2017 MNTrauma Data Dictionary

Combined Data Dictionary
- Trauma System Registry
- Traumatic Brain Injury Registry
- Spinal Cord Injury Registry

Version 3

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### Patient

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Minnesota Trauma Registry Inclusion Criteria

Does the patient have at least one ICD10-CM diagnosis code or does the clinical condition support an ICD10-CM code of:
S01 – S99 with 7th character of A, B or C
T07, T14
T20 – T28 with 7th character of A
T30 – T32 (burns, frostbite)
T33 – T34 with 7th character of A (burns, frostbite)
T59.01 with 7th character of A (smoke inhalation)
T71 with 7th character of A (asphyxiation)
T74.4 with 7th character of A (shaken infant syndrome)
T75.0 with 7th character of A (lightning)
T75.1 with 7th character of A (drowning)
T75.4 with 7th character of A (electrocution) or
T79.A1 – T79.A9 with 7th character of A (traumatic compartment syndrome)?

Yes

Was the patient injured while admitted to the hospital?

No

Are the only ICD10-CM diagnosis codes one or more of the following?
S00, S10, S20, S80, S40, S50, S60, S70, S80, S90 (superficial injuries and contusions), or
S72.00-72.26 (hip/femoral neck fracture) and coded with...

W00 (due to ice and snow)
W01 (slip, trip, stumble)
W03 (collision w/other person)
W05.1 (from non-moving wheelchair or scooter)
W06 (from bed)
W07 (from chair)
W08 (from other furniture)
W18.11 – W18.12 (from toilet)
W18.8 (other same level fall) or
W18.4 (slip, trip, stumble w/out fall)?

Yes

Not Required

Required

Was the hospital’s trauma team activation criteria met?

Yes

Did the patient die as a result of the traumatic injury, in the emergency department or after admission? (Includes patients that arrive with CPR in progress)

No

Was the patient transferred by ambulance (air or ground) for trauma care to or from another hospital? (Include patients who are transferred for evaluation but not admitted to the receiving facility)

Yes

Was the patient admitted for care of the traumatic injury? (Includes patients admitted for observation)

No

No

No
Traumatic Brain/Spinal Cord Injury Registry Inclusion Criteria

Cases of traumatic brain injury and spinal cord injury must be reported to the Minnesota Department of Health if the patient receives one of the following ICD-10-CM codes either as a principal or secondary diagnosis, for an initial encounter only (7th digit=A, B or C):

**TBI**  
F07.81 - post concussion syndrome  
G93.1 - anoxic brain damage (when T75.1, T71.1xx, T71.2xx or T71.9 also coded)  
S02.0 – fracture of vault of skull  
S02.1xx - fracture of base of skull  
S02.91 – unspecified fracture of skull  
S04.0xx - injury to optic nerve and pathways  
S06.xxx – Intracranial Injury  
S07.1 – crushing injury of skull  
T74.4 - shaken infant syndrome

**SCI**  
S14.0 – S14.1xx – Injuries of cervical spinal cord  
S24.0 – S24.1xx – Injuries of thoracic spinal cord  
S34.0 – S34.1xx – Injuries of lumbar/sacral spinal cord

AND  
the injury occurred to a Minnesota resident, or  
the injury occurred within Minnesota  

AND  
the patient: was admitted as an inpatient to an acute care hospital, or  
died (or declared DOA) in the emergency department prior to admission, or  
was transferred from the emergency department to an out-of-state hospital.

Do not report patients:

- seen only in the emergency room and then discharged; or  
- admitted only as outpatients for observation, and then discharged; or  
admitted directly to long-term-care or rehabilitation facilities.
REGISTRY NUMBER

The number that is unique to the trauma registry record.

Notes: The Registry Number is automatically assigned when the record is created in MNTrauma. If records are imported, the number is assigned at the time of import.

Values

Data Section: TR5.12
Category: CASE DESCRIPTION
Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**ICD 10 LOCATION**

The ICD-10-CM Place of Occurrence external cause code used to describe the place/site/location of the injury event

**Notes:** Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, the reported external cause code will be selected based on the following hierarchy:

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

**Values**

**Data Section:** TR200.5

**Category:** CASE DESCRIPTION

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
INCIDENT LOCATION POSTAL CODE

The USPS ZIP Code for the location in which the injury occurred

Notes: If the exact USPS Zip Code of the location is not documented, extrapolate it using known information, such as the city or county of occurrence.

Values

Data Section: TR5.6
Category: CASE DESCRCRIPTION

Required: (1=required, 0=optional)
- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 0
INCIDENT COUNTRY

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

Notes:

Values

Data Section: TR5.11
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 0
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
INCIDENT COUNTY

County where the patient’s injury occurred

Notes:

Values

Data Section: TR5.9
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
INCIDENT STATE

Alpha indicator for the official US Postal Service (USPS) abbreviation for the state in which the patient’s injury occurred.

Notes:

Values

Data Section: TR5.7
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 0
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ICD 10 INJURY

ICD-10-CM external cause codes used to describe the mechanisms (or external factors) that caused the injury event

Notes: List the code used to describe the principal cause first. Additional codes used to describe the incident should be listed beneath the code used to describe the principal cause.

Ensure that TBI/SCI cases also include a Y99 (External Cause Status) code.

Values

Data Section: TR200.3
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
INJURY DESCRIPTION

A brief written description of the injury causes to provide additional clarity or to provide information when the cause codes are not known to the abstractor.

Notes:

Values

Data Section: TR20.12
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

   Trauma Registry: 1
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ICD 10 ACTIVITY

ICD 10-CM Activity external cause code describing the activity that the patient was engaged in when the injury occurred

Notes:

Values

Data Section: TR200.12

Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ICD 10 DIAGNOSIS

ICD-10 diagnosis code(s) related to all identified injuries. Report all injury-related diagnosis codes.

Notes: The top three diagnosis codes are used to calculate the Injury Severity score. In MNTrauma, use the arrows to the left of the code to drag the diagnosis codes into the proper order with the primary diagnosis on top.

The registrar may alter the codes provided by the billing coder to better reflect the patient's clinical presentation.

Values

Data Section: TR200.1

Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
AIS CODE

The full Abbreviated Injury Scale (AIS) Code (6-digit pre-dot and 1-digit post-dot (severity)) associated with the ICD 10 Code entered

**Notes:** Required for cases in which the patient was not transferred from the emergency department. The Abbreviated Injury Scale (AIS) Code is associated with the ICD-10 diagnosis code. The diagnosis codes from the three most severe diagnoses contribute to the total AIS.

**Values**

**Data Section:** TR200.14.1

**Category:** CASE DESCRIPTION

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
**ISS CALCULATED**

The automatically calculated value of the Injury Severity Score.

**Notes:** The field is automatically calculated when the top three ICD-10 diagnoses include their associated AIS codes.

**Values**

**Data Section:** TR21.8

**Category:** CASE DESCRIPTION

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
AIRBAG PRESENT

Indicates whether or not an airbag was present for use by the patient, regardless of whether or not it was deployed, during a motor vehicle crash.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A functional airbag was present in the area of a vehicle occupied by the patient prior to the crash.</td>
</tr>
<tr>
<td>No</td>
<td>A functional airbag was not present in the position of the vehicle occupied by the patient prior to the crash.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.3

Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
AIRBAG NOT DEPLOYED

Indication of whether or not the airbag deployed during a motor vehicle crash

Notes: If the airbag deployed, select “No.” If the airbag did not deploy, select “Yes.” Evidence of the use of airbag deployment may be reported or observed.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>The airbag did not deploy.</td>
</tr>
<tr>
<td>No</td>
<td>The airbag did deploy.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.20

Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
CHILD RESTRAINT

Indicates whether or not a child car seat or booster seat was in use by the patient during a motor vehicle crash.

Notes: Evidence of the use of safety equipment may be reported or observed. Applies only to children under the age of 8 who weigh less than 80 pounds.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Child restraint was in use by patient at the time of the injury, was properly fastened and did not become dislodged.</td>
</tr>
<tr>
<td>No</td>
<td>Child restraint was not in use by patient at the time of injury or was in use but not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.13

Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
LAP BELT

Indicates the use of a seatbelt by the patient during a motor vehicle crash.

Notes: If a lap and/or shoulder belt was used, select “Yes.”

A seatbelt that is not properly fastened or becomes dislodged at the time of injury is not considered to be in use at the time of injury.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing a properly fastened lap and/or shoulder belt at the time of</td>
</tr>
<tr>
<td></td>
<td>injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing a lap and/or shoulder belt at the time of injury, or the</td>
</tr>
<tr>
<td></td>
<td>lap and/or shoulder belt was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.11

Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
PERSONAL FLOATATION

Personal flotation device (such as a life vest) in use or worn by the patient at the time of the injury.

Notes: Applies to boating, swimming, canoeing, and other water sports.

Water toys or other buoyant objects not specifically designed for use as safety devices are not considered personal flotation devices.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing a properly fastened personal flotation device at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing a personal flotation device at the time of injury, or the floatation device was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.8
Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
EYE PROTECTION

Eye Protection in use or worn by the patient at the time of the injury.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing properly fastened eye protection at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing properly fastened eye protection at the time of injury, or the eye protection was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td>testing</td>
</tr>
</tbody>
</table>

Data Section: TR29.6

Category: INJURY

Required: (1=required, 0=optional)

- Trauma Registry: 0
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
**HELMET**

Helmet (any type except for hard hats) in use or worn by the patient at the time of the injury.

**Notes:** Applies to motorcycling, bicycling, snowmobiling, ATV’s, equestrian, rock climbing, and some motor and other sports and recreational activities.

A helmet that is not properly fastened or becomes dislodged at the time of injury is not considered to be in use at the time of injury.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing a properly fastened helmet at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing a properly fastened helmet at the time of injury, or the helmet was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR29.2

**Category:** INJURY

**Required:** (1=required, 0=optional)

- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
PROTECTIVE CLOTHING

Protective clothing in use or worn by the patient at the time of the injury. Does not include reflective clothing that does not provide physical protection.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing properly fastened protective clothing at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing protective clothing at the time of injury, or the protective clothing was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.7

Category: INJURY

Required: (1=required, 0=optional)

   Trauma Registry: 0
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HARD HAT

Reflects whether the injured person wore a hard hat (not helmet) at the time of injury.

**Notes:** A hard hat that is not properly fastened or becomes dislodged at the time of injury is not considered to be in use at the time of injury.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was wearing a properly fastened hard hat at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not wearing a hard hat at the time of injury, or the hard hat was not properly fastened or became dislodged.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR29.1

**Category:** INJURY

**Required:** (1=required, 0=optional)

- Trauma Registry: 0
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
OTHER PROTECTIVE EQUIPMENT

Other protective equipment in use or worn by the patient at the time of the injury that does not fall into any other category. Other protective equipment includes roll-over cab protectors on farm tractors.

Notes: Specify the specific protective equipment in the associated text box.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient was using another type of protective equipment not elsewhere specified at the time of injury.</td>
</tr>
<tr>
<td>No</td>
<td>Patient was not using another type of protective equipment at the time of injury.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR29.9

Category: INJURY

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SAFETY EQUIPMENT DESCRIPTION

Description of Other Protective Equipment

Notes:

Values

Data Section: TR29.10
Category: INJURY

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
INCIDENT DATE

The date the injury occurred.

Notes: If the exact date of injury is not documented, estimate it from the available data using the ambulance run sheet, statements from the patient, witnesses, or family members, or other reliable sources.

When the date of injury cannot be determined or estimated, report the date of injury as (in the following order):

1. The date of first access to medical care; or
2. The first date of treatment

Values

Data Section: TR5.1
Category: CASE DESCRIPTION

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
**INCIDENT TIME**

The time the injury occurred.

**Notes:** If the exact time of injury is not documented, estimate it from the available data using the ambulance run sheet, statements from the patient, witnesses, or family members, or other reliable sources.

When the time of injury cannot be determined or estimated, report the time of injury as (in the following order):

1. The time of first access to medical care; or
2. The time of first treatment

**Values**

**Data Section:** TR5.18

**Category:** CASE DESCRIPTION

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
**MEDICAL RECORD NUMBER**

Patient’s medical record number recorded exactly as reported by medical records/billing department

**Notes:**

**Values**

**Data Section:** TR1.2

**Category:** PATIENT

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
ACCOUNT NUMBER

Patient’s account number recorded exactly as reported by medical records/billing department

Notes:

Values

Data Section: TR1.27
Category: PATIENT

Required: (1=required, 0=optional)
   Trauma Registry: 0
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
LAST NAME

The patient's last name.

Notes:

Values

Data Section: TR1.9
Category: PATIENT

Required: (1=required, 0=optional)

    Trauma Registry: 1
    Traumatic Brain Injury/Spinal Cord Injury Registry: 1
FIRST NAME

The patient's first name.

Notes:

Values

Data Section: TR1.8
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
MIDDLE INITIAL

The first initial of the patient's middle name (if there are two middle names, use the first initial of the first middle name).

Notes: If no middle name, leave field blank.

Values

Data Section: TR1.10
Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SOCIAL SECURITY NUMBER

The patient's full social security number (numbers only, no dashes)

Notes: If the full social security number is not know, leave field blank. Do not enter 999999999 or valueless placeholders.

Values

Data Section: TR1.11
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SOCIAL SECURITY NUMBER NOT AVAILABLE

Indicates that the Social Security Number is not known or otherwise not available.

Notes:

Values

Data Section: TR1.11.1
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 0
DATE OF BIRTH

The patient's date of birth at the time of injury

**Notes:** If the patient's DOB is not known, leave field blank and estimate patient's age in the Age field.

**Values**

*Data Section:* TR1.7
*Category:* PATIENT

*Required:* (1=required, 0=optional)

- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
AGE

Patient's age at the time of injury

**Notes:** This field is automatically calculated if the Date of Birth and Incident Date are both entered. If no birthdate is documented, provide the best approximation of the patient's age at the time of injury.

**Values**

**Data Section:** TR1.12  
**Category:** PATIENT  
**Required:** (1=required, 0=optional)  
- Trauma Registry: 1  
- Traumatic Brain Injury/Spinal Cord Injury Registry: 0
AGE UNITS

The units used to document the patient's age (Minutes, Hours, Days, Months, Years).

Notes: For infants, report Age Units in days, weeks, or months; otherwise, report Age Units in years. (This field is auto-populated if the Date of Birth and Incident Date are both entered.)

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td></td>
</tr>
<tr>
<td>Months</td>
<td></td>
</tr>
<tr>
<td>Days</td>
<td></td>
</tr>
<tr>
<td>Hours</td>
<td></td>
</tr>
<tr>
<td>Minutes</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR1.14
Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**RACE**

The patient's race.

**Notes:** Use race reported on the patients enrollment file or patient self-report. Report up to two.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</td>
</tr>
<tr>
<td>Black or African American</td>
<td>A person having origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td>Asian</td>
<td>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td>Other Race</td>
<td>Please specify the indicated race if using the &quot;Other Race&quot; category.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR1.16

**Category:** PATIENT

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 0
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
OTHER RACE

If patient's race was not present, please indicate here.

Notes:

Values

Data Section: TR1.28
Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ETHNICITY

The patient’s ethnicity

Notes: Use ethnicity reported on the patients enrollment file or patient self-report.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>Anyone with a known ethnicity not fitting the definition of Hispanic.</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>A person of Mexican, Puerto Rican, Cuban, Central or South American or other</td>
</tr>
<tr>
<td></td>
<td>Spanish culture, regardless of race.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR1.17

Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
GENDER

The patient's biological gender

Notes: Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Data Section: TR1.15

Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ADDRESS

Street address of the patient’s permanent home mailing address

Notes:

Values

Data Section: TR1.18
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
POSTAL CODE

The USPS ZIP Code for the patient’s permanent home mailing address

Notes: If the patient has multiple home addresses, report the postal code of the patient’s primary residence.

Values

Data Section: TR1.20
Category: PATIENT
Required: (1=required, 0=optional)
   Trauma Registry: 1
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
COUNTRY

The patient's country of residence.

Notes:

Values

Data Section: TR1.19
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
CITY

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

Notes: Avoid the use of abbreviations.

Values

Data Section: TR1.21
Category: PATIENT

Required: (1=required, 0=optional)
- Trauma Registry: 0
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
COUNTY

The patient's county (or parish) of residence

Notes:

Values

Data Section: TR1.22
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
STATE

The state of the patient’s permanent home mailing address.

Notes:

Values

Data Section: TR1.23
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
PHONE NUMBER

The patient's primary phone number (can be home, work, or cell), including area code, at which the patient can be reached

Notes:

Values

Data Section: TR1.34
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
RELATIVE LAST NAME

The last name of the patient’s parent or guardian/contact. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

Data Section: TR2.15
Category: PATIENT
Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
RELATIVE FIRST NAME

The first name of the patient’s parent or guardian. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

Data Section: TR2.16
Category: PATIENT

Required: (1=required, 0=optional)

Trauma Registry: 0
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
RELATIVE MIDDLE INITIAL

The first letter of the patient’s parent or guardian's middle name. Leave this field blank if patient is responsible for him/herself or if the patient has no middle name.

Notes:

Values

Data Section: TR2.17
Category: PATIENT

Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
RELATIONSHIP TO PATIENT

The relationship of the relative or guardian to the patient. Leave this field blank if patient is responsible for him/herself.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td>A biological or adoptive parent or legal guardian of an unemancipated patient.</td>
</tr>
<tr>
<td>Other</td>
<td>Not the parent or legal guardian of the patient.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR2.26

Category: PATIENT

Required: (1=required, 0=optional)

   Trauma Registry: 0
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ARRIVED FROM

Location from where the patient arrived

Notes: If the patient arrived in transfer from another hospital, indicate “referring hospital;” otherwise, indicate “scene.”

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scene</td>
<td>Patient was not transferred from a referring hospital.</td>
</tr>
<tr>
<td>Referring Hospital</td>
<td>Patient was transferred from a referring hospital, either by ambulance or private</td>
</tr>
<tr>
<td></td>
<td>vehicle.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR16.22

Category: PRE-HOSPITAL

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TRANSPORTED TO YOUR FACILITY BY

The mode of transport delivering the patient to your hospital

**Notes:** If the patient was transported by an aeromedical service that landed at a local airport and then was shuttled to the hospital by ambulance, choose appropriate aeromedical mode.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Ambulance</td>
<td>Transported to the hospital by ground ambulance.</td>
</tr>
<tr>
<td>Private/Public Vehicle/Walk-In</td>
<td>Walked in or was transported to the hospital by a private vehicle, taxi or non-EMS medical transportation.</td>
</tr>
<tr>
<td>Police</td>
<td>Transported to the hospital by a law enforcement agency.</td>
</tr>
<tr>
<td>Helicopter Ambulance</td>
<td>Transported to the hospital by helicopter ambulance.</td>
</tr>
<tr>
<td>Fixed-wing Ambulance</td>
<td>Transported to the local area by fixed-wing ambulance (and then shuttled to the hospital by ground or other means).</td>
</tr>
<tr>
<td>Other</td>
<td>Transported by other means not otherwise listed.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR8.8

**Category:** PRE-HOSPITAL

**Required:** (1=required, 0=optional)

- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 0
OTHER TRANSPORT MODE

Description of transport mode if "means of transport" is listed as "other".

Notes:

Values

Data Section: TR8.9
Category: PRE-HOSPITAL

Required: (1=required, 0=optional)
- Trauma Registry: 0
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
REFERRING HOSPITAL NAME

The name of the acute care hospital that transferred the patient to the receiving (your) hospital.

Notes: Required when the patient is received by transferred.

Values

Data Section: TR33.1
Category: PRE-HOSPITAL

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
EMS RUN NUMBER

The number assigned to the incident by the EMS agency transporting the patient to your facility.

Notes: Typically found on the EMS run sheet and referred to as the Incident Number.

Values

Data Section: TR7.1
Category: PRE-HOSPITAL

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
EMS SERVICE

The name of the ambulance service or aeromedical flight company

Notes:

Values

Data Section: TR7.3
Category: PRE-HOSPITAL

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
EMS GCS MANUAL

The lowest Glasgow Coma Scale score at the scene of the injury or en route to the hospital before intubation, sedation or paralysis.

Notes: Typically obtained from the ambulance run sheet.

Values

Data Section: TR18.64
Category: PRE-HOSPITAL
Required: (1=required, 0=optional)

Trauma Registry: 0
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
EMS AVPU

The lowest AVPU score recorded in by EMS before intubation, sedation or paralyzation.

Notes: If the AVPU is not explicitly recorded, but there is documentation related to their level of consciousness such as “AAOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as "A" if there is no other contradicting documentation.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert</td>
<td>Patient is awake and alert.</td>
</tr>
<tr>
<td>Verbal Stimuli</td>
<td>Responsive to verbal stimuli: patient not awake but easy to arouse by verbal stimuli. Can obey some simple commands, speak comprehensively, although some disorientation may be present.</td>
</tr>
<tr>
<td>Painful Stimuli</td>
<td>Responsive to painful stimuli: patient difficult to arouse (e.g., requires noxious stimuli), cannot obey simple commands; speech inappropriate or incomprehensible.</td>
</tr>
<tr>
<td>Unresponsive</td>
<td>Unresponsive: patient does not open eyes, obey commands or utter words.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR18.107

Category: PRE-HOSPITAL

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
DATE ARRIVED IN ED

Date that the patient arrived in the emergency department

Notes: If the patient was brought to the emergency department, enter date patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank.

Values

Data Section: TR18.55
Category: ED CARE
Required: (1=required, 0=optional)
   Trauma Registry: 1
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
TIME ARRIVED

Time that the patient arrived in the emergency department

Notes: If the patient was brought to the emergency department, enter date patient arrived at emergency department. If patient was directly admitted to the hospital, leave this field blank.

Values

Data Section: TR18.56
Category: ED CARE

Required: (1=required, 0=optional)

   Trauma Registry: 1
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
TRAUMA TEAM ACTIVATED

Indicates level of trauma team activation. Report the level actually activated regardless of the patient's condition.

Notes: For hospitals with a single-tier trauma activation policy (i.e., single set of activation criteria), select "Tier 1." For hospitals using a multi-tier trauma activation policy, indicate which tier was activated.

Tier-three activations need not be reported.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Trauma team activated with the highest level of resources available</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Trauma team activated with less than the highest level of resources available</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Trauma consultation was requested</td>
</tr>
<tr>
<td>Not Activated</td>
<td>The trauma team was not activated.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td>The trauma team was not activated.</td>
</tr>
</tbody>
</table>

Data Section: TR17.21

Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
SERVICE TYPE

The role the provider played in the patient’s care.

Notes: Only required when the trauma team was activated.

Only the ED Provider and General Surgeon (if applicable) are required. Other roles, such as anesthesia or orthopedic surgeon, may be recorded at the hospital’s discretion.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Provider</td>
</tr>
<tr>
<td>General Surgeon</td>
</tr>
<tr>
<td>Anesthesia Provider</td>
</tr>
<tr>
<td>Orthopedic Surgeon</td>
</tr>
<tr>
<td>Neurosurgeon</td>
</tr>
<tr>
<td>Other Provider</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Data Section: TR17.13
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
DATE PROVIDER CALLED

The date that the provider was called to the trauma team activation.

Notes: Only required when the trauma team was activated.
Only the ED Provider and General Surgeon (if applicable) are required.

Values

Data Section: TR17.10
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TIME PROVIDER CALLED

The time that the provider was called to the trauma team activation.

**Notes:** Only required when the trauma team was activated. Only the ED Provider and General Surgeon (if applicable) are required.

**Values**

**Data Section:** TR17.14  
**Category:** ED CARE

**Required:** (1=required, 0=optional)  
- **Trauma Registry:** 1  
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
DATE PROVIDER ARRIVED

The date that the provider arrived in the ED for the trauma team activation.

Notes: Only required when the trauma team was activated. Only the ED Provider and General Surgeon (if applicable) are required.

Values

Data Section: TR17.15
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TIME PROVIDER ARRIVED

The time that the provider arrived in the ED for the trauma team activation.

Notes: Only required when the trauma team was activated.
Only the ED Provider and General Surgeon (if applicable) are required.

Values

Data Section: TR17.11
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
DATE DISCHARGED FROM ED

The date the patient was discharged from the emergency department.

Notes: For patients admitted, use the date the patient was transferred to the floor.

Values

Data Section: TR17.25
Category: ED CARE

Required: (1=required, 0=optional)
- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
TIME DISCHARGED FROM ED

The time the patient was discharged from the emergency department.

Notes: For patients admitted, use the time the patient was transferred to the floor.

Values

Data Section: TR17.26
Category: ED CARE

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
**ED DISPOSITION**

The disposition of the patient at the time of discharge from the ED

**Notes:** Report observation and telemetry patients as “Floor Bed.”

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferred to another hospital</td>
<td>Transferred to a short-term, acute care hospital for inpatient care</td>
</tr>
<tr>
<td>Home without services</td>
<td>Discharged to home with no home services. Includes discharge to foster home or assisted living facility, correctional facility, detoxification center or to the custody of law enforcement. It also includes patients discharged to a skilled nursing facility if the patient was a resident of the SNF prior to the injury and is returning to the same level of care.</td>
</tr>
<tr>
<td>Home with services</td>
<td>Discharged to home under care of organized home health services that were not being utilized prior to the injury.</td>
</tr>
<tr>
<td>Floor bed</td>
<td>Admitted to a med/surg, observation, telemetry or step-down unit.</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>Admitted to the intensive care unit</td>
</tr>
<tr>
<td>Operating room</td>
<td>Patient went directly to the operating room upon discharge from the emergency department.</td>
</tr>
<tr>
<td>Died</td>
<td>Patient died in the emergency department. Includes patients who arrived with CPR in progress, but excludes patients who died prehospital and for whom resuscitation was not attempted in the emergency department.</td>
</tr>
<tr>
<td>Left against medical advice</td>
<td>Left against medical advice, left without being seen, eloped or discontinued care.</td>
</tr>
<tr>
<td>Other</td>
<td>Discharged from the emergency department to another venue not otherwise specified.</td>
</tr>
</tbody>
</table>

**Data Section:** TR17.27

**Category:** ED CARE

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
HOSPITAL TRANSFERRED TO

The name of the hospital the patient was transferred to.

Notes:

Values

Data Section: TR17.61
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ED TRANSFER MODE

The type of transportation used to transfer the patient.

**Notes**: Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Ambulance</td>
<td>Transferred by ground ambulance.</td>
</tr>
<tr>
<td>Helicopter</td>
<td>Transferred by helicopter ambulance, or transported to the local airport or heliport by ground and then transferred by helicopter ambulance.</td>
</tr>
<tr>
<td>Fixed Wing</td>
<td>Transported to the local airport by ground and then transferred by fixed-wing ambulance.</td>
</tr>
<tr>
<td>Police</td>
<td>Transferred by police or sheriff.</td>
</tr>
<tr>
<td>Private Vehicle</td>
<td>Transferred by means other than EMS or law enforcement.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section**: TR17.60

**Category**: ED CARE

**Required**: (1=required, 0=optional)

- **Trauma Registry**: 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry**: 0
HOSPITAL GLASGOW EYE

First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. (e.g. If the chart indicates that the patient’s pupils are PERRL, an Eye GCS of 4 may be recorded as long as there is no other contradictory documentation.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Opens eyes spontaneously</td>
</tr>
<tr>
<td>3 Opens eyes in response to verbal stimulation</td>
</tr>
<tr>
<td>2 Opens eyes in response to painful stimulation</td>
</tr>
<tr>
<td>1 No eye movement when assessed</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Data Section: TR18.14
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL GLASGOW VERBAL

First recorded Glasgow Coma Score (Verbal) within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. (e.g. If the chart indicates that the patient is oriented to person, place and time, a Verbal GCS of 5 may be recorded, as long as there is no other contradictory documentation.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Oriented</td>
<td>5 Smiles, oriented to sounds, follows objects, interacts</td>
</tr>
<tr>
<td>4 Confused</td>
<td>4 Cries but is consolable, inappropriate interactions</td>
</tr>
<tr>
<td>3 Inconsistently consolable, moaning</td>
<td>3 Inconsistently consolable, moaning</td>
</tr>
<tr>
<td>2 Incomprehensible sounds</td>
<td>2 Inconsolable, agitated</td>
</tr>
<tr>
<td>1 No verbal response</td>
<td>1 No vocal response</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Data Section: TR18.15.2/18.15.0

Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL GLASGOW MOTOR

First recorded Glasgow Coma Score (Motor) within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.

If no numeric GCS score is documented but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. (e.g. If the chart indicates that the patient withdraws from a painful stimulus, a Motor GCS of 4 may be recorded, as long as there is no other contradictory documentation.

Values

<table>
<thead>
<tr>
<th>ADULT</th>
<th>PEDIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALUE NAME</td>
<td>VALUE NAME</td>
</tr>
<tr>
<td>6 Obeys commands</td>
<td>6 Appropriate response to stimulation</td>
</tr>
<tr>
<td>5 Localizing pain</td>
<td>5 Localizing pain</td>
</tr>
<tr>
<td>4 Withdrawal from pain</td>
<td>4 Withdrawal from pain</td>
</tr>
<tr>
<td>3 Flexion to pain</td>
<td>3 Flexion to pain</td>
</tr>
<tr>
<td>2 Extension to pain</td>
<td>2 Extension to pain</td>
</tr>
<tr>
<td>1 No motor response</td>
<td>1 No motor response</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Data Section: TR18.16.2/18.16.0

Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
**HOSPITAL GCS QUALIFIER**

Documentation of factors potentially or actually affecting this record of the GCS.

**Notes:** Select up to three.

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid GCS</td>
<td>The reported GCS is reliable: The patient was not sedated, not intubated, and did not have an obstruction to the eye at the time the GCS was assessed.</td>
</tr>
<tr>
<td>Intubated</td>
<td>The patient was intubated at the time the GCS was assessed.</td>
</tr>
<tr>
<td>Chemically Sedated</td>
<td>The patient was chemically paralyzed or sedated at the time the GCS was assessed.</td>
</tr>
<tr>
<td>Obstruction to the Eye</td>
<td>There was an obstruction to one or both eyes that prevented assessment of the 'eye opening' component of the GCS at the time the GCS was assessed.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR18.21

**Category:** ED CARE

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
HOSPITAL AVPU

The lowest AVPU score recorded in the emergency department before intubation, sedation or paralyzation.

Notes: If the AVPU is not explicitly recorded, but there is documentation related to their level of consciousness such as “AAOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as "A" if there is no other contradicting documentation.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert</td>
<td>Patient is awake and alert.</td>
</tr>
<tr>
<td>Verbal Stimuli</td>
<td>Responsive to verbal stimuli: patient not awake but easy to arouse by verbal stimuli. Can obey some simple commands, speak comprehensively, although some disorientation may be present.</td>
</tr>
<tr>
<td>Painful Stimuli</td>
<td>Responsive to painful stimuli: patient difficult to arouse (e.g., requires noxious stimuli), cannot obey simple commands; speech inappropriate or incomprehensible.</td>
</tr>
<tr>
<td>Unresponsive</td>
<td>Unresponsive: patient does not open eyes, obey commands or utter words.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR18.53
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 0
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL TEMPERATURE

First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment.
Enter in the appropriate Celsius or Fahrenheit field. The unpopulated temperature field will be populated automatically when the other is completed.

Values

Data Section: TR18.30
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
HOSPITAL SYSTOLIC BLOOD PRESSURE

First recorded systolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival

Notes: The first recorded hospital vitals need not be from the same assessment. Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Values

Data Section: TR18.11
Category: ED CARE

Required: (1=required, 0=optional)
  - Trauma Registry: 1
  - Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**HOSPITAL DIASTOLIC BLOOD PRESSURE**

First recorded diastolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival

**Notes:** The first recorded hospital vitals need not be from the same assessment. Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

**Values**

**Data Section:** TR18.13  
**Category:** ED CARE

**Required:** (1=required, 0=optional)  
Trauma Registry: 1  
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**HOSPITAL PULSE RATE**

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

**Notes:** The first recorded hospital vitals need not be from the same assessment.
Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

**Values**

**Data Section:** TR18.2

**Category:** ED CARE

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
HOSPITAL RESPIRATORY RATE

First recorded respiratory rate in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a number per minute).

Notes: The first recorded hospital vitals need not be from the same assessment.
Report the patient’s respiratory rate as recorded in the clinical documentation. Respirations being assisted or provided by mechanical means are addressed by the “Hospital Respiratory Assistance” field.

Values

Data Section: TR18.7
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
HOSPITAL  SpO₂

First recorded oxygen saturation in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a percentage)

Notes: The first recorded hospital vitals need not be from the same assessment.

Values

Data Section: TR18.31
Category: ED CARE

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**HOSPITAL GCS CALCULATED**

Glasgow Coma Score automatically calculated total from the manually recorded components

**Notes:**

**Values**

**Data Section:** 18.22

**Category:** ED CARE

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
HOSPITAL GCS MANUAL

First recorded Glasgow Coma Score (total) within 30 minutes of ED/hospital arrival

**Notes:** The Initial ED/Hospital GCS Manual need only be reported if the Initial ED/Hospital GCS Calculated field is blank.

The first recorded hospital vitals need not be from the same assessment.

If a numeric GCS is not explicitly recorded, but there is documentation related to the patient's level of consciousness such as “AOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as GCS of 15 if there is no other contradicting documentation.

**Values**

**Data Section:** TR18.19

**Category:** ED CARE

**Required:** (1=required, 0=optional)
- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL RESPIRATORY ASSISTANCE

Indicates whether or not the patient’s respirations were assisted or provided entirely by mechanical and/or external means, such as a ventilator or bag-valve-mask.

Notes: Report supplemental oxygen administered via liter flow (through face mask or nasal cannula) as ‘Unassisted Respiratory Rate.’

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Respiratory Rate</td>
<td>Respiration were being assisted or provided by mechanical means (e.g., bag-valve-mask, ventilator).</td>
</tr>
<tr>
<td>Unassisted Respiratory Rate</td>
<td>The Respiratory Rate recorded reflects the patient's own respiratory effort without the assistance of mechanical means (e.g., bag-valve-mask, ventilator).</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR18.10
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
ALCOHOL SCREEN

A blood alcohol concentration (BAC) test was performed by the hospital.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A blood alcohol test was performed.</td>
</tr>
<tr>
<td>No</td>
<td>A blood alcohol test was not performed.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR18.46

Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
BLOOD ALCOHOL CONTENT

The first recorded blood alcohol concentration (BAC) results reported in mg/dL.

Notes:

Values

Data Section: TR18.103
Category: ED CARE

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
# DRUG SCREEN

The illicit or prescription drugs used by the patient before injury as determined from a toxicological screen or patient or witness report

**Notes:** Select all that apply.

Report substances present in drug screens performed within 24 hours of admission.

Do not report therapeutic drugs administered as part of the patient's clinical therapy after the injury.

## Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMP (Amphetamine)</td>
<td>The drug screen was positive for an amphetamine, or the patient or reliable witness reported that the patient used an amphetamine prior to the injury.</td>
</tr>
<tr>
<td>BAR (Barbiturate)</td>
<td>The drug screen was positive for a barbiturate, or the patient or reliable witness reported that the patient used a barbiturate prior to the injury.</td>
</tr>
<tr>
<td>BZO (Benzodiazepines)</td>
<td>The drug screen was positive for a benzodiazepine, or the patient or reliable witness reported that the patient used a benzodiazepine prior to the injury.</td>
</tr>
<tr>
<td>COC (Cocaine)</td>
<td>The drug screen was positive for cocaine, or the patient or reliable witness reported that the patient used cocaine prior to the injury.</td>
</tr>
<tr>
<td>mAMP (Methamphetamine)</td>
<td>The drug screen was positive for methamphetamine, or the patient or reliable witness reported that the patient used methamphetamine prior to the injury.</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>The drug screen was positive for methylenedioxy-methamphetamine, or the patient or reliable witness reported that the patient used methylenedioxy-methamphetamine prior to the injury.</td>
</tr>
<tr>
<td>MTD (Methadone)</td>
<td>The drug screen was positive for methadone, or the patient or reliable witness reported that the patient used methadone prior to the injury.</td>
</tr>
<tr>
<td>OPI (Opioid)</td>
<td>The drug screen was positive for an opioid, or the patient or reliable witness reported that the patient used an opioid prior to the injury.</td>
</tr>
<tr>
<td>OXY (Oxycodone)</td>
<td>The drug screen was positive for oxycodone, or the patient or reliable witness reported that the patient used oxycodone prior to the injury.</td>
</tr>
<tr>
<td>PCP (Phencyclidine)</td>
<td>The drug screen was positive for phencyclidine, or the patient or reliable witness reported that the patient used phencyclidine prior to the injury.</td>
</tr>
<tr>
<td>TCA (Tricyclic Antidepressant)</td>
<td>The drug screen was positive for a tricyclic antidepressant, or the patient or reliable witness reported that the patient used a tricyclic antidepressant prior to the injury.</td>
</tr>
<tr>
<td>THC (Cannabinoid)</td>
<td>The drug screen was positive for a cannabinoid, or the patient or reliable witness reported that the patient used a cannabinoid prior to the injury.</td>
</tr>
<tr>
<td>Other</td>
<td>The drug screen was positive for another drug not otherwise specified, or the patient or reliable witness reported that the patient used another drug not otherwise specified prior to the injury.</td>
</tr>
<tr>
<td>VALUE NAME</td>
<td>VALUE DEFINITION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>None</td>
<td>The drug screen was performed but the result was negative.</td>
</tr>
<tr>
<td>Not Tested</td>
<td>A drug screen was not performed.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section**: TR18.91  
**Category**: ED CARE  

**Required**: (1=required, 0=optional)  
- **Trauma Registry**: 1  
- **Traumatic Brain Injury/Spinal Cord Injury Registry**: 1
PROCEDURE TO REPORT

Indicates whether or not any reportable procedures were performed while the patient was in the hospital. Reportable procedures are: intubation, surgical airway, chest tube, blood administration. Other procedures may be reported at the discretion of the hospital.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>There are procedures to report.</td>
</tr>
<tr>
<td>No</td>
<td>No procedures to report.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR22.30

Category: PROCEDURES

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
HOSPITAL TOURNIQUET

Indicates whether or not an arterial tourniquet was applied after admission.

Notes:

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applied</td>
<td>Tourniquet was not applied or was applied pre-hospital but removed before arrival at the hospital.</td>
</tr>
<tr>
<td>Arrived at hospital with tourniquet in place</td>
<td>Patient arrived at the hospital with tourniquet in place.</td>
</tr>
<tr>
<td>Applied in hospital</td>
<td>Tourniquet was applied after patient's arrival at the hospital.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR18.140

Category: PROCEDURES

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
ICD 10 PROCEDURE

ICD-10 Code for the hospital procedure performed. Reportable procedures are: intubation, surgical airway, chest tube, blood administration. Other procedures may be reported at the hospital's discretion.

Notes:

Values

Data Section: TR200.2
Category: PROCEDURES

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
HOSPITAL ADMISSION DATE

Date patient was admitted to the hospital.

Notes: If the patient was admitted through the emergency department, use the date the patient arrived in the emergency department.

Values

Data Section: TR25.33
Category: OUTCOME

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**HOSPITAL ADMISSION TIME**

Time patient was admitted to the hospital.

**Notes:** If the patient was admitted through the emergency department, use the time the patient arrived in the emergency department.

**Values**

**Data Section:** TR25.47  
**Category:** OUTCOME  
**Required:** (1=required, 0=optional)

- Trauma Registry: 1  
- Traumatic Brain Injury/Spinal Cord Injury Registry: 0
**HOSPITAL DISCHARGE DATE**

Date patient was discharged from the hospital.

**Notes:** At the facility's discretion, the date the order was written for the patient to be discharged from the hospital may be reported as the Hospital Discharge Date.

**Values**

**Data Section:** TR25.34

**Category:** OUTCOME

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
HOSPITAL DISCHARGE TIME

Time patient was discharged from the hospital.

Notes: At the facility's discretion, the time the order was written for the patient to be discharged from the hospital may be reported as the Hospital Discharge Time.

Values

Data Section: TR25.48
Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL LENGTH OF STAY

The difference between the data/time that the patient arrived at the hospital and the date/time the patient was discharged from the hospital.

Notes: This field is automatically calculated if the Hospital Admission Data/Time and Hospital Discharge Date/Time are populated.

Values

Data Section: TR25.44
Category: OUTCOME

Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TOTAL ICU DAYS

The cumulative amount of time spent in the ICU.

Notes: Recorded in full day increments with any partial calendar day counted as a full calendar day.
Each partial or full day should be measured as one calendar day.
If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.
At no time should the ICU LOS exceed the Hospital Length of Stay.

Values

Data Section: TR26.9
Category: OUTCOME
Required: (1=required, 0=optional)

Trauma Registry: 1
Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TOTAL VENT DAYS

The cumulative number of days spent on the ventilator.

**Notes:** Each partial or full day should be measured as one calendar day.
Exclude mechanical ventilation time associated with operating room procedures.
Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
Recorded in full day increments with any partial calendar day counted as a full calendar day.
At no time should the Total Vent Days exceed the Hospital Length of Stay.

Values

**Data Section:** TR26.58

**Category:** OUTCOME

**Required:** (1=required, 0=optional)

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 0
**HOSPITAL DISCHARGE DISPOSITION**

The disposition of the patient at the time of discharge from the hospital.

**Notes:** This is often determined from the discharge summary in the medical record.

Discharge to any non-medical facility other than those listed should be coded as "Home with no home services".

Discharge to any medical facility other than those listed should be coded as "Another type of rehabilitation or long-term care facility."

**Values**

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care hospital</td>
<td>Transferred to a short-term, acute care hospital for inpatient care</td>
</tr>
<tr>
<td>Home with no home health services</td>
<td>Discharged to home with no home health services. Includes discharge to foster home or assisted living facility, correctional facility, detoxification</td>
</tr>
<tr>
<td>Home with home health services</td>
<td>Discharged to home under care of organized home health services that were not being utilized prior to the injury.</td>
</tr>
<tr>
<td>Rehabilitation or long-term facility</td>
<td>Transferred to an inpatient rehab or long-term care facility. Includes cases in which the patient is being discharged to a skilled nursing facility specifically</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Discharged to a skilled nursing facility when the patient was not a resident of the SNF prior to the injury, or was a resident of the SNF prior to the injury.</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Discharged to hospice care.</td>
</tr>
<tr>
<td>Died</td>
<td>Patient died.</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Left AMA or discontinued care</td>
<td>Left against medical advice, eloped or discontinued care.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Data Section:** TR25.27

**Category:** OUTCOME

**Required:** (1=required, 0=optional)

- Trauma Registry: 1
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
**HOSPITAL TRANSFERRED TO**

Name of the hospital the patient was transferred to.

**Notes:** Required when the Hospital Discharge Disposition is "Acute Care Hospital."

**Values**

**Data Section:** TR25.35  
**Category:** OUTCOME  

**Required:** (1=required, 0=optional)  
- Trauma Registry: 1  
- Traumatic Brain Injury/Spinal Cord Injury Registry: 1
HOSPITAL DISCHARGE TRANSFER MODE

The type of transportation used to transfer the patient from the hospital at discharge.

Notes: Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Ambulance</td>
<td>Transferred by ground ambulance.</td>
</tr>
<tr>
<td>Helicopter Ambulance</td>
<td>Transferred by helicopter ambulance, or transported to the local airport or heliport by ground and then transferred by helicopter ambulance.</td>
</tr>
<tr>
<td>Fixed-wing Ambulance</td>
<td>Transported to the local airport by ground and then transferred by fixed-wing ambulance.</td>
</tr>
<tr>
<td>Private Vehicle</td>
<td>Transferred by private vehicle, taxi, law enforcement or non-EMS medical transportation.</td>
</tr>
<tr>
<td>Other</td>
<td>Transferred by another means not otherwise specified.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR25.43

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 1

Traumatic Brain Injury/Spinal Cord Injury Registry: 0
TBI OUTCOME

The functional outcome of traumatic brain injury as assessed by the Glasgow Outcome Scale at the time of discharge from the hospital. Select only one.

Notes: If the discharge summary does not clearly state the functional neurologic outcome, coding of this variable may require a review of the medical record by a person knowledgeable in clinical descriptions. If the patient died and did not have a traumatic brain injury then "Not Applicable" should be indicated.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Recovery</td>
<td>Conscious, alert, able to work, attend school, and lead a normal life. Independent with respect to activities of daily living. May have minor neurological or psychological deficits (mild dysphasia, non-incapacitating hemi-paresis, or minor cranial nerve abnormalities).</td>
</tr>
<tr>
<td>Mild Disability</td>
<td>Conscious and able to interact; minor neurological disease that is controlled and does not interfere with daily functioning (seizure disorder). Able to work or attend school in a sheltered setting.</td>
</tr>
<tr>
<td>Moderate Disability</td>
<td>Conscious Neurological disease that is not controlled and severely limits activities (hemiplegia, seizures, ataxia, dysphasia, permanent memory or mental changes). Able to work or attend school part-time in a controlled setting.</td>
</tr>
<tr>
<td>Severe Disability</td>
<td>Conscious and at least somewhat responsive, but disabled and dependent for daily support (beyond age/development appropriate care). Is in an institution or at home with exceptional family effort. At least limited cognition. Includes a wide range of cerebral abnormalities from ambulatory with severe memory disturbance or dementia precluding independent existence to paralytic and able to communicate only with eyes, as in the locked-in syndrome.</td>
</tr>
<tr>
<td>Persisting Coma</td>
<td>Unconscious and functioning involuntarily. Unaware of surroundings, no cognition. No verbal or psychological interaction with the environment.</td>
</tr>
<tr>
<td>Death</td>
<td>Certified brain dead or dead by traditional criteria.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>Not a TBI case.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR25.23

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SCI OUTCOME

Describes the extent of the spinal cord lesion at the time of discharge from the hospital. Select only one.

Notes: This is a modification of the American Spinal Injury Association's Impairment Scale (ASIA). If the patient died and did not have a spinal cord injury then "Not Applicable" should be indicated.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Refers to the full return of all motor, sensory, and autonomic function; minimal reflex abnormalities alone may persist (ASIA Class E) incomplete-functional: refers to a lesion that leaves functionally useful voluntary motor activity below the neurological level of injury; i.e., most key muscle groups in the affected segments have sufficient strength to perform against gravity (ASIA Class D).</td>
</tr>
<tr>
<td>Incomplete, Functional</td>
<td>Refers to a lesion that leaves any preserved sensory or voluntary motor function below the neurological level of the injury including sacral segments, and with some useful preservation of motor function below this level; i.e., most key muscle groups in the affected segments are strong enough to perform against gravity (ASIA Class C).</td>
</tr>
<tr>
<td>Incomplete, Nonfunctional</td>
<td>Refers to a lesion that leaves any preserved sensory or voluntary motor function below the neurological level of the injury including sacral segments, but without useful preservation of motor function below this level; i.e., most key muscle groups in the affected segments are too weak to perform against gravity (ASIA Class B).</td>
</tr>
<tr>
<td>Complete</td>
<td>Refers to a lesion that leaves no preserved motor or sensory function in the sacral segments S4-S5 (ASIA Class A)</td>
</tr>
<tr>
<td>Death</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td>Not an SCI case.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR25.22

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
OVERALL PERFORMANCE

The Glasgow-Pittsburgh overall performance categories reflect cerebral and non-cerebral status and evaluate actual overall performance. Should be at a level equal to or of more severity than the TBI or SCI outcome. Select one only.


Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Recovery</td>
<td>Healthy, alert and capable of normal life. Good cerebral performance with no or only mild functional disability from non-cerebral organ system abnormalities.</td>
</tr>
<tr>
<td>Mild Disability</td>
<td>Mild cerebral disability alone or mild non-cerebral system dysfunction alone or both. Performs independent activities of daily life (dressing, traveling and food preparation). Able to resume work or school, but may have permanent or temporary physical or mental challenges.</td>
</tr>
<tr>
<td>Moderate Disability</td>
<td>Conscious. Moderate cerebral disability alone or moderate non-cerebral system dysfunction alone or both. Performs independent activities of daily life (dressing, traveling, and food preparation). May be able to work part-time in sheltered environment but disabled for competitive work.</td>
</tr>
<tr>
<td>Severe Disability</td>
<td>Conscious. Severe cerebral disability alone or severe disability from non-cerebral organ system dysfunction alone or both. Dependent on others for daily support.</td>
</tr>
<tr>
<td>Persisting Coma</td>
<td>Not conscious. Unaware of surroundings, no cognition. No verbal or psychological interaction with environment.</td>
</tr>
<tr>
<td>Death</td>
<td>Certified brain dead or dead by traditional criteria.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR25.24

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
PRIMARY METHOD OF PAYMENT

Primary source of payment for hospital care.

Notes: If "other" selected, specify the source.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/Commercial Insurance</td>
<td>A private insurance company was the primary guarantor.</td>
</tr>
<tr>
<td>Medicare</td>
<td>Medicare was the primary guarantor.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Medicaid was the primary guarantor.</td>
</tr>
<tr>
<td>Other Government</td>
<td>A government payer other than Medicare or Medicaid was the primary guarantor.</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>The patient was the primary guarantor.</td>
</tr>
<tr>
<td>Other</td>
<td>Another non-government payer was the primary guarantor.</td>
</tr>
<tr>
<td>Not Billed</td>
<td>No bill was sent for any reason.</td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR2.5

Category: OUTCOME

Required: (1=required, 0=optional)

   Trauma Registry: 0
   Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SECONDARY METHOD OF PAYMENT

Secondary source of payment for hospital care.

Notes: If "other" selected, specify the source in the associated field.

Values

<table>
<thead>
<tr>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/Commercial Insurance</td>
<td>A private insurer was the secondary guarantor.</td>
</tr>
<tr>
<td>Medicare</td>
<td>Medicare was the secondary guarantor.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Medicaid was the secondary guarantor.</td>
</tr>
<tr>
<td>Other Government</td>
<td>A government payer other than Medicare or Medicaid was the secondary guarantor.</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>The patient was the secondary guarantor.</td>
</tr>
<tr>
<td>Other</td>
<td>Another non-government payer was the primary guarantor.</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Data Section: TR2.7

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1