTION: **Write Offs**
TAB: Outcome
SUBTAB: Billing
FORMAT: Five 1-Byte Integers

Enter the type of write off for this patient.

1. Bad Debt
2. Administrative
3. Insurance Allowance
4. Cash
5. Charity

410. SCREEN NAME: **CHARGES COLLECTED: WRITE OFFS \$**
DATA ELEMENT: **CHGT_COL02, CHGT_COL03, CHGT_COL04, CHGT_COL05,
CHGT_COL06**
DESCRIPTION: **Amounts Written Off**
TAB: Outcome
SUBTAB: Billing
FORMAT: Five 10-Byte Integers

Enter the dollar amount of charges written off by this hospital that corresponds to the type of write off in CHGT_TYPER (field #409).

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Section XI: Quality Assurance

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411. SCREEN NAME: **ED DOCUMENTATION OF PAIN ASSESSMENT**
DATA ELEMENT: **MD_CARE_FLTR100**
DESCRIPTION: **ED Documentation of Pain Assessment**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

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".

412. SCREEN NAME: **HOURLY VITAL SIGNS DOCUMENTED**
DATA ELEMENT: **MD_CARE_FLTR200**
DESCRIPTION: **Hourly Vital Signs Documented**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

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

413. SCREEN NAME: **ICU DOCUMENTATION OF PAIN ASSESSMENT**
DATA ELEMENT: **MD_CARE_FLTR300**
DESCRIPTION: **ICU Documentation of Pain Assessment**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

Enter "Y" if there is documentation of pain assessment in the ICU in the patient's medical record. If the patient was unconscious or did not go to the ICU, enter "not applicable".

414. SCREEN NAME: **REQUIRED REINTUBATION WITHIN 48 HOURS OF EXTUBATION**
DATA ELEMENT: **MD_CARE_FLTR400**
DESCRIPTION: **Required Reintubation within 48 Hours of Extubation**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

Enter "Y" if the patient required reintubation within 48 hours of extubation.

415. SCREEN NAME: **UNPLANNED VISIT TO ICU**
DATA ELEMENT: **MD_CARE_FLTR500**
DESCRIPTION: **Unplanned Visit to ICU**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

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.

416. 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

Enter "Y" for an unanticipated visit to a critical care area at any time during the patient's hospital stay.

417. SCREEN NAME: **UNPLANNED VISIT TO OR**
DATA ELEMENT: **MD_CARE_FLTR700**
DESCRIPTION: **Unplanned Visit to OR**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

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.

418. SCREEN NAME: **NTDB COMPLICATIONS**
DESCRIPTION: **NTDB Complications**
TAB: QA
SUBTAB: Filters
FORMAT: 2-Byte Integer

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. See Appendix M for a list of the NTDB complications.

419. SCREEN NAME: **ACS COMPLICATIONS**
DESCRIPTION: **ACS Complications**
TAB: QA
SUBTAB: Filters
FORMAT: 4-Byte Integer

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.

420. SCREEN NAME: **OCCURRENCE DATE**
DESCRIPTION: **Occurrence Date**
TAB: QA
SUBTAB: Filters
FORMAT: 2,2,4-Byte Integers

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.

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

Enter "Y" if there was a response for the corresponding complication or filter.

422. SCREEN NAME: **QA TRACKING**
DESCRIPTION: **QA Tracking**
TAB: QA
SUBTAB: Filters
FORMAT: Yes/No

Enter "Y" if the corresponding complication or filter was appropriately tracked.

423. SCREEN NAME: **NOTES**
DESCRIPTION: **Notes for QA Item**
TAB: QA
SUBTAB: Filters
FORMAT: Memo Field

Enter any relevant notes for the corresponding complication or filter.

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APPENDIX A: Case Inclusion Criteria

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In order to allow each trauma center to include cases in the Maryland Trauma Registry which may or may not be included by other centers, and still to be able to compare “apples with apples,” it is important to identify the main reason a case is being included in the registry. This cannot always be done simply by examining the data. Therefore, when 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-9-CM diagnosis between 800.00 and 959.9.
2. *Additional cases* are defined as those resulting from hanging, near drowning, inhalation or ingestion, or poisoning events.
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
 3. Exposure to blast or explosion
 - D. Category Delta
 1. Older Adults
 - a. Risk of injury/death increases after age 55
 - b. SBP less than 110 may indicate shock after age 65
 - c. Low-impact mechanisms (e.g. ground-level falls) may result in severe

- injury
2. Children (Should be triaged to pediatric trauma center)
 3. Burns
 - a. Without trauma mechanism, triage to burn center
 - b. With trauma mechanism, triage to trauma center
 4. Pregnancy greater than 20 weeks
 5. EMS provider judgment
 6. Anticoagulants and bleeding disorders (Patients with head injury are at high risk for rapid deterioration)

B. Inclusion Code.

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 Short Stay Unit
 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 "9".
4. Additional Trauma Service Utilization Cases (OPTIONAL)
 15. Field-defined Priority One or Two Injury Cases Not Meeting Either 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
 18. Other self-defined criteria
 8. No injury etiology
 19. Trauma Team Response without an Injury Etiology

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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

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AK	Alaska	ND	North Dakota
AL	Alabama	CM	Northern Mariana Islands
AR	Arkansas	NE	Nebraska
AZ	Arizona	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NV	Nevada
DC	District of Columbia	NY	New York
DE	Delaware	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
HI	Hawaii	PA	Pennsylvania
IA	Iowa	PR	Puerto Rico
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TT	Trust Territory
LA	Louisiana	TX	Texas
MA	Massachusetts	UT	Utah
MD	Maryland	VA	Virginia
ME	Maine	VI	Virgin Islands
MI	Michigan	VT	Vermont
MN	Minnesota	WA	Washington
MO	Missouri	WI	Wisconsin
MS	Mississippi	WV	West Virginia
MT	Montana	WY	Wyoming
NC	North Carolina		

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APPENDIX D: Hospital Codes Arranged by Code

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201 Johns Hopkins Bayview Medical Center
 202 Church Home and Hospital (no longer in existence)
 203 MedStar Franklin Square Medical Center
 204 Johns Hopkins Hospital
 205 Liberty Medical Center Psychiatric Center (formerly Lutheran Hospital)
 206 University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)
 207 Mercy Medical Center, Baltimore, MD
 208 Bon Secours Hospital
 209 Liberty Medical Center (formerly Provident Hospital)
 210 Sinai Hospital
 211 MedStar Harbor Hospital (formerly South Baltimore General Hospital)
 212 Saint Agnes Hospital
 213 University of Maryland St. Joseph Medical Center, MD
 214 MedStar Union Memorial Hospital
 215 University of Maryland Medical Center
 217 Greater Baltimore Medical Center
 218 Northwest Hospital Center
 219 Carroll Hospital Center
 220 University of Maryland Harford Memorial Hospital
 221 Anne Arundel Medical Center
 222 Baltimore Washington Medical Center
 223 Howard County General Hospital – Johns Hopkins Medicine
 224 University of Maryland Upper Chesapeake Medical Center
 225 Children's Hospital & Center for Reconstructive Surgery, MD
 226 MedStar Good Samaritan Hospital
 227 University of Maryland Rehabilitation & Orthopaedic Institute (formerly Kernan Hospital)
 228 Montebello Center, MD
 229 Homewood Hospital Center (no longer in existence)
 230 Inova Alexandria Hospital, VA
 231 Andrew Rader Clinic, VA
 232 Prince George's Hospital Center
 233 Virginia Hospital Center (formerly Arlington Hospital, VA)
 234 Beebe Medical Center, Millville Center, DE (formerly Bethany Emergency Center)
 235 Brooke Lane Psychiatric Center
 236 Brunswick Medical Center
 237 Capitol Hill Hospital, DC (no longer in existence)
 238 Walter P. Carter Center (formerly Carter Community Mental Health & Retardation Center)
 239 Frederick Memorial Hospital
 240 Gettysburg Hospital, PA
 241 Chemtrec Chem Mfgs Assn Chemical Transportation Emergency Center, DC
 242 Hanover Hospital, PA
 243 Chestnut Lodge Hospital
 244 Holy Cross Hospital
 245 Columbia Hospital for Women Medical Center, DC
 246 Veteran's Administration Hospital, Baltimore, MD
 247 Fort Howard Veteran's Administration Hospital
 248 Crownsville State Hospital
 249 Suburban Hospital - Johns Hopkins Medicine
 250 Walter Reed Army Medical Center, DC (no longer in existence)
 251 Leland Memorial Hospital (no longer in existence)
 252 Cullen Center
 253 Freeman Hospital
 254 University Specialty Center
 255 Lincoln Memorial Hospital
 256 DeWitt Army Hospital, VA

257 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
 264 MedStar Montgomery Medical Center
 265 Shady Grove Adventist Hospital
 266 Calvert Memorial Hospital
 267 Highland State Health Facility Psychiatric Unit
 268 Hospital for Sick Children, DC
 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 Martinsburg Veteran's Affairs Medical Center
 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 Dietrick Medical Center
 280 Mary Washington Hospital, VA
 281 Maryland Penitentiary Hospital
 282 War Memorial Hospital, Berkeley Springs, WV (formerly Morgan County War Memorial Hospital, WV)
 283 Winchester Medical Center
 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
 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 Ellsmere Veteran's Administration Hospital, 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

313 Northeast Georgetown Medical Center (See also Greater Northeast #261)
 314 Jefferson Memorial Hospital, Ranson, WV
 315 Northern Virginia Doctor's Hospital, VA
 316 Greater Southeast Community Hospital, DC
 317 Children's National Medical Center, DC
 318 Clifton T. Perkins Hospital Center
 319 Frostburg Hospital (no longer in existence)
 320 Western Maryland Health System, Cumberland Memorial Campus (no longer in existence)
 321 Western Maryland Health System, Sacred Heart Campus (no longer in existence)
 322 Garrett County Memorial Hospital
 323 West Virginia University Hospital, WV
 324 Sibley Memorial Hospital – Johns Hopkins Medicine, DC
 325 Potomac Hospital, VA
 326 Inova Loudoun Hospital, VA
 327 MedStar Washington Hospital Center, DC
 328 Washington Adventist Hospital
 329 Doctor's Community Hospital
 330 Parkwood Hospital (formerly Clinton Hospital) (no longer in existence)
 331 Eastern Shore State Hospital
 332 McCready Memorial Hospital
 333 MedStar St. Mary's Hospital
 334 National Hospital for Orthopedics & Rehabilitation, VA
 335 George Washington University Hospital, DC
 336 Patuxent River Naval Air Station Hospital (no longer in existence)
 337 MedStar Georgetown University Hospital, DC
 338 Police & Fire Clinic, Washington, DC
 339 McGuire Veteran's Administration Hospital, VA
 340 Inova Fair Oaks Hospital (formerly Commonwealth Hospital), VA
 341 City Hospital, Martinsburg, WV
 342 DC General Hospital (no longer in existence)
 343 MedStar Southern Maryland Hospital Center
 344 Prince William Hospital, VA
 345 10th Street Medical Center, Ocean City, MD
 346 26th Street Medical Center, Ocean City, MD
 347 93rd Street Medical Center, Ocean City, MD
 348 Groupe Memorial Hospital
 349 Isle of Wight Medical Center
 350 Bayhealth Medical Center, Kent Hospital, DE
 351 Nanticoke Memorial Hospital, DE
 352 Laurel Regional Medical Center
 353 Bowie Health Center
 354 Malcolm Grow U.S. Air Force Medical Center
 355 Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
 356 National Institutes of Health Clinical Center
 357 Perry Point Veteran's Administration Hospital
 358 Beebe Medical Center, DE (formerly Beebe Hospital of Sussex County)
 359 Bayhealth Medical Center, Milford Hospital, DE
 360 Jennersville Regional Hospital, PA
 361 Pocomoke Family Health Center
 362 Pocomoke City Medical Center
 363 Hadley Memorial Hospital, DC
 364 Psychiatric Institute of Montgomery County
 365 Rosewood State Facility (no longer in existence)
 366 Saint Elizabeth's Hospital, DC
 367 Saint Luke Institute
 368 Sheppard & Enoch Pratt Hospital

369 Spring Grove State Hospital
 370 Springwood Psychiatric Institute, VA
 371 Tawes-Bland Bryant Nursing Center
 372 TB Clinic
 373 Riverside Tappahannock Hospital, VA (formerly Tidewater Memorial Hospital, VA)
 374 U.S. Naval Health Clinic, Annapolis
 375 U.S. Soldier's and Airmen's Home, DC
 376 Washington DC VA Medical Center
 377 Walter Reed Hospital Annex
 378 Psychiatric Institute of DC
 379 63rd Street Medical Center, Ocean City, MD
 380 75th Street Medical Center, Ocean City, MD
 381 Atlantic General Hospital, Berlin, MD
 382 Anne Arundel Medical Park
 383 Columbia Medical Plan
 384 Shady Grove Adventist Emergency Center - Germantown
 385 Brigade Medical Unit, Annapolis
 386 Riverside Shore Memorial Hospital, Nassawadox, VA
 387 University of Maryland Shore Emergency Center at Queenstown
 389 Meritus Medical Center
 390 Christiana Care Free-Standing Emergency Department, Middletown, DE
 395 Western Maryland Regional Medical Center
 397 Altoona Rehabilitation Hospital
 398 Mechanicsburg Rehabilitation Hospital, PA
 399 Health South Chesapeake Rehabilitation Center, Salisbury, MD
 400 Meyersdale Medical Center, PA
 401 Potomac Valley Hospital, WV
 402 Western Pennsylvania University Hospital, PA
 403 Lancaster General Hospital, PA
 404 Memorial Hospital, PA
 405 Saint Joseph Hospital, PA
 406 Springfield State Hospital
 407 Upper Shore Mental Health Center
 408 Peninsula Regional Medical Center
 409 126th Street Medical Center, Ocean City, MD
 419 Pennsylvania State Children's Hospital, Hershey, PA (formerly Children's Hospital-Hershey, PA)
 420 Western Maryland Health System Memorial Campus Primary Stroke Center (no longer in existence)
 421 Anne Arundel Medical Center Primary Stroke Center
 422 Baltimore Washington Medical Primary Stroke Center
 426 Inova Emergency Care Center, VA
 450 Hospice of Baltimore, Gilchrist Center, Baltimore, MD
 451 Joseph Richey House, Baltimore, MD
 452 Stella Maris Hospice, Timonium, MD
 453 Stella Maris Hospice at Mercy Medical Center, Baltimore, MD
 454 Peninsula Regional Medical Center, Transitional Care Unit
 455 Salisbury Genesis Center
 456 Washington County Health System, MD, Psychiatric Unit (no longer in existence)
 457 John L. Gilder RICA
 458 RICA Baltimore
 460 Saint Frances Hospital, Wilmington, DE
 461 Ruby Memorial Hospital, Morgantown, WV
 464 MedStar Montgomery Medical Primary Stroke Center
 465 Shady Grove Adventist Hospital Primary Stroke Center
 466 Calvert Memorial Hospital Primary Stroke Center

490 Health South Rehabilitation Hospital of Altoona (former code was 420)
 491 Eastern Neurological Rehabilitation Hospital (former code was 421)
 492 Alleghany General Hospital, Alleghany, PA (former code was 422)
 493 Conemaugh Valley General Hospital, Johnstown, PA
 494 Altoona Regional Health System, Altoona, PA
 495 Western Maryland Regional Medical Center, Primary Stroke Center
 499 Meritus Medical Center, Psychiatric Unit
 501 Johns Hopkins Bayview Medical Center Primary Stroke Center
 503 MedStar Franklin Square Medical Center Primary Stroke Center
 504 Johns Hopkins Hospital Primary Stroke Center
 506 University of Maryland Medical Center Midtown Campus Primary Stroke Center (formerly
 Maryland General Hospital)
 507 Mercy Medical Center Primary Stroke Center
 508 Peninsula Regional Medical Primary Stroke Center
 510 Sinai Hospital Primary Stroke Center
 511 MedStar Harbor Hospital Primary Stroke Center
 512 Saint Agnes Hospital - Baltimore Primary Stroke Center
 513 University of Maryland St. Joseph Medical Center - Primary Stroke Center
 514 MedStar Union Memorial Hospital Primary Stroke Center
 515 University of Maryland Medical Center Primary Stroke Center
 517 Greater Baltimore Medical Center Primary Stroke Center
 518 Northwest Hospital Primary Stroke Center
 520 University of Maryland Harford Memorial Hospital Primary Stroke Center
 521 State Medical Examiner's Office (Morgue)
 522 Fort Washington Hospital
 523 Howard County General Hospital – Johns Hopkins Medicine Primary Stroke Center
 524 University of Maryland Upper Chesapeake Medical Center Primary Stroke Center
 526 MedStar Good Samaritan Hospital Primary Stroke Center
 527 Adventist Behavioral Health – Rockville
 528 Adventist Behavioral Health – Cambridge
 529 Adventist Rehabilitation Hospital - Rockville
 533 MedStar St. Mary's Hospital Primary Stroke Center
 539 Frederick Memorial Hospital Primary Stroke Center
 543 MedStar Southern Maryland Hospital Primary Stroke Center
 544 Holy Cross Hospital Primary Stroke Center
 549 Suburban Hospital - Johns Hopkins Medicine Primary Stroke Center
 550 Annie M. Warner Hospital
 551 University of Pittsburgh Medical Center Bedford Memorial, PA
 552 War Memorial Hospital, WV
 553 Bryn Mawr Hospital
 554 Carlisle Hospital
 555 Carpenter's Clinic
 556 Delaware Memorial Hospital, DE
 557 Elizabethtown Children's Hospital (no longer in existence)
 558 Emmitsburg Hospital
 559 Grant Memorial Hospital
 560 Hagerstown State Hospital (no longer in existence)
 561 Hampshire Memorial Hospital, WV
 562 Harryon State Hospital
 563 Kings Daughters Hospital, VA
 564 Lancaster Osteopathic Hospital, PA
 565 Leesburg Hospital, VA
 566 McConnellsburg Hospital (no longer in existence)
 567 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 Hospital - Wilmington, DE
 578 Woodrow Wilson Rehabilitation Center, VA
 579 Yale - New Haven Hospital, CT
 580 Geisinger Medical Center, PA
 581 Atlantic General Primary Stroke Center
 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 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 Cardiac Interventional Center
 722 Baltimore Washington Medical 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
 727 MedStar Washington Hospital Center, DC, Burn Center
 728 MedStar Washington Hospital Center, DC, Adult Trauma Center
 729 MedStar Washington Hospital Center, DC, Cardiac Interventional Center
 732 Prince George's Hospital Cardiac Interventional Center

734 R Adams Cowley Shock Trauma Center, Hyperbaric Unit
 735 R Adams Cowley Shock Trauma Center, Neurotrauma Unit
 737 MedStar Georgetown University Hospital Eye Trauma Center, DC
 739 Frederick Memorial Hospital Cardiac Interventional Center
 740 Bayhealth Medical Center, Kent Hospital Cardiac Interventional Center
 743 MedStar Southern Maryland Hospital Cardiac Interventional Center
 744 Holy Cross Hospital Cardiac Interventional Center
 749 Suburban Hospital – Johns Hopkins Medicine Cardiac Interventional Center
 751 Alfred I. DuPont Hospital for Children
 752 Bryn Mawr Rehabilitation Hospital, Bryn Mawr, PA
 753 Northampton-Accomack Memorial Hospital
 754 Bryn Mawr Rehabilitation Hospital at University of Maryland Medical Center Midtown Campus
 755 Central Industrial Medical Center
 756 Children’s Hospital of Pennsylvania
 757 Cooper Trauma Center, NJ
 759 Gladys Spellman Nursing Center
 760 The Greenery
 761 Johns Hopkins Comprehensive Geriatric Center
 762 Newmedico Rehabilitation
 763 Suburban Hospital, Inc., Skilled Nursing Facility (no longer in existence)
 764 Washington County Health System, MD, Skilled Nursing Facility (no longer in existence)
 765 Health South Rehabilitation Hospital of York (formerly York Rehabilitation Center)
 766 Johns Hopkins Bayview Transitional Care Unit
 770 Sinai Rehabilitation Center
 771 Calvert County Nursing Home Center
 772 Solomon’s Nursing Home Center
 773 Laurel Regional Medical Center – Rehabilitation Unit
 774 Medlink, DC
 775 Shady Grove Adventist Hospital Cardiac Interventional Center
 776 Western Maryland Health System, Sacred Heart Psychiatric Unit
 779 Meritus Medical Cardiac Interventional Center
 781 Johns Hopkins Bayview Medical Center Cardiac Interventional Center
 784 Johns Hopkins Hospital Cardiac Interventional Center
 786 Western Maryland Regional Medical Center, Comprehensive Inpatient Rehabilitation Unit
 789 Washington County Health System, MD, Comprehensive Inpatient Rehabilitation Services
 (no longer in existence)
 794 Christiana Care Health Systems, Christiana Hospital Cardiac Interventional Center
 795 Western Maryland Regional Medical Center Cardiac Interventional Center
 798 Meritus Medical Center, Skilled Nursing Facility, MD
 799 Meritus Medical Center, Comprehensive Inpatient Rehabilitation Services
 801 Johns Hopkins Bayview Medical Center, Neonatal Center
 804 Johns Hopkins Hospital Neonatal Intensive Care Unit
 807 Mercy Medical Center, Neonatal Center, Baltimore, MD
 810 Sinai Hospital Neonatal Center
 812 Saint Agnes Hospital Neonatal Center
 815 University of Maryland Medical Center Neonatal Center
 817 Greater Baltimore Medical Center Neonatal Center
 818 Children’s National Medical Center Neonatal Unit, DC
 832 Prince George’s Hospital Center, Neonatal Center
 842 DC General Hospital Neonatal Center (no longer in existence)
 888 Other
 901 Johns Hopkins Bayview Medical Center Perinatal Center
 904 Johns Hopkins Hospital Perinatal Center
 907 Mercy Medical Center, Perinatal Center, Baltimore, MD
 910 Sinai Hospital Perinatal Center
 912 Saint Agnes Hospital Perinatal Center

915 University of Maryland Medical Center Perinatal Center
999 Unknown

APPENDIX E: Hospital Codes Arranged by Name

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345 10th Street Medical Center, Ocean City, MD
 346 26th Street Medical Center, Ocean City, MD
 379 63rd Street Medical Center, Ocean City, MD
 380 75th Street Medical Center, Ocean City, MD
 347 93rd Street Medical Center, Ocean City, MD
 409 126th Street Medical Center, Ocean City, MD
 528 Adventist Behavioral Health – Cambridge
 527 Adventist Behavioral Health – Rockville
 529 Adventist Rehabilitation Hospital - Rockville
 751 Alfred I. DuPont Hospital for Children
 492 Allegany General Hospital, Allegany, PA (former code was 422)
 494 Altoona Regional Health System, Altoona, PA
 397 Altoona Rehabilitation Hospital
 231 Andrew Rader Clinic, VA
 221 Anne Arundel Medical Center
 721 Anne Arundel Medical Center Cardiac Interventional Center
 421 Anne Arundel Medical Center Primary Stroke Center
 382 Anne Arundel Medical Park
 550 Annie M. Warner Hospital
 381 Atlantic General Hospital, Berlin, MD
 581 Atlantic General Primary Stroke Center
 590 Baltimore City Public Service Infirmary (former code was 520)
 222 Baltimore Washington Medical Center
 722 Baltimore Washington Medical Cardiac Interventional Center
 422 Baltimore Washington Medical Primary Stroke Center
 350 Bayhealth Medical Center, Kent Hospital, DE
 740 Bayhealth Medical Center, Kent Hospital Cardiac Interventional Center
 359 Bayhealth Medical Center, Milford Hospital, DE
 358 Beebe Medical Center, DE, (formerly Beebe Hospital of Sussex County)
 234 Beebe Medical Center, Millville Center, DE (formerly Bethany Emergency Center)
 208 Bon Secours Hospital
 353 Bowie Health Center
 385 Brigade Medical Unit, Annapolis
 235 Brooke Lane Psychiatric Center
 236 Brunswick Medical Center
 553 Bryn Mawr Hospital
 752 Bryn Mawr Rehabilitation Hospital, Bryn Mawr, PA
 754 Bryn Mawr Rehabilitation Hospital at University of Maryland Medical Center Midtown Campus
 771 Calvert County Nursing Home Center
 266 Calvert Memorial Hospital
 466 Calvert Memorial Hospital Primary Stroke Center
 237 Capitol Hill Hospital, DC (no longer in existence)
 554 Carlisle Hospital
 555 Carpenter's Clinic
 219 Carroll Hospital Center
 719 Carroll Hospital Cardiac Interventional Center
 755 Central Industrial Medical Center
 276 Chambersburg Hospital, PA
 284 Charlestown Area Medical Center
 241 Chemtrec Chem Mfgs Assn Chemical Transportation Emergency Center, DC
 243 Chestnut Lodge Hospital
 225 Children's Hospital & Center for Reconstructive Surgery, MD
 756 Children's Hospital of Pennsylvania
 317 Children's National Medical Center, DC
 717 Children's National Medical Center Pediatric Trauma Center, DC
 718 Children's National Medical Center Pediatric Burn Unit, DC

818 Children's National Medical Center Neonatal Unit, DC
 390 Christiana Care Free-Standing Emergency Department, Middletown, DE
 304 Christiana Care Health Systems, Christiana Hospital
 794 Christiana Care Health Systems, Christiana Hospital Cardiac Interventional Center
 299 Christiana Care Health Systems, Wilmington Hospital
 202 Church Home and Hospital (no longer in existence)
 341 City Hospital, Martinsburg, WV
 318 Clifton T. Perkins Hospital Center
 245 Columbia Hospital for Women Medical Center, DC
 383 Columbia Medical Plan
 493 Conemaugh Valley General Hospital, Johnstown, PA
 757 Cooper Trauma Center, NJ
 248 Crownsville State Hospital
 252 Cullen Center
 342 DC General Hospital (no longer in existence)
 842 DC General Hospital Neonatal Center (no longer in existence)
 293 Deer's Head State Hospital
 556 Delaware Memorial Hospital, DE
 256 DeWitt Army Hospital, VA
 329 Doctor's Community Hospital
 257 Dominion Hospital, VA
 310 Dover U.S. Air Force Clinic, DE
 302 DuPont Memorial Hospital (part of Medical Center of Delaware) (no longer in existence)
 491 Eastern Neurological Rehabilitation Hospital (former code was 421)
 331 Eastern Shore State Hospital
 557 Elizabethtown Children's Hospital (no longer in existence)
 306 Ellsmere Veteran's Administration Hospital, DE
 558 Emmitsburg Hospital
 258 Finan Center State Psychiatric Facility
 279 Fort Dietrick Medical Center
 247 Fort Howard Veteran's Administration Hospital
 522 Fort Washington Hospital
 239 Frederick Memorial Hospital
 739 Frederick Memorial Hospital Cardiac Interventional Center
 539 Frederick Memorial Hospital Primary Stroke Center
 253 Freeman Hospital
 319 Frostburg Hospital (no longer in existence)
 286 Fulton County Medical Center, PA
 322 Garrett County Memorial Hospital
 580 Geisinger Medical Center, PA
 335 George Washington University Hospital, DC
 240 Gettysburg Hospital, PA
 759 Gladys Spellman Nursing Center
 559 Grant Memorial Hospital
 217 Greater Baltimore Medical Center
 817 Greater Baltimore Medical Center Neonatal Center
 517 Greater Baltimore Medical Center Primary Stroke Center
 261 Greater Northeast Medical Center, DC (See Also Northeast Georgetown #313)
 316 Greater Southeast Community Hospital, DC
 348 Groupe Memorial Hospital
 263 Gundry Hospital
 363 Hadley Memorial Hospital, DC
 560 Hagerstown State Hospital (no longer in existence)
 561 Hampshire Memorial Hospital, WV
 242 Hanover Hospital, PA
 562 Harryon State Hospital

399 Health South Chesapeake Rehabilitation Center, Salisbury, MD
 490 Health South Rehabilitation Hospital of Altoona (former code was 420)
 765 Health South Rehabilitation Hospital of York (formerly York Rehabilitation Center)
 267 Highland State Health Facility Psychiatric Unit
 244 Holy Cross 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, Baltimore, MD
 268 Hospital for Sick Children, DC
 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
 801 Johns Hopkins Bayview Medical Center Neonatal 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
 804 Johns Hopkins Hospital Neonatal Intensive Care Unit
 707 Johns Hopkins Hospital Pediatric Burn Center
 704 Johns Hopkins Hospital Pediatric Trauma Center
 904 Johns Hopkins Hospital Perinatal Center
 504 Johns Hopkins Hospital Primary Stroke Center
 451 Joseph Richey House, Baltimore, MD
 274 Kennedy Krieger Institute
 277 Keswick Multi-Care Center (formerly Keswick Home for the Incurables of Baltimore City)
 262 Kimbrough 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
 251 Leland Memorial Hospital (no longer in existence)

278 Levindale Hebrew Geriatric Center & Hospital
 209 Liberty Medical Center (formerly Provident Hospital)
 205 Liberty Medical Center Psychiatric Center (formerly Lutheran Hospital)
 255 Lincoln Memorial Hospital
 354 Malcolm Grow U.S. Air Force Medical Center
 275 Martinsburg Veteran's Affairs Medical Center
 280 Mary Washington Hospital, VA
 281 Maryland Penitentiary Hospital
 300 Maryland Poison Information Center at UMB
 285 Masonic Eastern Star Home, DC
 566 McConnellsburg Hospital (no longer in existence)
 332 McCready Memorial Hospital
 339 McGuire Veteran's Administration Hospital, VA
 398 Mechanicsburg Rehabilitation Hospital, PA
 774 Medlink, DC
 203 MedStar Franklin Square Medical Center
 703 MedStar Franklin Square Medical Center Cardiac Interventional Center
 503 MedStar Franklin Square Medical Center Primary Stroke Center
 337 MedStar Georgetown University Hospital, DC
 737 MedStar Georgetown University Hospital Eye Trauma Center, DC
 226 MedStar Good Samaritan Hospital
 526 MedStar Good Samaritan Hospital Primary Stroke Center
 211 MedStar Harbor Hospital (formerly South Baltimore General Hospital)
 511 MedStar Harbor Hospital Primary Stroke Center
 264 MedStar Montgomery Medical Center
 464 MedStar Montgomery Medical Primary Stroke Center
 309 MedStar National Rehabilitation Network
 333 MedStar St. Mary's Hospital
 533 MedStar St. Mary's Hospital Primary Stroke Center
 343 MedStar Southern Maryland Hospital Center
 743 MedStar Southern Maryland Hospital Cardiac Interventional Center
 543 MedStar Southern Maryland Hospital Primary Stroke Center
 214 MedStar Union Memorial Hospital
 716 MedStar Union Memorial Hospital Cardiac Interventional Center
 714 MedStar Union Memorial Hospital, Curtis Hand Center
 514 MedStar Union Memorial Hospital Primary Stroke Center
 327 MedStar Washington Hospital Center, DC
 728 MedStar Washington Hospital Center, DC, Adult Trauma Center
 727 MedStar Washington Hospital Center, DC, Burn Center
 729 MedStar Washington Hospital Center, DC, Cardiac Interventional Center
 404 Memorial Hospital, PA
 567 Memorial Osteopathic Hospital, PA
 207 Mercy Medical Center, Baltimore, MD
 807 Mercy Medical Center, Neonatal Center, Baltimore, MD
 907 Mercy Medical Center, Perinatal Center, Baltimore, MD
 507 Mercy Medical Center Primary Stroke Center
 389 Meritus Medical Center
 699 Meritus Medical Adult Trauma Center
 779 Meritus Medical Cardiac Interventional Center
 499 Meritus Medical Center, Psychiatric Unit
 799 Meritus Medical Center, Comprehensive Inpatient Rehabilitation Services
 599 Meritus Medical Primary Stroke Center
 798 Meritus Medical Center, Skilled Nursing Facility, MD
 400 Meyersdale Medical Center, PA
 271 Monongalia General Hospital, WV
 228 Montebello Center, MD

292 Mount Washington Pediatric Hospital
 351 Nanticoke Memorial Hospital, DE
 295 National Capitol Poison Center, DC .
 334 National Hospital for Orthopedics & Rehabilitation, VA
 308 National Institute of Mental Health
 356 National Institutes of Health Clinical Center
 307 Newark Emergency Center, Newark, DE
 568 Newark Hospital, NJ
 762 Newmedico Rehabilitation
 753 Northampton-Accomack Memorial Hospital
 313 Northeast Georgetown Medical Center (See also Greater Northeast #261)
 315 Northern Virginia Doctor's Hospital, VA
 218 Northwest Hospital Center
 518 Northwest Hospital Primary Stroke Center
 330 Parkwood Hospital (formerly Clinton Hospital) (no longer in existence)
 336 Patuxent River Naval Air Station Hospital (no longer in existence)
 408 Peninsula Regional Medical Center
 708 Peninsula Regional Medical Cardiac Interventional Center
 508 Peninsula Regional Medical Primary Stroke Center
 454 Peninsula Regional Medical Center, Transitional Care Unit
 608 Peninsula Regional Medical Center, Trauma Center
 419 Pennsylvania State Children's Hospital, Hershey, PA (formerly Children's Hospital - Hershey, PA)
 301 Pennsylvania State University Hospital (Hershey Medical Center), PA
 357 Perry Point Veteran's Administration Hospital
 569 Pittsburgh Institute for Rehabilitation
 362 Pocomoke City Medical Center
 361 Pocomoke Family Health Center
 338 Police & Fire Clinic, Washington, DC
 325 Potomac Hospital, VA
 401 Potomac Valley Hospital, WV
 232 Prince George's Hospital Center
 732 Prince George's Hospital Cardiac Interventional Center
 632 Prince George's Hospital Center Adult Trauma Center
 832 Prince George's Hospital Center, Neonatal Center
 344 Prince William Hospital, VA
 288 Providence Hospital, DC
 378 Psychiatric Institute of DC
 364 Psychiatric Institute of Montgomery County
 634 R Adams Cowley Shock Trauma Center
 734 R Adams Cowley Shock Trauma Center, Hyperbaric Unit
 735 R Adams Cowley Shock Trauma Center, Neurotrauma Unit
 570 Reading Medical Center
 458 RICA Baltimore
 571 Riverside Hospital, DE
 311 Riverside Hospital, VA
 386 Riverside Shore Memorial Hospital, Nassawadox, VA
 373 Riverside Tappahannock Hospital , VA (formerly Tidewater Memorial Hospital, VA)
 365 Rosewood State Facility (no longer in existence)
 461 Ruby Memorial Hospital, Morgantown, WV
 572 Sacred Heart Hospital, PA
 573 Saint Agnes Burn Center, PA
 212 Saint Agnes Hospital
 712 Saint Agnes Hospital – Baltimore Cardiac Interventional Center
 812 Saint Agnes Hospital Neonatal Center
 912 Saint Agnes Hospital Perinatal Center

512 Saint Agnes Hospital - Baltimore Primary Stroke Center
 366 Saint Elizabeth's Hospital, DC
 460 Saint Francis Hospital, Wilmington, DE
 303 Saint Francis Hospital, WV
 405 Saint Joseph Hospital, PA
 367 Saint Luke Institute
 455 Salisbury Genesis Center
 384 Shady Grove Adventist Emergency Center – Germantown
 265 Shady Grove Adventist Hospital
 775 Shady Grove Adventist Hospital Cardiac Interventional Center
 465 Shady Grove Adventist Hospital Primary Stroke Center
 368 Sheppard & Enoch Pratt Hospital
 324 Sibley Memorial Hospital – Johns Hopkins Medicine, DC
 210 Sinai Hospital
 610 Sinai Hospital Adult Trauma Center
 710 Sinai Hospital Cardiac Interventional Center
 810 Sinai Hospital Neonatal Center
 910 Sinai Hospital Perinatal Center
 510 Sinai Hospital Primary Stroke Center
 770 Sinai Rehabilitation Center
 772 Solomon's Nursing Home Center
 369 Spring Grove State Hospital
 406 Springfield State Hospital
 370 Springwood Psychiatric Institute, VA
 521 State Medical Examiner's Office (Morgue)
 452 Stella Maris Hospice, Timonium, MD
 453 Stella Maris Hospice at Mercy Medical Center, Baltimore, MD
 249 Suburban Hospital - Johns Hopkins Medicine
 649 Suburban Hospital - Johns Hopkins Medicine, Adult Trauma Center
 749 Suburban Hospital – Johns Hopkins Medicine, Cardiac Interventional Center
 549 Suburban Hospital - Johns Hopkins Medicine, Primary Stroke Center
 763 Suburban Hospital, Inc., Skilled Nursing Facility (no longer in existence)
 371 Tawes-Bland Bryant Nursing Center
 574 Taylor Hospital, WV
 312 Taylor Manor Hospital
 372 TB Clinic
 760 The Greenery
 298 Union Hospital
 598 Union Hospital Primary Stroke Center
 291 University of Maryland Charles Regional Medical Center (formerly Civista)
 591 University of Maryland Charles Regional Medical Center Primary Stroke Center (formerly Civista)
 220 University of Maryland Harford Memorial Hospital
 520 University of Maryland Harford Memorial Hospital Primary Stroke Center
 215 University of Maryland Medical Center
 715 University of Maryland Medical Center Cardiac Interventional Center
 206 University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital)
 506 University of Maryland Medical Center Midtown Campus Primary Stroke Center (formerly Maryland General Hospital)
 815 University of Maryland Medical Center Neonatal Center
 915 University of Maryland Medical Center Perinatal Center
 515 University of Maryland Medical Center Primary Stroke Center
 227 University of Maryland Rehabilitation & Orthopaedic Institute (formerly Kernan Hospital)
 213 University of Maryland St. Joseph Medical Center, MD
 513 University of Maryland St. Joseph Medical Center - Primary Stroke Center

713 University of Maryland St. Joseph Medical Center Cardiac Interventional Center
 387 University of Maryland Shore Emergency Center at Queenstown
 296 University of Maryland Shore Medical Center at Chestertown
 294 University of Maryland Shore Medical Center at Dorchester
 297 University of Maryland Shore Medical Center at Easton
 597 University of Maryland Shore Medical Center at Easton Primary Stroke Center
 224 University of Maryland Upper Chesapeake Health
 724 University of Maryland Upper Chesapeake Health Cardiac Interventional Center
 524 University of Maryland Upper Chesapeake Health Primary Stroke Center
 575 University of Pennsylvania Hospital
 551 University of Pittsburgh Medical Center Bedford Memorial, PA
 254 University Specialty Center
 407 Upper Shore Mental Health Center
 374 U.S. Naval Health Clinic, Annapolis
 576 U.S. Public Health Hospital, MD
 375 U.S. Soldier's and Airmen's Home, DC
 246 Veteran's Administration Hospital, Baltimore, MD
 577 Veteran's Administration Hospital - Wilmington, DE
 233 Virginia Hospital Center , VA (formerly Arlington Hospital, VA)
 238 Walter P. Carter Center (formerly Carter Community Mental Health & Retardation Center)
 250 Walter Reed Army Medical Center, DC (no longer in existence)
 376 Walter Reed Hospital Annex
 355 Walter Reed National Military Medical Center (formerly Bethesda Naval Hospital)
 552 War Memorial Hospital, WV
 282 War Memorial Hospital, Berkeley Springs, WV (formerly Morgan County War Memorial Hospital, WV)
 328 Washington Adventist Hospital
 725 Washington Adventist Hospital Cardiac Interventional Center
 289 Washington County Health System, MD (no longer in existence)
 689 Washington County Health System, MD, Adult Trauma Center (no longer in existence)
 789 Washington County Health System, MD, Comprehensive Inpatient Rehabilitation Services (no longer in existence)
 589 Washington County Health System Primary Stroke Center (no longer in existence)
 456 Washington County Health System, MD, Psychiatric Unit (no longer in existence)
 764 Washington County Health System, MD, Skilled Nursing Facility (no longer in existence)
 376 Washington DC VA Medical Center
 269 Waynesboro Hospital, PA
 323 West Virginia University Hospital, WV
 290 Western Maryland Center, MD
 320 Western Maryland Health System, Cumberland Memorial Campus (no longer in existence)
 420 Western Maryland Health System Memorial Campus Primary Stroke Center (no longer in existence)
 620 Western Maryland Health System, Cumberland Memorial Trauma Center (no longer in existence)
 775 Western Maryland Health System, Comprehensive Inpatient Rehabilitation Unit (no longer in existence)
 321 Western Maryland Health System, Sacred Heart Campus (no longer in existence)
 395 Western Maryland Regional Medical Center
 695 Western Maryland Regional Medical Center, Adult Trauma Center
 795 Western Maryland Regional Medical Center Cardiac Interventional Center
 495 Western Maryland Regional Medical Center, Primary Stroke Center
 786 Western Maryland Regional Medical Center, Comprehensive Inpatient Rehabilitation Unit
 776 Western Maryland Health System, Sacred Heart Psychiatric Unit
 402 Western Pennsylvania University Hospital, PA
 283 Winchester Medical Center
 578 Woodrow Wilson Rehabilitation Center, VA

579 Yale - New Haven Hospital, CT
272 York Hospital, PA
888 Other
999 Unknown

APPENDIX F: Glasgow Coma Scale

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Eye Response

1. No Response
2. Response to Pain
3. Response to Voice
4. Spontaneously

Verbal Response

1. No Response
2. Incomprehensible Sounds
3. Inappropriate Words
4. Disoriented and Converses
5. Oriented and Converses

Motor Response

1. No Response to Pain
2. Extension to Pain
3. Flexion Abnormal to Pain
4. Flexion Withdrawal to Pain
5. Localizes to Pain
6. Obeys Verbal Commands

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Appendix G: Pre-Hospital and Emergency Department Treatments

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1. Arterial Blood Gas
2. Endotracheal Airway
3. Nasotracheal Airway
4. Cricothyroidotomy Airway
5. Application of Halo
6. Application of Tongs
7. Arterial Line
8. Autotransfusion
9. Cardiac Monitoring
10. Chest Tube/Decompression
11. CPR
12. Femoral Line (Venous)
13. Intraosseous Infusion
14. Other Central Line
15. Defibrillation
16. EKG
17. Foley
18. Hypo/Hyperthermia Therapy
19. Hyperbaric Therapy
20. ICP Insertion
21. MAST
22. Oxygen
23. Pericardiocentesis
24. Peripheral IV
25. Peritoneal Lavage
26. Gastric Tube
27. Swan-Ganz Catheter
28. Thoracotomy
29. Tibial Pin
30. Tracheostomy
31. Venous Cut-Down
32. Ventilator
33. Closed Reduction
34. Sutures/Staples
35. Pulse Oximetry
36. End-Tidal CO2
37. Level I Rapid Infusion
38. Blood Drawn
39. Control Bleeding
40. Assist Ventilation
41. Medication - Paralytic Agent*
42. Medication – Antibiotic*
43. Medication – Other*
44. Medication – Analgesics*
45. Medication – Sedatives*
46. Medication – Steroids*
47. Medication - Anticoagulant*
50. CT Scan – Head
51. CT Scan – Abdomen
52. CT Scan - Cervical Spine
53. CT Scan - Thoracic, Lumbar, Sacro-Lumbar
54. CT Scan - Pelvis
55. CT Scan – Chest
56. CT Scan - Facial Bone
57. CT Scan – Other
58. CT Scan - Angiogram
60. X-Ray – Head
61. X-Ray – Abdomen
62. X-Ray - Cervical Spine
63. X-Ray - Thoracic, Lumbar, Sacro-Lumbar
64. X-Ray – Pelvis
65. X-Ray – Chest
66. X-Ray - Facial Bone
67. X-Ray – Other
70. Angiography
71. Esophagram
72. IVP
73. Cystogram/Urethrogram
74. Other Radiology
75. Skeletal Survey
76. Echocardiogram
77. FAST
78. Volume Replacement
79. Other Hospital Procedure
80. Esophageal Obturator Airway (No Longer Used)
81. Spinal Immobilization
82. Other Skeletal Stabilization
83. Suctioning
84. Extrication
85. Ultrasound
86. MRI
87. Sigmoidoscopy
88. Other Field Procedure
90. Combi-Tube
91. Extubation
92. Blood Products Given in ED
93. Arterial line – Percutaneous
94. Arterial line – Cutdown
95. Thoracentesis
96. Central lines – Percutaneous
97. Central lines – Cutdown
98. Refused Care
99. None (now mapped to 999)
100. RSI
101. Ventriculostomy
102. Conscious Sedation
103. Cervical Spine Collar/Immobilization
104. EEG
105. Vena Cava Filter
106. PEG
107. Hemodialysis
108. External Fixator
109. Sequential Compression Device (SCD)
110. PCA
111. Dobhoff Feeding Tube
112. Knee Immobilizer
113. TEDS
114. Hare Traction Splint
115. Debridement
116. Pelvic Binder Applied
117. Pelvic Binder Removed
118. Bronchoscopy
119. PICC Lines
120. Endoscopy
121. CPAP
122. Epidural Pain Control
123. Arterial Embolization
124. BIPAP
125. Brain Perfusion/Flow Study
127. Doppler Study
128. Embolization
129. Total Parenteral Nutrition
130. Venous Blood Gas
131. Massive Transfusion – Protocol Initiated
132. Blood Glucose
999. None

*All Medication fields have been moved to a separate section within procedures

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APPENDIX H: Co-Morbid Codes Arranged by Code

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A.01	History of Cardiac Surgery	K.00	Obesity
A.02	Coronary Artery Disease		Documented Prior History of Pulmonary
A.03	Congestive Heart Failure	L.01	Disease with Ongoing Active Treatment
A.04	Coronary Pulmonale	L.02	Asthma
A.05	Myocardial Infarction	L.03	Chronic Obstructive Pulmonary Disease
A.06	Hypertension	L.04	Chronic Pulmonary Condition
B.01	Insulin Dependent		Serum Creatinine > 2 mg %
B.02	Non-Insulin Dependent	M.01	(on Admission)
C.00	Other GI Issues	M.02	Dialysis (Excludes Transplant Patients)
C.01	Peptic Ulcer Disease	N.01	Chronic Drug Abuse
C.02	Gastric or Esophageal Varices	N.02	Chronic Alcohol Abuse
C.03	Pancreatitis	NONE	Not Available
C.04	Inflammatory Bowel Disease	P.00	Pregnancy
D.01	Acquired Coagulopathy	S.01	No NTDS Co-Morbidities are present
D.02	Coumadin Therapy	S.02	Alcoholism
D.03	Hemophilia	S.03	Ascites within 30 days
D.04	Pre-existing Anemia	S.04	Bleeding Disorder
D.06	Sickle Cell Anemia	S.05	Chemotherapy for Cancer within 30 Days
E.00	History of Psychiatric Disorders	S.06	Congenital Anomalies
E.01	ADD/ADHD	S.07	Congestive Heart Failure
F.01	HIV/AIDS	S.08	Current Smoker
F.02	Routine Steroid Use	S.09	Currently Requiring or on Dialysis
F.03	Transplants	S.10	CVA with Residual Neurological Deficit
F.04	Active Chemotherapy	S.11	Diabetes Mellitus
G.01	Bilirubin > 2mg % (on Admission)	S.12	Disseminated Cancer
G.02	Documented History of Cirrhosis	S.13	Do Not Resuscitate (DNR) Status
H.01	Undergoing Current Therapy	S.14	Esophageal Varices
H.02	Concurrent or Existence of Metastasis	S.15	Functionally Dependent Health Status
I.01	Rheumatoid Arthritis	S.16	History of Angina within Past 1 Month
I.02	Systemic Lupus Erythematosus	S.17	History of Myocardial Infarction within Past 6 Months
I.03	Muscular Dystrophy	S.18	History of Revascularization/Amputation for PVD
J.01	Spinal Cord Injury	S.19	Hypertension Requiring Medication
J.02	Multiple Sclerosis	S.20	Impaired Sensorium
J.03	Alzheimers Disease	S.21	Prematurity
J.04	Seizures	S.22	Obesity
J.05	Chronic Demyelinating Disease	S.23	Respiratory Disease
J.06	Chronic Dementia	S.24	Steroid Use
J.07	Organic Brain Syndrome	Z.03	Bronchopulmonary Dysplasia (BPD)
J.08	Parkinsons Disease	Z.04	Cystic Fibrosis
J.09	CVA/Hemiparesis (Stroke with Residual)	Z.05	Inborn Error of Metabolism
J.11	Cerebral Palsy	Z.06	Osteogenesis Imperfecta
J.12	Intraventricular Hemorrhage	Z.07	Reactive Airway Disease (RAD)
J.13	Other Brain Development Issues	Z.08	Hydrocephalus
		Z.99	Other

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APPENDIX I: Co-Morbid Codes Arranged Alphabetically

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D.01	Acquired Coagulopathy		History of Revascularization/Amputation for PVD
F.04	Active Chemotherapy	S.18	
E.01	ADD/ADHD	F.01	HIV/AIDS
S.02	Alcoholism	Z.08	Hydrocephalus
J.03	Alzheimers Disease	A.06	Hypertension
S.03	Ascites within 30 Days	S.19	Hypertension Requiring Medication
L.02	Asthma	S.20	Impaired Sensorium
G.01	Bilirubin > 2mg % (on Admission)	Z.05	Inborn Error of Metabolism
S.04	Bleeding Disorder	C.04	Inflammatory Bowel Disease
Z.03	Bronchopulmonary Dysplasia (BPD)		
J.11	Cerebral Palsy	B.01	Insulin Dependent
S.05	Chemotherapy for Cancer within 30 Days	J.12	Intraventricular Hemorrhage
N.02	Chronic Alcohol Abuse	J.02	Multiple Sclerosis
J.06	Chronic Dementia	I.03	Muscular Dystrophy
J.05	Chronic Demyelinating Disease	A.05	Myocardial Infarction
N.01	Chronic Drug Abuse	S.01	No NTDS Co-Morbidities are Present
L.03	Chronic Obstructive Pulmonary Disease	B.02	Non-Insulin Dependent
L.04	Chronic Pulmonary Condition	K.00	Obesity (+S.22)
H.02	Concurrent or Existence of Metastasis	J.07	Organic Brain Syndrome
S.06	Congenital Anomalies	Z.06	Osteogenesis Imperfecta
A.03	Congestive Heart Failure (+S.07)	Z.99	Other
A.04	Coronary Pulmonale	J.13	Other Brain Development Issues
A.02	Coronary Artery Disease	C.00	Other GI Issues
D.02	Coumadin Therapy	C.03	Pancreatitis
S.08	Current Smoker	J.08	Parkinsons Disease
S.09	Currently Requiring or on Dialysis	C.01	Peptic Ulcer Disease
S.10	CVA with Residual Neurological Deficit	D.04	Pre-existing Anemia
J.09	(Stroke with Residual)	P.00	Pregnancy
Z.04	Cystic Fibrosis	S.21	Prematurity
S.11	Diabetes Mellitus	Z.07	Reactive Airway Disease (RAD)
M.02	Dialysis (Excludes Transplant Patients)	S.23	Respiratory Disease
S.12	Disseminated Cancer	I.01	Rheumatoid Arthritis
G.02	Documented History of Cirrhosis	F.02	Routine Steroid Use
L.01	Documented Prior History of Pulmonary Disease with Ongoing Active Treatment	J.04	Seizures
S.13	Do Not Resuscitate (DNR) Status	M.01	Serum Creatinine > 2 mg % (on Admission)
S.14	Esophageal Varices	D.06	Sickle Cell Anemia
S.15	Functionally Dependent Health Status	J.01	Spinal Cord Injury
C.02	Gastric or Esophageal Varices (+S14)	S.24	Steroid Use
D.03	Hemophilia	I.02	Systemic Lupus Erythematosus
S.16	History of Angina within Past 1 Month	F.03	Transplants
A.01	History of Cardiac Surgery	H.01	Undergoing Current Therapy
S.17	History of Myocardial Infarction within Past 6 Months		
E.00	History of Psychiatric Disorders		

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APPENDIX J: The Joint Commission (TJC) Clinical Indicators

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The TJC Clinical Indicators currently being tested by trauma centers throughout the United States form the first part of the quality assurance reports generated by the Maryland Trauma Registry. In the discussion of the Clinical Indicators which follows, the specific manner in which each indicator is addressed by the Maryland Trauma Registry is described in detail.

J-1 Trauma patients with prehospital emergency medical services (EMS) scene time greater than 20 minutes.

The EMS scene time is calculated using the date and time of ambulance arrival at the scene, PHP_A_DATES (field #73) and PHP_A_TIMES (field #74), and the date and time the ambulance left the scene, PHP_L_DATES (field # 77) and PHP_L_TIMES (field #78), for patients that are transported from the scene, PAT_ORIGIN = "1" (field #6) and whose transport mode, PHP_MODES (field #60), is equal to 1, 2, 3...8, 9, 13 or 14.

J-2 Trauma patients with blood pressure, pulse, respiration, and Glasgow Coma Scale (GCS) documented in the Emergency Department record on arrival and hourly until inpatient admission to operating room or specialty care unit, death or transfer to another care facility (hourly GCS needed only if the patient has an altered state of consciousness).

The field hourly vital signs documented, MD_CARE_FLTR200 (field #412) 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.

J-3 Comatose patients discharged from the Emergency Department prior to the establishment of a mechanical airway.

If the GCS total upon release from the ED, EDAS_GCSSC (field #208) for assessment type, EDAS_ATYPES (field #189) = "3" (final) is less than or equal to 8, the patient is considered comatose for the purposes of this clinical indicator.

Instead of "discharged" from the ED, the Maryland Trauma Registry substitutes "released" from the ED, indicating the time the patient physically left the ED on the way to the ED disposition, i.e. EDD_TIME (field #146).

If the patient came from the scene, then if a mechanical airway was established, either any pre-hospital treatment, PH_INTS (field #100) must be equal to either 2,3,4,30,32, or 90 or any ED procedure, (procedure type), PR_CATS (field #325), must be equal to either 2,3,4,30 or 32 or the patient must be intubated upon arrival at the ED or upon release from the ED, thus, EDAS_INTUB_YN, (field #172) must equal "Y" or, EDAS_INTUB_YNS (field #198) must equal "Y" for EDAS_TYPES = "3". 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 or 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 #134), must be equal to 2,3,4,30 or 32, or the patient must be intubated upon arrival at the ED or upon release from the ED, thus, EDAS_INTUB_YN, must equal "Y" or, EDAS_INTUB_YNS must equal "Y" for EDAS_TYPES = "3". If none of these conditions are met, then a mechanical airway was not established.

J-4 Trauma patients with diagnosis of intracranial injury and altered state of consciousness upon Emergency Department arrival receiving initial head computerized tomography (CT Scan) greater than 2 hours after ED arrival.

“Altered state of consciousness” is defined as having value of less than 14 for the GCS total upon arrival in the ED, EDAS_GCS (field #182).

If the patient came from the scene, PAT_ORIGIN (field #6) = “1”. If any ED procedure, (procedure type), PR_CATS (field #325) = “50”, then a CT Scan for the head was performed. If the patient was transferred, PAT_ORIGIN = “2”. If any treatment was performed in the ED at the transferring hospital, and RFPR_CATS (field #134) = “50”, or if the treatment was performed at this hospital, and any procedure type, PR_CATS = “50”, then a CT Scan for the head was performed.

The length time can be calculated from the date and time of ED arrival, EDA_DATE (field #139) and EDA_TIME (field #140) and the procedure start date and time, PR_STR_DATES (field #328) and PR_STR_TIMES (field #329), that corresponds to the procedure type, PR_CATS which is equal to “50”.

The diagnosis of intracranial injury is determined by examining the ICD-9-CM codes generated by Tri-Code for both the initial diagnoses (INIT_ICD9_S) and final diagnoses (ICD9_S). The following ICD-9-CM codes qualify as intracranial injuries:

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

J-5 Trauma patients with diagnosis of extradural or subdural brain hemorrhage undergoing craniotomy greater than 4 hours after Emergency Department arrival (excluding intracranial pressure monitoring) subcategorized by pediatric and adult patients.

For the purposes of this clinical indicator, adults are defined as patients who are 15 years old or older.

The date and time of the procedure are contained in OP_A_DATES (field #316) and OP_A_TIMES (field # 317). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

The presence of an extradural or subdural brain hemorrhage is determined from the ICD-9-CM codes generated by Tri-Code for ICD9_S.

The qualifying ICD-9-CM diagnosis codes for extradural and subdural brain hemorrhage are:

One in the following range: 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, 852.20-852.59

Whether or not a craniotomy was performed is determined from the field for surgical procedures, PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for craniotomies are:

One in the following range: 01.24 - 01.31

J-6 Trauma patients with open fractures of the long bones as a result of blunt trauma receiving initial surgical treatment greater than 8 hours after Emergency Department arrival.

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-9-CM codes generated by Tri-Code for ICD9_S.

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_ICD9_S (field #324).

The date and time of the procedure are contained in OP_A_DATES (field #316) and OP_A_TIMES (field #317). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

The qualifying ICD-9-CM diagnosis codes for open fractures of the long bones are:

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 qualifying ICD-9-CM procedure codes for initial surgical treatment are:

One of the following: 78.02, 78.05, 78.07, 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

J-7 Trauma patients with diagnosis of laceration of the liver or spleen, requiring surgery, undergoing laparotomy greater than 2 hours after Emergency Department arrival, subcategorized by pediatric and adult patients.

Patients 15 years old or older are considered adult patients for the purposes of this clinical indicator.

The presence of a liver or spleen laceration is determined from the ICD-9-CM codes generated by Tri-Code for ICD9_S.

The qualifying ICD-9-CM diagnosis codes for liver and spleen lacerations requiring surgery are:

In one of the following ranges: 864.00-864.04, 864.10-864.14, 865.00-865.04,
865.10-865.14
or one of the following: 864.09, 864.19, 865.09, 865.19

The surgical procedures performed are determined from PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for surgical treatment of lacerated spleens and livers are:

One of the following: 41.43, 41.5, 41.95, 41.99, 50.22, 50.29, 50.61, 50.69,
54.19, 50.3, 50.4, 50.6, 54.11, 54.21

The date and time of the procedure are contained in OP_A_DATES (field #316) and OP_A_TIMES (field #317). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

J-8 Trauma patients who did not undergo a laparotomy for wounds penetrating the abdominal wall subcategorized by gunshot and stab wounds.

The diagnosis of a wound penetrating the abdominal wall is determined by examining the ICD-9-CM codes generated by Tri-Code for final diagnoses (ICD9_S).

The qualifying ICD-9-CM diagnosis codes for wounds penetrating the abdominal wall are:

One in the following range: 879.2 - 879.5

The surgical procedures performed are determined from PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for surgical treatment of wounds penetrating the abdominal wall are:

One of the following: 39.31, 39.32, 39.56, 39.57, 41.43, 41.5, 41.95, 41.99, 44.61, 46.71, 46.73, 50.22, 50.3, 50.4, 50.61, 50.69, 52.95, 54.11, 54.21, 54.92, 55.4, 55.5, 55.81, 55.82, 57.79

The etiology codes are determined from INJ_ECODE01 (field #40) and INJ_ECODE02 (field #41).

The qualifying ICD-9-CM etiology codes for gunshot and stab patients are:

In one of the following ranges: 922.0-922.9, 955.0-955.4, 965.0-965.4, 985.0-985.4
or one of the following: 966, 970, 986

J-9 Trauma patients transferred from initial receiving hospital to another acute care facility after spending greater 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 #108) and RFS_A_TIME (field #109) and the date and time of departure from the transferring hospital, RFS_DIS_DATE (field #110) and RFS_DIS_TIME (field #111).

J-10 Adult trauma patients with femoral diaphyseal fractures treated by a non-fixation technique who did not die in the Emergency Department or were not transferred from the Emergency Department.

For purposes of this clinical indicator, adults are defined as patients who are 15 years or older.

This clinical indicator excludes all patients whose ED disposition (ED_DSP, field #149) equals "7" (transfer) or "9" (morgue/died).

The diagnosis of a diaphyseal fracture is determined by examining the ICD-9-CM codes generated by Tri-Code for final diagnoses (ICD9_S).

The qualifying ICD-9-CM diagnosis codes for diaphyseal fractures are:

One in the following range: 821.00 - 821.11

The surgical procedures performed are determined from PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for treatment of a diaphyseal fracture using a non-fixation technique are:

One of the following: 78.15, 78.55, 79.15, 79.35

J-11 Intrahospital mortality of trauma patients with one or more of the following conditions who did not undergo a procedure for the condition: tension pneumothorax, hemoperitoneum, hemothoraces, ruptured aorta, pericardial tamponade, and epidural or subdural hemorrhage.

All patients who die are reviewed. For this clinical indicator, final disposition, DIS_DEST (field #349), will be equal to "9" (morgue/died). Cases meeting the conditions specified by this clinical indicator are, therefore, included. There are six types of conditions and the diagnoses codes for these conditions are listed here along with their corresponding procedures.

For the first group, the qualifying ICD-9-CM diagnosis codes are:

One of the following: 860.0,860.1

and the qualifying ICD-9-CM procedure codes are:

One in the following range: 33.41-33.49, 34.91-34.93
or one of the following: 34.01, 34.02, 34.04, 34.09, 34.71

For the second group, the qualifying ICD-9-CM diagnosis codes are:

One of the following: 868.03, 868.13

and the qualifying ICD-9-CM procedure codes are:

One in the following range: 39.24-39.26, 39.30-39.32, 39.56-39.58
or one of the following: 38.06, 38.07, 38.44, 38.46, 38.47, 38.7, 38.84, 38.86, 38.87, 39.1, 39.29, 44.49, 44.61, 46.01, 46.10, 46.20, 46.21, 46.73, 46.75, 50.22, 50.4, 50.60, 51.71, 51.79, 51.91, 52.50, 52.6, 52.95, 54.11, 54.19, 54.3, 54.74, 54.75, 54.91, 54.92, 55.4, 55.50, 55.81, 56.82

For the third group, the qualifying ICD-9-CM diagnosis codes are:

One in the following range: 860.2 - 860.5

and the qualifying ICD-9-CM procedure codes are:

One in the following range: 33.41-33.49, 39.30-39.32, 39.56-39.58
or one of the following: 32.3, 32.4, 34.01, 34.91, 34.93, 38.85, 39.21, 39.22

For the fourth group, the qualifying ICD-9-CM diagnosis codes are:

One of the following: 901.0, 902.0

and the qualifying ICD-9-CM procedure codes are:

One in the following range: 39.56-39.58
or one of the following: 34.02, 38.04, 38.34, 38.35, 38.84, 38.85, 54.11

For the fifth group, the qualifying ICD-9-CM diagnosis code is:

The following: 423.9

and the qualifying ICD-9-CM procedure codes are:

one of the following: 37.0, 37.12, 37.4

For the sixth group, the qualifying ICD-9-CM diagnosis codes are:

One in the following ranges: 852.20-852.29, 852.50-852.59

and the qualifying ICD-9-CM procedure codes are:

One of the following: 01.24, 02.02

J-12 Trauma patients who expired within 48 hours of Emergency Department arrival for whom an autopsy was not performed.

For this clinical indicator, the final disposition (DIS_DEST, field #349) contains a value of "9" (morgue/died) and the autopsy ID (ME_RP_NUM, field #396) is either unknown or left blank.

The date and time of death are contained in DIS_DATE (field #345) and DIS_TIME (field #346). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

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 #73) and PHP_A_TIMES (field #74), and the date and time the ambulance left the scene, PHP_L_DATES (field #77) and PHP_L_TIMES (field #78), for patients that are transported from the scene, PAT_ORIGIN (field #6) = "1" and whose transport mode, PHP_MODES (field #60), is equal to 1,2,3...8, 9, 13 or 14.

Patients that required extrication, PH_INTS (field #100) = "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 #60), 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 #65).

A-3a Patients that came directly from the scene who had a Glasgow Coma Scale between 9 and 14 either upon admission to the Emergency Department or release from the Emergency Department who either did not receive a CT scan of the head within 2 hours of Emergency Department arrival or did not receive a CT Scan at all excluding those patients that died in the Emergency Department within 2 hours of arrival.

The GCS of interest is the GCS upon ED arrival, EDAS_GCS (field #182), or the GCS upon release from the ED, EDAS_GCSSC (field #208) for assessment type, EDAS_ATYPES (field #189) = "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 #149), of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146).

If a patient received a CT Scan of the head, any ED procedure (procedure type), PR_CATS (field #325) = "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 #328) and PR_STR_TIMES (field #329).

The qualifying ICD-9-CM diagnosis codes are:

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 #182), or the GCS upon release from the ED, EDAS_GCSSC (field #208) for assessment type, EDAS_ATYPES (field #189) = "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 #149), of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146).

If a patient received a CT Scan of the head, any ED procedure (procedure type), PR_CATS (field #325) = "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 #328) and PR_STR_TIMES (field #329).

The qualifying ICD-9-CM diagnosis codes are:

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 #182), or the GCS upon release from the ED, EDAS_GCSSC (field #208) for assessment type, EDAS_ATYPES (field #189) = "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 #149), of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146).

If a patient did not receive a CT Scan of the head at the referring hospital, then all referring hospital treatments, RFPR_CATS (field #134), 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 #325) = "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 #328) and PR_STR_TIMES (field #329).

The qualifying ICD-9-CM diagnosis codes are:

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 #182), or the GCS upon release from the ED, EDAS_GCSSC (field #208) for assessment type, EDAS_ATYPES (field #189) = "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 #149), of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146).

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 #134), 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 #325) = "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 #328) and PR_STR_TIMES (field #329).

The qualifying ICD-9-CM diagnosis codes are:

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.

Hourly vital signs documented, MD_CARE_FLTR200 (field #412), 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. An "N" indicates that they were not properly documented.

A-5 Comatose trauma patients leaving 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 #208) for assessment type, EDAS_ATYPES (field #189) = "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 #146).

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 #149), of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146). This clinical indicator also does not include any patient that had a DNR order issued, DNR_DET (field #390).

If the patient came from the scene, then if a mechanical airway was established, either any pre-hospital treatment, PH_INTS (field #100), must be equal to either 2,3,4,30,32, or 90 or any ED procedure, (procedure type), PR_CATS (field #325), 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 #87) must equal "Y", EDAS_INTUB_YN (field #172) must equal "Y" or EDAS_INTUB_YNS (field #198) must equal "Y" for EDAS_TYPES = "3". 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 #134), 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_TYPES = "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 #149) of "9" (morgue/died). The date and time of ED arrival are contained in fields, EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of release from the ED are contained in the fields, EDD_DATE (field #145) and EDD_TIME (field #146).

The diagnosis of a gunshot wound to the abdomen is determined by examining the ICD-9-CM codes generated by Tri-Code for final diagnoses (ICD9_S) and the etiology codes, INJ_ECODE01, (field #40), or INJ_ECODE02, (field #41).

The qualifying ICD-9-CM diagnosis codes for gunshot wounds are:

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 qualifying ICD-9-CM etiology codes for gunshot wounds are:

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_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for surgical treatment of gunshot wounds to the abdomen are:

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-7a Patients with abdominal injuries and hypotension (systolic blood pressure, 90 mm Hg for patients age 10 and above and 70 mm Hg plus 2 times the patients age for patients less than age 10), who do not undergo a laparotomy within one hour of arrival at the Emergency Department excluding any patient that had an embolization and/or angiography in the ED or as an in-hospital procedure.

If the systolic blood pressure in the Emergency Department, EDAS_SBP, (field #174), 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 #325) will be equal to either "128" or "70".

The date and time of the emergency department arrival are contained in EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of the procedure are contained in OP_A_DATES (field #316) and OP_A_TIMES (field #317).

The diagnosis of an abdominal injury is determined by examining the ICD-9-CM codes generated by Tri-Code for final diagnoses (ICD9_S).

The qualifying ICD-9-CM diagnosis codes are:

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_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes are:

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 #139) and EDA_TIME (field #140). The date and time of the procedure are contained in OP_A _DATES (field #316) and OP_A _TIMES (field #317).

The qualifying ICD-9-CM diagnosis codes are:

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_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes are:

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 #316) and OP_A _TIMES (field #317). The date and time of emergency department arrival are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

The presence of an extradural or subdural brain hemorrhage is determined from the ICD-9-CM codes generated by Tri-Code for ICD9_S.

The qualifying ICD-9-CM diagnosis codes for extradural and subdural brain hemorrhage are:

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_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for craniotomies are:

In one of the following range: 01.24 - 01.31
or one of 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 #208) for assessment type, EDAS_ATYPES (field #189) = "3"(final).

This clinical indicator excludes patients that went to the OR and had a procedure performed, PR_ICD9_S (field #324) between 01.24 and 01.31.

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 #149) 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 #325) should equal "20" or "101". For OR procedures, PR_ICD9_S should be equal to 01.18 or 02.2. The corresponding dates and times for the ED treatments and in hospital treatments are contained in PR_STR_DATES (field #328) and PR_STR_TIMES (field #329). The dates and times of the OR procedures are contained in OP_A _DATES (field #316) and OP_A _TIMES (field #317).

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 #108) and RFS_A_TIME (field #109), and the date and time of departure from the transferring hospital, RFS_DIS_DATE (field #110) and RFS_DIS_TIME (field #111).

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 #139), and EDA_TIME (field #140), and the date and time of release from the ED, EDD_DATE (field #145) and EDD_TIME (field #146).

This clinical indicator includes only patients that had an emergency department disposition, ED_DSP(field #149), equal to 3, 4, or 5.

Patients with an inclusion criteria, INCL_RS (field #138), of "2.2" (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 #149), of "7" (transferred) and/or a final disposition, DIS_DEST (field #349), 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 #139) and EDA_TIME (field #140), and the date and time of discharge, DIS_DATE (field #345), and DIS_TIME (field #346).

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-9-CM codes generated by Tri-Code for ICD9_S.

This clinical indicator does not include any patient that died in the ED. These patients will have an ED disposition, ED_DSP (field #149), 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_ICD9_S (field #324).

The date and time of the procedures are contained in OP_A_DATES (field #316) and OP_A_TIMES (field #317). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

The qualifying ICD-9-CM diagnosis codes for open fractures of the long bones are:

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 qualifying ICD-9-CM procedure codes for initial surgical treatment are:

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 #316) and OP_A _TIMES (field #317). The date and time of arrival in the Emergency Department are contained in EDA_DATE (field #139) and EDA_TIME (field #140).

The surgical procedures performed are determined from PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for abdominal, thoracic, vascular, and cranial surgery are:

One in the following range: 01.00-01.10, 01.20-02.99, 32.00-33.49, 33.60-37.40,
38.00-39.99, 41.42-59.99

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 #147). If the patient is not admitted under the care of a surgeon, then ADM_SVC will not be equal to either 1,2,3, or 4.

The date of admission, ADM_DATE (field #143), 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 #149) equals "7" (transfer) or "9" (morgue/died).

The date and time of the emergency department arrival are contained in EDA_DATE (field #139) and EDA_TIME (field #140). The date and time of the procedure are contained in either OP_A_DATES (field #316) and OP_A_TIMES (field #317).

The diagnosis of a diaphyseal fracture is determined by examining the ICD-9-CM codes generated by Tri-Code for final diagnoses (ICD9_S) for patients who are age 15 and over.

The qualifying ICD-9-CM diagnosis codes for diaphyseal fractures are:

One in the following range: 821.00 - 821.11

The surgical procedures performed are determined from PR_ICD9_S (field #324).

The qualifying ICD-9-CM procedure codes for treatment of a diaphyseal fracture are:

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

A-14 Any patient requiring reintubation within 48 hours of extubation.

If the field for reintubation required within 48 hours of extubation, MD_CARE_FLTR400 (field #414), 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 #418) or ACS COMPLICATIONS (field #419).

Specific Complications: 0002, 0004, 0005, 0006, 0009, 0011, 0014, 0015, 0018, 0019, 0020, 0021, 0022, 0023, 0024, 0026, 2501, 3005, 3007, 3009, 3010, 3011, 3017, 3502, 4004, 4005, 4010, 6506, 7008, 7507, 8504, 8508

A-15b Selected complications.

This filter allows the user to choose which NTDB and/or ACS complications, NTDB COMPLICATIONS (field #418) or ACS COMPLICATIONS (field #419), 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 #418) or ACS COMPLICATIONS (field #419) or listed in the ICD-9 complications, non trauma diagnoses, NTD_ICD9_S (field #341) for diagnosis type, NTD_TYPES (field #342) = "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 #138) = "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 #349).

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 #417), 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 #415), or the field for an unplanned visit to a critical care unit related to trauma care, MD_CARE_FLTR600 (field #416), 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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AF	Afghanistan	CN	Comoros
AX	Akrotiri Sovereign Base Area	CW	Cook Islands
AL	Albania	CR	Coral Sea Islands
AG	Algeria	CS	Costa Rica
AQ	American Samoa	IV	Cote d'Ivoire
AN	Andorra	HR	Croatia
AO	Angola	CU	Cuba
AV	Anguilla	CY	Cyprus
AY	Antarctica	EZ	Czech Republic
AC	Antigua and Barbuda	CG	Democratic Republic of the Congo
AR	Argentina	DA	Denmark
AM	Armenia	DX	Dhekelia Sovereign Base Area
AA	Aruba	DJ	Djibouti
AT	Ashmore and Cartier Islands	DO	Dominica
AS	Australia	DR	Dominican Republic
AU	Austria	EC	Ecuador
AJ	Azerbaijan	EG	Egypt
BF	Bahamas	ES	El Salvador
BA	Bahrain	EK	Equatorial Guinea
FQ	Baker Island	ER	Eritrea
BG	Bangladesh	EN	Estonia
BB	Barbados	ET	Ethiopia
BS	Bassas da India	EU	Europa Island
BO	Belarus	FK	Falkland Islands (Malvinas)
BE	Belgium	FO	Faroe Islands
BH	Belize	FM	Federated States of Micronesia
BN	Benin	FJ	Fiji
BD	Bermuda	FI	Finland
BT	Bhutan	FR	France
BL	Bolivia	FG	French Guiana
BK	Bosnia and Herzegovina	FP	French Polynesia
BC	Botswana	FS	French Southern Territories
BV	Bouvet Island	GB	Gabon
BR	Brazil	GZ	Gaza Strip
IO	British Indian Ocean Territory	GG	Georgia
VI	British Virgin Islands	GM	Germany
BX	Brunei	GH	Ghana
BU	Bulgaria	GI	Gibraltar
UV	Burkina Faso	GO	Glorioso Islands
BY	Burundi	GR	Greece
CB	Cambodia	GL	Greenland
CM	Cameroon	GJ	Grenada
CA	Canada	GP	Guadeloupe
CV	Cape Verde	GQ	Guam
CJ	Cayman Islands	GT	Guatemala
CT	Central African Republic	GK	Guernsey
CD	Chad	GV	Guinea
CI	Chile	PU	Guinea-Bissau
KT	Christmas Island	GY	Guyana
IP	Clipperton Island	HA	Haiti
CK	Cocos (Keeling) Islands	HM	Heard Island and McDonald Islands
CO	Colombia	HO	Honduras

HK	Hong Kong	MH	Montserrat
HQ	Howland Island	MO	Morocco
HU	Hungary	MZ	Mozambique
IC	Iceland	BM	Myanmar
IN	India	WA	Namibia
ID	Indonesia	NR	Nauru
IR	Iran	BQ	Navassa Island
IZ	Iraq	NP	Nepal
IM	Isle of Man	NL	Netherlands
IS	Israel	NT	Netherlands Antilles
IT	Italy	NC	New Caledonia
JM	Jamaica	NZ	New Zealand
JN	Jan Mayen	NU	Nicaragua
JA	Japan	NG	Niger
DQ	Jarvis Island	NI	Nigeria
JE	Jersey	NE	Niue
JQ	Johnston Atoll	NF	Norfolk Island
JO	Jordan	KN	North Korea
JU	Juan de Nova Island	CQ	Northern Mariana Islands
KZ	Kazakhstan	NO	Norway
KE	Kenya	MU	Oman
KQ	Kingman Reef	PK	Pakistan
KR	Kiribati	PS	Palau
KU	Kuwait	PM	Panama
KG	Kyrgyzstan	PP	Papua New Guinea
LA	Laos	PF	Paracel Islands
LG	Latvia	PA	Paraguay
LE	Lebanon	CH	People's Republic of China
LT	Lesotho	PE	Peru
LI	Liberia	RP	Philippines
LY	Libya	PC	Pitcairn Islands
LS	Liechtenstein	PL	Poland
LH	Lithuania	PO	Portugal
LU	Luxembourg	RQ	Puerto Rico
MC	Macau	QA	Qatar
MA	Madagascar	TW	Republic of China (Taiwan)
MI	Malawi	EI	Republic of Ireland
MY	Malaysia	MK	Republic of Macedonia
MV	Maldives	CF	Republic of the Congo
ML	Mali	UG	Republic of Uganda
MT	Malta	RE	Reunion
RM	Marshall Islands	RO	Romania
MB	Martinique	RS	Russia
MR	Mauritania	RW	Rwanda
MP	Mauritius	SH	Saint Helena
MF	Mayotte	SC	Saint Kitts and Nevis
MX	Mexico	ST	Saint Lucia
MQ	Midway Islands	SB	Saint Pierre and Miquelon
MD	Moldova	VC	Saint Vincent and the Grenadines
MN	Monaco	WS	Samoa
MG	Mongolia	SM	San Marino
MJ	Montenegro	TP	Sao Tome and Principe

SA	Saudi Arabia	WF	Wallis and Futuna
SG	Senegal	WE	West Bank
RB	Serbia	WI	Western Sahara
SE	Seychelles	YM	Yemen
SL	Sierra Leone	ZA	Zambia
SN	Singapore	ZI	Zimbabwe
LO	Slovakia		
SI	Slovenia		
BP	Solomon Islands		
SO	Somalia		
SF	South Africa		
SX	South Georgia and the South Sandwich Islands		
KS	South Korea		
SP	Spain		
PG	Spratly Islands		
CE	Sri Lanka		
SU	Sudan		
NS	Suriname		
SV	Svalbard		
WZ	Swaziland		
SW	Sweden		
SZ	Switzerland		
SY	Syria		
TI	Tajikistan		
TZ	Tanzania		
TH	Thailand		
GA	The Gambia		
TT	Timor-Leste/East Timor		
TO	Togo		
TL	Tokelau		
TN	Tonga		
TD	Trinidad and Tobago		
TE	Tromelin Island		
TS	Tunisia		
TU	Turkey		
TX	Turkmenistan		
TK	Turks and Caicos Islands		
TU	Tuvalu		
VQ	U.S. Virgin Islands		
UP	Ukraine		
AE	United Arab Emirates		
UK	United Kingdom		
US	United States		
UM	United States Minor Outlying Islands		
UY	Uruguay		
UZ	Uzbekistan		
NH	Vanuatu		
VT	Vatican City		
VE	Venezuela		
VM	Vietnam		
WQ	Wake Island		

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Appendix 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. Decubitus Ulcer
12. Deep Surgical Site Infection
13. Drug or Alcohol Withdrawal Syndrome
14. Deep Vein Thrombosis (DVT) /Thrombophlebitis
15. Extremity Compartment Syndrome
16. Graft/Prosthesis/Flap Failure
17. Retired 2011 – Intracranial Pressure
18. Myocardial Infarction
19. Organ/Space Surgical Site Infection
20. Pneumonia
21. Pulmonary Embolism
22. Stroke/CVA
23. Superficial Surgical Site Infection
24. Retired 2011 – Systemic Sepsis
25. Unplanned Intubation
26. Retired 2011 – Wound Disruption
27. Urinary Tract Infection
28. Catheter-Related Blood Stream Infection
29. Osteomyelitis
30. Unplanned Return to OR
31. Unplanned Return to the ICU
32. Severe Sepsis

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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. Hemothorax
3008. Pneumonia
3009. Pneumothorax (Barotrauma)
3010. Pneumothorax (Iatrogenic)
3011. Pneumothorax (Recurrent)
3012. Pneumothorax (Tension)
3013. Pulmonary Edema
3014. Pulmonary Embolus
3015. Respiratory Failure
3016. Upper Airway Obstruction
3017. Pleural Effusion
3099. Other Pulmonary
3501. Arrhythmia
3502. Cardiac Arrest (Unexpected) with CPR
3503. Cardiogenic Shock
3504. Congestive Heart Failure
3505. Myocardial Infarction
3506. Pericarditis
3507. Pericardial Effusion or Tamponade
3508. Shock
3599. Other Cardiovascular
4001. Anastomotic Leak
4002. Bowel Injury (Iatrogenic)
4003. Dehiscence/Evisceration
4004. Enterotomy (Iatrogenic)
4005. Fistula
4006. Hemorrhage (Lower GI)
4007. Hemorrhage (Upper GI)
4008. Ileus
4009. Peritonitis

4010. Small Bowel Obstruction
4011. Ulcer (Duodenal/Gastric)
4099. Other GI
4501. Acalculous Cholecystitis
4502. Hepatitis
4503. Liver Failure
4504. Pancreatic Fistula
4505. Pancreatitis
4506. Splenic Injury (Iatrogenic)
4599. Other Hepatic/Biliary
5001. Coagulopathy (Intraoperative)
5002. Coagulopathy (Other)
5003. Disseminated Intravascular Coagulation (DIC)
5005. Transfusion Complication
5099. Other Hematologic
5501. Cellulitis/Traumatic Injury
5502. Fungal Sepsis
5503. Intra-abdominal Abscess
5504. Line Infection
5505. Necrotizing Fasciitis
5506. Sepsis-Like Syndrome
5507. Septicemia
5508. Sinusitis
5509. Wound Infection
5510. Yeast Infection
5511. Deep Surgical Site Infection
5512. Organ/Space Surgical Site Infection
5513. Severe Sepsis
5514. Superficial Surgical Site Infection
5599. Other Infection
6001. Renal Failure
6002. Ureteral Injury
6003. Urinary Tract Infection, Early
6004. Urinary Tract Infection, Late
6005. Acute Kidney Injury
6099. Other Renal/GU
6501. Compartment Syndrome (Can be a Diagnosis or Complication)
6502. Decubitus (Minor)
6503. Decubitus (Blister)
6504. Decubitus (Open Sore)
6505. Decubitus (Deep)
6506. Loss of Reduction/Fixation
6507. Nonunion
6508. Osteomyelitis
6509. Orthopaedic Wound Infection
6510. Graft/Prosthesis Flap Failure
6598. Blunt, Open Fx of Long Bones w/>8 Hrs. Before Treatment
6599. Other Musculoskeletal/Integumentary
7001. Alcohol/Drug Withdrawal
7002. Anoxic Encephalopathy
7003. Brain Death
7004. Diabetes Insipidus
7005. Meningitis
7006. Neuropraxia (Iatrogenic)
7007. Nonoperative Subdural/Epidural Hematoma
7008. Progression of Original Neurologic Insult

7009. Seizure in Hospital
 7010. Syndrome of Inappropriate Antidiuretic Hormone (SIADH)
 7011. Stroke/CVA
 7012. Ventriculitis (Postsurgical)
 7013. Pt. from Scene w/ GCS 9-14 & No CT Head in 2 Hrs.
 7014. Pt. from Scene w/GCS 3-8 & No CT Head in 1 Hr.
 7015. Pt. Transferred w/GCS <14 & No CT Head at Referring Hospital
 7016. Pt. Transferred w/GCS 9-14 & No CT Head at ED in 2 Hrs.
 7017. Pt. Transferred w/GCS 3-8 & No CT Head at ED in 1 Hr.
 7099. Other Neurologic
 7501. Anastomotic Hemorrhage
 7502. Deep Venous Thrombosis (Lower Extremity)
 7503. Deep Venous Thrombosis (Upper Extremity)
 7504. Embolus (Nonpulmonary)
 7505. Gangrene
 7506. Graft Infection
 7507. Thrombosis
 7508. Thrombophlebitis
 7599. Other Vascular
 8001. Psychiatric
 8501. Anesthetic Complication
 8502. Drug
 8503. Fluid and Electrolytes
 8504. Hypothermia
 8505. Monitoring
 8507. Readmission
 8508. Postoperative Hemorrhage
 8509. Unplanned Escalation to ICU
 8510. Unplanned Return to OR
 8594. Pt. w/ GSW to the Abdomen Managed Nonoperatively
 8595. Pt. w/EDH/SDH w/ ICP Monitor > 4 Hrs. EDA or No ICP & No Craniotomy
 8596. Readmission to ICU
 8597. Deaths w/Conditional Injuries w/o Surgery
 8598. No Autopsies for Deaths < 48 Hrs. of Arrival
 8599. Other Miscellaneous
 9001. Delay in Disposition
 9002. Delay in Trauma Team Activation
 9003. Delay to Operating Room
 9004. Delay in MD Response
 9005. Delay in Obtaining Consultation
 9006. Delay in Diagnosis
 9007. Error in Diagnosis
 9008. Error in Judgment
 9009. Error in Technique
 9010. Incomplete Hospital Record
 9011. Abdominal Injury and Hypotension w/ Laparotomy > 1 Hr.
 9012. Abdominal Injury w/ Laparotomy > 4 Hrs.
 9013. Pt. w/ EDH/SDH w/Craniotomy > 4 Hrs. After ED Arrival Excluding ICP
 9014. Pt. Transferred in After > 6 Hrs. at Initial Hospital
 9015. Pt. Leaving ED & Admitted ICU/OR/OR Recovery > 6 Hrs. after ED Arrival
 9016. Pt. Transferred Out > 6 Hrs. After ED Arrival
 9017. Abdominal/Thoracic/Vascular/Cranial Surgery > 24 Hrs After ED Arrival
 9018. Pt. Admitted Under Non-Surgical Attending
 9019. Nonfixation of Femoral Diaphyseal Fx in Adult Pt.
 9020. Lac Liver or Spleen w/ Laparotomy > 2 Hrs. After Adm
 9999. Trauma Death

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