2020 MNTrauma Data Dictionary

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

Version 2

Statewide Trauma System
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MN
MINNESOTA
STATEWIDE TRAUMA SYSTEM

To obtain this information in a different format, call 651-201-4147. Printed on recycled paper.
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What’s New in 2020?

1. The following hospital names have changed. The IDs remain the unchanged.

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<th>Old Name</th>
<th>New Name</th>
<th>ID</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethesda Hospital</td>
<td>M Health Fairview Bethesda Hospital</td>
<td>242004</td>
<td>MN</td>
</tr>
<tr>
<td>Children's Hospital - Minneapolis</td>
<td>Children’s Minnesota – Minneapolis</td>
<td>243302</td>
<td>MN</td>
</tr>
<tr>
<td>Children's Hospital - St. Paul</td>
<td>Children’s Minnesota – St. Paul</td>
<td>243301</td>
<td>MN</td>
</tr>
<tr>
<td>Chippewa County-Montevideo Hospital</td>
<td>CCM Health</td>
<td>241325</td>
<td>MN</td>
</tr>
<tr>
<td>Cook County Northshore Hospital</td>
<td>North Shore Health</td>
<td>241317</td>
<td>MN</td>
</tr>
<tr>
<td>Douglas County Hospital</td>
<td>Alomere Health</td>
<td>240030</td>
<td>MN</td>
</tr>
<tr>
<td>Fairview Lakes Hospital</td>
<td>M Health Fairview Lakes Medical Center</td>
<td>240050</td>
<td>MN</td>
</tr>
<tr>
<td>Fairview Northland Hospital</td>
<td>M Health Fairview Northland Medical Center</td>
<td>240141</td>
<td>MN</td>
</tr>
<tr>
<td>Fairview Ridges Hospital</td>
<td>M Health Fairview Ridges Hospital</td>
<td>240207</td>
<td>MN</td>
</tr>
<tr>
<td>Fairview Riverside Hospital</td>
<td>M Health Fairview University of Minnesota Medical Center – West Bank</td>
<td>240080</td>
<td>MN</td>
</tr>
<tr>
<td>Fairview Southdale Hospital</td>
<td>M Health Fairview Southdale Hospital</td>
<td>240078</td>
<td>MN</td>
</tr>
<tr>
<td>FirstLight Health System</td>
<td>Welia Health</td>
<td>241367</td>
<td>MN</td>
</tr>
<tr>
<td>Hennepin County Medical Center</td>
<td>Hennepin Healthcare</td>
<td>240004</td>
<td>MN</td>
</tr>
<tr>
<td>Mayo Clinic Hospital - Rochester, Saint Marys Campus</td>
<td>Mayo Clinic Hospital Saint Marys Campus</td>
<td>240010</td>
<td>MN</td>
</tr>
<tr>
<td>Minnesota Valley Health Center</td>
<td>Ridgeview LeSueur Medical Center</td>
<td>241375</td>
<td>MN</td>
</tr>
<tr>
<td>North Memorial Medical Center</td>
<td>North Memorial Health Hospital</td>
<td>240001</td>
<td>MN</td>
</tr>
<tr>
<td>Redwood Area Hospital</td>
<td>Carris Health – Redwood</td>
<td>241351</td>
<td>MN</td>
</tr>
<tr>
<td>St. John’s Hospital</td>
<td>M Health Fairview St. John's Hospital</td>
<td>240210</td>
<td>MN</td>
</tr>
<tr>
<td>St. Joseph’s Hospital</td>
<td>M Health Fairview St. Joseph's Hospital</td>
<td>240063</td>
<td>MN</td>
</tr>
<tr>
<td>University of Minnesota Masonic Children’s Hospital</td>
<td>M Health Fairview University of Minnesota Masonic Children's Hospital</td>
<td>2400492</td>
<td>MN</td>
</tr>
<tr>
<td>University of Minnesota Medical Center</td>
<td>M Health Fairview University of Minnesota Medical Center</td>
<td>240049</td>
<td>MN</td>
</tr>
<tr>
<td>Woodwinds Hospital</td>
<td>M Health Fairview Woodwinds Hospital</td>
<td>240213</td>
<td>MN</td>
</tr>
</tbody>
</table>

2. The following ambulance service’s name has changed. The ID remains unchanged:
3. The following hospital IDs have changed. The names remain unchanged.

<table>
<thead>
<tr>
<th>Name</th>
<th>Old ID</th>
<th>New ID</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa City VA Medical Center</td>
<td>16004F</td>
<td>16004</td>
<td>IA</td>
</tr>
<tr>
<td>VA Central Iowa Healthcare System</td>
<td>16003F</td>
<td>16003</td>
<td>IA</td>
</tr>
<tr>
<td>DVA Medical Center - Fort Snelling</td>
<td>24003F</td>
<td>24003</td>
<td>MN</td>
</tr>
<tr>
<td>VA Health Care System - St Cloud</td>
<td>24002F</td>
<td>24002</td>
<td>MN</td>
</tr>
<tr>
<td>Fargo VA Medical Center</td>
<td>35002F</td>
<td>35002</td>
<td>ND</td>
</tr>
<tr>
<td>Sioux Falls VA Medical Center</td>
<td>43005F</td>
<td>43005</td>
<td>SD</td>
</tr>
<tr>
<td>VA Black Hills Healthcare System - Fort Meade</td>
<td>43002F</td>
<td>43002</td>
<td>SD</td>
</tr>
<tr>
<td>Madison VA Medical Center</td>
<td>52004F</td>
<td>52004</td>
<td>WI</td>
</tr>
<tr>
<td>Milwaukee VA Medical Center</td>
<td>52003F</td>
<td>52003</td>
<td>WI</td>
</tr>
<tr>
<td>Tomah VA Medical Center</td>
<td>52002F</td>
<td>52002</td>
<td>WI</td>
</tr>
</tbody>
</table>

4. ICD-10 Diagnosis definition has been modified:

<table>
<thead>
<tr>
<th>Old Value</th>
<th>New Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 diagnosis code(s) related to all identified injuries. Report all injury-related diagnosis codes.</td>
<td>The complete 7-character ICD-10 diagnosis code(s) related to all identified injuries. Report all injury related diagnosis codes.</td>
</tr>
</tbody>
</table>

5. ICD-10 Diagnosis notes have been modified:

<table>
<thead>
<tr>
<th>Old Value</th>
<th>New Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>The registrar may alter the codes provided by the billing coder to better reflect the patient’s clinical presentation.</td>
</tr>
</tbody>
</table>

6. The Social Security Number is no longer required for trauma registry cases. It is still required for cases that meet the Traumatic Brain Injury/Spinal Cord Injury inclusion criteria.

7. The variable AGE UNITS (TR1.14) will now accept the value “Weeks.”

Notes

- The inclusion criteria on the following pages define the *minimum* reportable cases. However, MNTrauma will accept any record reported. Registrars need not be certain that a case satisfies the inclusion criteria before reporting it, nor must registrars filter cases before importing files. Any case may be reported.
Trauma registry, traumatic brain injury (TBI) and spinal cord injury (SCI) cases that satisfy the inclusion criteria must be reported within 60 days of patients’ discharge. This is particularly important in the case of TBI and SCI cases because the information reported is used to connect patients with resources in their communities to prevent or address sequelae of their injuries such as mental illness and chemical dependency.

When importing data from other sources, such as TraumaBase, ensure that the import file does not contain these characters within a text field:

- Greater than or less than symbols: (< >)
- Ampersand: (&)
- Apostrophe or single quotation mark: (’)

These characters are used to define particular functions in a data file. When they appear in a text field within an XML document, the system mistakes them for part of that function command.
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 – S95 with 7th character of A, B or C
- T07, T14
- T20 – T28 with 7th character of A
- T39 – T32 (burns, frostbite)
- T53 – T54 with 7th character of A (burns, frostbite)
- T59.81 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

Yes

Was the patient injured while admitted to the hospital?

Yes

Are the only ICD10-CM diagnosis codes one or more of the following?
- S00, S10, S20, S50, S40, S50, S60, S70, S80, S90 (superficial injuries and contusions), or S72.90–S72.26 (hip/femoral neck fracture) and coded with...
- W00 (due to ice and snow)
- W01 (slip, trip, stumble)
- W03 (collision w/ other person)
- W05 (from non-moving wheelchair or scooter)
- W06 (from bed)
- W07 (from chair)
- W08 (from other furniture)
- W18.11 – W18.12 (from toilet)
- W18.3 (other same level fall) or
- W18.4 (slip, trip, stumble w/out fall)?

Yes

Not Required

Required

No

Was the patient'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

Yes

No

* Admitted or transferred for trauma care excludes patients who are admitted or transferred:
- For the care of a medical or mental health condition
- For palliative care
- For pain control
- For inpatient physical or occupational therapy
- While awaiting evaluation and placement for a living situation
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

Field ID: 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

Field ID: 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**

Field ID: TR5.6

Category: CASE DESCRIPTION

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

Field ID: 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

Field ID: 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. Report one only.

Notes:
Values

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: TR200.12
Category: CASE DESCRIPTION
Required: (1=required, 0=optional)
  Trauma Registry: 1
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
ICD 10 DIAGNOSIS

The complete 7-character ICD-10 diagnosis code(s) related to all identified injuries. Report all injury-related diagnosis codes.

**Notes:** The registrar may alter the codes provided by the billing coder to better reflect the patient’s clinical presentation.

**Values**

**Field ID:** 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: The Abbreviated Injury Scale (AIS) Code is associated with the ICD-10 diagnosis code. For Level 3 and 4 trauma hospitals, only required for cases in which the patient was not transferred from the emergency department.

Values

Field ID: 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**

**Field ID:** TR21.8

**Category:** CASE DESCRIPTION

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

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

Indicates which protective devices were in use at the time of the injury.

**Notes:** Report all that apply.

A protective device that was not properly fastened at the time of injury is not considered to have been in use.

**Values**

<table>
<thead>
<tr>
<th>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</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>8</td>
<td>Airbag Present</td>
<td>Patient was wearing a properly fastened lap and/or shoulder belt at the time of injury.</td>
</tr>
<tr>
<td>2</td>
<td>Lap Belt</td>
<td>Child restraint (booster seat or child car seat) was in use by patient at the time of the injury, was properly fastened and did not become dislodged.</td>
</tr>
<tr>
<td>6</td>
<td>Child Restraint</td>
<td>Patient was wearing a properly fastened helmet (e.g., bicycle, skiing, motorcycle) at the time of injury.</td>
</tr>
<tr>
<td>7</td>
<td>Helmet</td>
<td>Patient was wearing properly fastened hard hat at the time of injury.</td>
</tr>
<tr>
<td>50</td>
<td>Hard Hat</td>
<td>Patient was wearing a properly fastened hard hat at the time of injury.</td>
</tr>
<tr>
<td>5</td>
<td>Eye Protection</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>3</td>
<td>Personal Flotation Device</td>
<td>Patient was wearing a properly fastened personal flotation device at the time of injury.</td>
</tr>
<tr>
<td>9</td>
<td>Protective Clothing</td>
<td>Patient was wearing properly fastened protective clothing (e.g., padded leather pants) at the time of injury.</td>
</tr>
<tr>
<td>4</td>
<td>Protective Non-Clothing Gear</td>
<td>Patient was using another type of properly fastened, non-clothing protective gear (e.g., shin guard) at the time of injury.</td>
</tr>
<tr>
<td>51</td>
<td>Safety Belt</td>
<td>Patient was wearing a properly fastened safety belt at the time of injury.</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
<td>Patient was using another type of protective equipment not elsewhere specified at the time of injury.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** TR29.24

**Category:** INJURY

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

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

Indication of whether or not the airbag deployed during a motor vehicle crash and, if so, which airbag deployed.

**Notes:** Report Airbag Deployment if “Airbag Present” was indicated under Protective Devices. Evidence of the use of airbag deployment may be reported or observed.

**Values**

<table>
<thead>
<tr>
<th>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Airbag Not Deployed</td>
<td>The airbag did not deploy.</td>
</tr>
<tr>
<td>2</td>
<td>Airbag Deployed Front</td>
<td>The patient’s front airbag deployed.</td>
</tr>
<tr>
<td>3</td>
<td>Airbag Deployed Side</td>
<td>The patient’s side airbag deployed.</td>
</tr>
<tr>
<td>4</td>
<td>Airbag Deployed Other</td>
<td>Another airbag (knee, airbelt, curtain, etc.) intended to protect the patient deployed.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** TR29.32

**Category:** INJURY

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

- **Trauma Registry:** 1
- **Traumatic Brain Injury/Spinal Cord Injury Registry:** 1
PROTECTIVE DEVICE DESCRIPTION

Description of Other protective device

Notes: Report Protective Device Description if “Other” was indicated under Protective Devices.

Values

Field ID: 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**

**Field ID:** TR5.1

**Category:** PATIENT

**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

Field ID: TR5.18
Category: PATIENT
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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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**

**Field ID:** 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

Field ID: TR1.11
Category: PATIENT
Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
SSN NOT AVAILABLE
Indicates that the Social Security Number is not known or otherwise not available.

Notes:
Values

Field ID: TR1.11.1
Category: PATIENT
Required: (1=required, 0=optional)
  Trauma Registry: 0
  Traumatic Brain Injury/Spinal Cord Injury Registry: 1
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

Field ID: TR1.7
Category: PATIENT
Required: (1=required, 0=optional)
  Trauma Registry: 0
  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**

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hours</td>
</tr>
<tr>
<td>2</td>
<td>Days</td>
</tr>
<tr>
<td>3</td>
<td>Months</td>
</tr>
<tr>
<td>4</td>
<td>Years</td>
</tr>
<tr>
<td>5</td>
<td>Minutes</td>
</tr>
<tr>
<td>6</td>
<td>Weeks</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<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>5</td>
<td>Black or African American</td>
<td>A person having origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td>1</td>
<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>4</td>
<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>2</td>
<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>3</td>
<td>Other Race</td>
<td>Please specify the indicated race if using the &quot;Other Race&quot; category.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hispanic or Latino</td>
<td>A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.</td>
</tr>
<tr>
<td>2</td>
<td>Not Hispanic or Latino</td>
<td>Anyone with a known ethnicity not fitting the definition of Hispanic.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent/Guardian</td>
<td>A biological or adoptive parent or legal guardian of an unemancipated patient.</td>
</tr>
<tr>
<td>2</td>
<td>Other</td>
<td>Not the parent or legal guardian of the patient.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scene</td>
<td>Patient was not transferred from a referring hospital.</td>
</tr>
<tr>
<td>2</td>
<td>Referring Hospital</td>
<td>Patient was transferred from a referring hospital, either by ambulance or private vehicle.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ground Ambulance</td>
<td>Transported to the hospital by ground ambulance.</td>
</tr>
<tr>
<td>2</td>
<td>Helicopter Ambulance</td>
<td>Transported to the hospital by helicopter ambulance. Includes patients who were transported to the local airport by helicopter ambulance and then shuttled to the hospital by ground ambulance.</td>
</tr>
<tr>
<td>3</td>
<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>4</td>
<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>5</td>
<td>Police</td>
<td>Transported to the hospital by a law enforcement agency.</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
<td>Transported by other means not otherwise listed.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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 paralyzation.

**Notes:** Typically obtained from the ambulance run sheet.

**Values**

**Field ID:** 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 paralysis.

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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alert</td>
<td>Patient is awake and alert.</td>
</tr>
<tr>
<td>2</td>
<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>3</td>
<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>4</td>
<td>Unresponsive</td>
<td>Unresponsive: patient does not open eyes, obey commands or utter words.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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

Field ID: 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**

**Field ID:** 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.

Notes: Report the level actually activated regardless of the patient’s condition.

If the patient met activation criteria but the team was not activated, report "Not Activated."

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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not Activated</td>
<td>The trauma team was not activated.</td>
</tr>
<tr>
<td>1</td>
<td>Tier 1</td>
<td>Trauma team activated with the highest level of resources available</td>
</tr>
<tr>
<td>2</td>
<td>Tier 2</td>
<td>Trauma team activated with less than the highest level of resources available</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Surgeon</td>
</tr>
<tr>
<td>3</td>
<td>Neurosurgeon</td>
</tr>
<tr>
<td>4</td>
<td>Orthopedic Surgeon</td>
</tr>
<tr>
<td>5</td>
<td>Emergency Department Provider</td>
</tr>
<tr>
<td>6</td>
<td>Anesthesia Provider</td>
</tr>
<tr>
<td>7</td>
<td>Other Provider</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

Field ID: 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

Field ID: 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**

**Field ID:** 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**

**Field ID:** 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**

**Field ID:** TR17.11  
**Category:** EDM 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**

**Field ID:** 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

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Transferred to another hospital</td>
<td>Transferred to a short-term, acute care hospital for inpatient care</td>
</tr>
<tr>
<td>10</td>
<td>Left against medical advice</td>
<td>Left against medical advice, left without being seen, eloped or discontinued care.</td>
</tr>
<tr>
<td>9</td>
<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>8</td>
<td>Intensive Care Unit</td>
<td>Admitted to the intensive care unit</td>
</tr>
<tr>
<td>7</td>
<td>Operating room</td>
<td>Patient went directly to the operating room upon discharge from the emergency department.</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
<td>Discharged from the emergency department to another venue not otherwise specified.</td>
</tr>
<tr>
<td>5</td>
<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>4</td>
<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>1</td>
<td>Floor bed</td>
<td>Admitted to a med/surg, observation, telemetry or step-down unit.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: TR17.27
Category: ED CARE
Required: (1=required, 0=optional)

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

The name of the hospital to which the patient was transferred from the emergency department.

**Notes:** Required when the ED Disposition is “Transferred to Another Hospital.”

**Values**

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ground Ambulance</td>
<td>Transferred by ground ambulance.</td>
</tr>
<tr>
<td>2</td>
<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>3</td>
<td>Fixed Wing</td>
<td>Transported to the local airport by ground and then transferred by fixed-wing ambulance.</td>
</tr>
<tr>
<td>4</td>
<td>Police</td>
<td>Transferred by police or sheriff.</td>
</tr>
<tr>
<td>5</td>
<td>Private Vehicle</td>
<td>Transferred by means other than EMS or law enforcement.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td>Transferred by means other than EMS or law enforcement.</td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td>Transferred by means other than EMS or law enforcement.</td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 No eye movement when assessed</td>
</tr>
<tr>
<td>2</td>
<td>2 Opens eyes in response to painful stimulation</td>
</tr>
<tr>
<td>3</td>
<td>3 Opens eyes in response to verbal stimulation</td>
</tr>
<tr>
<td>4</td>
<td>4 Opens eyes spontaneously</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>Adult</th>
<th>Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 No verbal response</td>
<td>1 No vocal response</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2 Incomprehensible sounds</td>
<td>2 Inconsolable, agitated</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3 Inconsistently consolable, moaning</td>
<td>3 Inconsistently consolable, moaning</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4 Confused</td>
<td>4 Cries but is consolable, inappropriate interactions</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5 Oriented</td>
<td>5 Smiles, oriented to sounds, follows objects, interacts</td>
<td></td>
</tr>
<tr>
<td>-45</td>
<td></td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: TR18.15.2

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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Adult</strong></td>
<td><strong>Pediatric</strong></td>
</tr>
<tr>
<td>1</td>
<td>1 No motor response</td>
<td>1 No motor response</td>
</tr>
<tr>
<td>2</td>
<td>2 Extension to pain</td>
<td>2 Extension to pain</td>
</tr>
<tr>
<td>3</td>
<td>3 Flexion to pain</td>
<td>3 Flexion to pain</td>
</tr>
<tr>
<td>4</td>
<td>4 Withdrawal from pain</td>
<td>4 Withdrawal from pain</td>
</tr>
<tr>
<td>5</td>
<td>5 Localizing pain</td>
<td>5 Localizing pain</td>
</tr>
<tr>
<td>6</td>
<td>6 Obeys commands</td>
<td>6 Appropriate response to stimulation</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: TR18.16.2

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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<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>1</td>
<td>Chemically Sedated or Paralyzed</td>
<td>The patient was chemically paralyzed or sedated at the time the GCS was assessed.</td>
</tr>
<tr>
<td>2</td>
<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>3</td>
<td>Intubated</td>
<td>The patient was intubated at the time the GCS was assessed.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alert</td>
<td>Patient is awake and alert.</td>
</tr>
<tr>
<td>2</td>
<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>3</td>
<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>4</td>
<td>Unresponsive</td>
<td>Unresponsive: patient does not open eyes, obey commands or utter words.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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 automatically calculated and populated when the other is completed.

**Values**

**Field ID:** 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

Field ID: 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**

Field ID: 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

Field ID: 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

Field ID: 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

Field ID: 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

Field ID:
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

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>2</td>
<td>Assisted Respiratory Rate</td>
<td>Respirations were being assisted or provided by mechanical means (e.g., bag-valve-mask, ventilator).</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>A blood alcohol test was performed.</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>A blood alcohol test was not performed.</td>
</tr>
<tr>
<td>-45</td>
<td>Not known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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 g/dL.

Notes: Report if Alcohol Screen (TR18.46) is "Yes."

Values

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>2</td>
<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>3</td>
<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>4</td>
<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>5</td>
<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>6</td>
<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>7</td>
<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>8</td>
<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>9</td>
<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>9</td>
<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>10</td>
<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>MAPPED CODE</td>
<td>VALUE NAME</td>
<td>VALUE DEFINITION</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<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>12</td>
<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>14</td>
<td>None</td>
<td>The drug screen was performed but the result was negative.</td>
</tr>
<tr>
<td>15</td>
<td>Not Tested</td>
<td>A drug screen was not performed.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>There are procedures to report.</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>No procedures to report.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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:** Report only tourniquets applied as part of the resuscitation; do not report tourniquets used during surgical procedures in the operating room.

**Values**

<table>
<thead>
<tr>
<th>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>3</td>
<td>Applied in hospital</td>
<td>Tourniquet was applied after patient’s arrival at the hospital.</td>
</tr>
<tr>
<td>2</td>
<td>Arrived at hospital with tourniquet in place</td>
<td>Patient arrived at the hospital with tourniquet in place.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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: Report only intubations performed as part of the resuscitation; do not report intubations performed in the operating room in conjunction with the patient's anesthesia.

Values

Field ID: 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

Field ID: 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

Field ID: 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**

**Field ID:** 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

Field ID: 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

Field ID: 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

Field ID: 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**

**Field ID:** 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 reported as "Other."

Values

<table>
<thead>
<tr>
<th>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute care hospital</td>
<td>Transferred to a short-term, acute care hospital for inpatient care</td>
</tr>
<tr>
<td>3</td>
<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>4</td>
<td>Left AMA or discontinued care</td>
<td>Left against medical advice, eloped or discontinued care.</td>
</tr>
<tr>
<td>5</td>
<td>Died</td>
<td>Patient died.</td>
</tr>
<tr>
<td>6</td>
<td>Home with no home services</td>
<td>Discharged to home with no home health 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>7</td>
<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 but is returning to a higher level of care.</td>
</tr>
<tr>
<td>8</td>
<td>Hospice care</td>
<td>Discharged to hospice care.</td>
</tr>
<tr>
<td>9</td>
<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 for the rehabilitation services provided by that facility.</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
<td>Transferred to another type of institution not defined elsewhere</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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 to which the patient was transferred upon discharge from a location other than the emergency department.

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

Typically used to indicate the hospital to which the patient was transferred after having been admitted to an in-patient room or the operating room.

Values

Field ID: 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.

Values

<table>
<thead>
<tr>
<th>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ground Ambulance</td>
<td>Transferred by ground ambulance.</td>
</tr>
<tr>
<td>2</td>
<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>3</td>
<td>Fixed-wing</td>
<td>Transported to the local airport by ground and then transferred by fixed-wing ambulance.</td>
</tr>
<tr>
<td>4</td>
<td>Private Vehicle</td>
<td>Transferred by private vehicle, taxi, law enforcement or non-EMS medical transportation.</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td>Transferred by another means not otherwise specified.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>2</td>
<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>3</td>
<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>4</td>
<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>5</td>
<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>6</td>
<td>Death</td>
<td>Certified brain dead or dead by traditional criteria.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td>Not a TBI case.</td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>2</td>
<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>3</td>
<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>4</td>
<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>5</td>
<td>Death</td>
<td></td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td>Not an SCI case.</td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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>2</td>
<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>3</td>
<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>4</td>
<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>5</td>
<td>Persisting Coma</td>
<td>Not conscious. Unaware of surroundings, no cognition. No verbal or psychological interaction with environment.</td>
</tr>
<tr>
<td>6</td>
<td>Death</td>
<td>Certified brain dead or dead by traditional criteria.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicaid</td>
<td>Medicaid was the primary guarantor.</td>
</tr>
<tr>
<td>2</td>
<td>Not Billed</td>
<td>No bill was sent for any reason.</td>
</tr>
<tr>
<td>3</td>
<td>Self-Pay</td>
<td>The patient was the primary guarantor.</td>
</tr>
<tr>
<td>4</td>
<td>Private/Commercial Insurance</td>
<td>A private insurance company was the primary guarantor.</td>
</tr>
<tr>
<td>6</td>
<td>Medicare</td>
<td>Medicare was the primary guarantor.</td>
</tr>
<tr>
<td>7</td>
<td>Other Government</td>
<td>A government payer other than Medicare or Medicaid was the primary guarantor.</td>
</tr>
<tr>
<td>10</td>
<td>Other</td>
<td>Another non-government payer was the primary guarantor.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Field ID:** 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>MAPPED CODE</th>
<th>VALUE NAME</th>
<th>VALUE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Private/Commercial Insurance</td>
<td>A private insurer was the secondary guarantor.</td>
</tr>
<tr>
<td>2</td>
<td>Medicare</td>
<td>Medicare was the secondary guarantor.</td>
</tr>
<tr>
<td>3</td>
<td>Medicaid</td>
<td>Medicaid was the secondary guarantor.</td>
</tr>
<tr>
<td>4</td>
<td>Other Government</td>
<td>A government payer other than Medicare or Medicaid was the secondary guarantor.</td>
</tr>
<tr>
<td>5</td>
<td>Self-Pay</td>
<td>The patient was the secondary guarantor.</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
<td>Another non-government payer was the primary guarantor.</td>
</tr>
<tr>
<td>-45</td>
<td>Not Known/Not Recorded</td>
<td></td>
</tr>
<tr>
<td>-25</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Field ID: TR2.7

Category: OUTCOME

Required: (1=required, 0=optional)

Trauma Registry: 0

Traumatic Brain Injury/Spinal Cord Injury Registry: 1
## Appendix A: Hospital ID Codes

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility ID</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair County Memorial Hospital</td>
<td>161310</td>
<td>IA</td>
</tr>
<tr>
<td>Allen Hospital</td>
<td>160110</td>
<td>IA</td>
</tr>
<tr>
<td>Audubon County Memorial Hospital</td>
<td>161330</td>
<td>IA</td>
</tr>
<tr>
<td>Avera Holy Family Hospital</td>
<td>161351</td>
<td>IA</td>
</tr>
<tr>
<td>Baum Harmon Mercy Hospital</td>
<td>161300</td>
<td>IA</td>
</tr>
<tr>
<td>Boone County Hospital</td>
<td>161372</td>
<td>IA</td>
</tr>
<tr>
<td>Broadlawns Medical Center</td>
<td>160101</td>
<td>IA</td>
</tr>
<tr>
<td>Buchanan County Health Center</td>
<td>161335</td>
<td>IA</td>
</tr>
<tr>
<td>Buena Vista Regional Medical Center</td>
<td>161375</td>
<td>IA</td>
</tr>
<tr>
<td>Burgess Health Center</td>
<td>161359</td>
<td>IA</td>
</tr>
<tr>
<td>Cass County Memorial Hospital</td>
<td>161376</td>
<td>IA</td>
</tr>
<tr>
<td>Central Community Hospital</td>
<td>161319</td>
<td>IA</td>
</tr>
<tr>
<td>Central Iowa Healthcare</td>
<td>160001</td>
<td>IA</td>
</tr>
<tr>
<td>Cherokee Regional Medical Center</td>
<td>161362</td>
<td>IA</td>
</tr>
<tr>
<td>Chi Health - Mercy Corning</td>
<td>161304</td>
<td>IA</td>
</tr>
<tr>
<td>Chi Health Mercy Council Bluffs</td>
<td>160028</td>
<td>IA</td>
</tr>
<tr>
<td>Chi Health Missouri Valley</td>
<td>161309</td>
<td>IA</td>
</tr>
<tr>
<td>Clarinda Regional Health Center</td>
<td>161352</td>
<td>IA</td>
</tr>
<tr>
<td>Clarke County Hospital</td>
<td>161348</td>
<td>IA</td>
</tr>
<tr>
<td>Community Memorial Hospital - Sumner</td>
<td>161320</td>
<td>IA</td>
</tr>
<tr>
<td>Covenant Medical Center</td>
<td>160067</td>
<td>IA</td>
</tr>
<tr>
<td>Crawford County Memorial Hospital</td>
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<td>IA</td>
</tr>
<tr>
<td>Dallas County Hospital</td>
<td>161322</td>
<td>IA</td>
</tr>
<tr>
<td>Davis County Hospital</td>
<td>161327</td>
<td>IA</td>
</tr>
<tr>
<td>Decatur County Hospital</td>
<td>161340</td>
<td>IA</td>
</tr>
<tr>
<td>Finley Hospital</td>
<td>160117</td>
<td>IA</td>
</tr>
<tr>
<td>Floyd County Medical Center</td>
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</tr>
<tr>
<td>Floyd Valley Hospital</td>
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<td>IA</td>
</tr>
<tr>
<td>Fort Madison Community Hospital</td>
<td>160122</td>
<td>IA</td>
</tr>
<tr>
<td>Franklin General Hospital</td>
<td>161308</td>
<td>IA</td>
</tr>
<tr>
<td>Genesis Medical Center-Davenport</td>
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<td>IA</td>
</tr>
<tr>
<td>Genesis Medical Center-Dewitt</td>
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<td>IA</td>
</tr>
<tr>
<td>George C Grape Community Hospital</td>
<td>161324</td>
<td>IA</td>
</tr>
<tr>
<td>Great River Medical Center</td>
<td>160057</td>
<td>IA</td>
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<tr>
<td>Greater Regional Medical Center</td>
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<td>IA</td>
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<tr>
<td>Greene County Medical Center</td>
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<td>IA</td>
</tr>
<tr>
<td>Grinnell Regional Medical Center</td>
<td>160147</td>
<td>IA</td>
</tr>
<tr>
<td>Grundy County Memorial Hospital</td>
<td>161303</td>
<td>IA</td>
</tr>
<tr>
<td>Facility Name</td>
<td>Facility ID</td>
<td>State</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>Guthrie County Hospital</td>
<td>161314</td>
<td>IA</td>
</tr>
<tr>
<td>Guttenberg Municipal Hospital</td>
<td>161312</td>
<td>IA</td>
</tr>
<tr>
<td>Hancock County Health System</td>
<td>161307</td>
<td>IA</td>
</tr>
<tr>
<td>Hansen Family Hospital</td>
<td>161380</td>
<td>IA</td>
</tr>
<tr>
<td>Hawarden Regional Healthcare</td>
<td>161311</td>
<td>IA</td>
</tr>
<tr>
<td>Hegg Memorial Health Center</td>
<td>161336</td>
<td>IA</td>
</tr>
<tr>
<td>Henry County Health Center</td>
<td>161356</td>
<td>IA</td>
</tr>
<tr>
<td>Horn Memorial Hospital</td>
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<td>IA</td>
</tr>
<tr>
<td>Humboldt County Memorial Hospital</td>
<td>161334</td>
<td>IA</td>
</tr>
<tr>
<td>Iowa City VA Medical Center</td>
<td>16004</td>
<td>IA</td>
</tr>
<tr>
<td>Iowa Lutheran Hospital</td>
<td>160024</td>
<td>IA</td>
</tr>
<tr>
<td>Iowa Methodist Medical Center</td>
<td>160082</td>
<td>IA</td>
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<tr>
<td>Iowa Specialty Hospital - Belmond</td>
<td>161301</td>
<td>IA</td>
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<tr>
<td>Iowa Specialty Hospital-Clarion</td>
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<tr>
<td>Jackson County Regional Health Center</td>
<td>161329</td>
<td>IA</td>
</tr>
<tr>
<td>Jefferson County Health Center</td>
<td>161364</td>
<td>IA</td>
</tr>
<tr>
<td>Jones Regional Medical Center</td>
<td>161306</td>
<td>IA</td>
</tr>
<tr>
<td>Keokuk Area Hospital</td>
<td>160008</td>
<td>IA</td>
</tr>
<tr>
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