Trauma Registry Data Set

	CATEGORY	DATA ELEMENT
1	CASE DESCRIPTION	REGISTRY NUMBER
2	CASE DESCRIPTION	ICD-10 LOCATION CODE
3	CASE DESCRIPTION	INCIDENT LOCATION ZIP CODE
4	CASE DESCRIPTION	ICD-10 INJURY CAUSE CODE
5	CASE DESCRIPTION	INJURY DESCRIPTION
6	CASE DESCRIPTION	ICD-10 ACTIVITY CODE
7	CASE DESCRIPTION	ICD-10 DIAGNOSIS CODE
8	CASE DESCRIPTION	ABREVIATED INJURY SCALE CODE
9	CASE DESCRIPTION	INJURY SEVERITY SCORE
10	INJURY	PROTECTIVE DEVICES
11	INJURY	AIRBAG DEPLOYMENT
12	INJURY	PROTECTIVE DEVICE DESCRIPTION
13	PATIENT	INCIDENT DATE
14	PATIENT	INCIDENT TIME
15	PATIENT	MEDICAL RECORD NUMBER
16	PATIENT	LAST NAME
17	PATIENT	FIRST NAME
18	PATIENT	MIDDLE INITIAL
19	PATIENT	DATE OF BIRTH
20	PATIENT	AGE
21	PATIENT	AGE UNITS
22	PATIENT	GENDER
23	PATIENT	POSTAL CODE
24	PRE-HOSPITAL	ARRIVED FROM
25	PRE-HOSPITAL	TRANSPORTED TO YOUR FACILITY BY
26	PRE-HOSPITAL	OTHER TRANSPORT MODE
27	PRE-HOSPITAL	REFERRING HOSPITAL NAME
28	PRE-HOSPITAL	EMS RUN NUMBER
29	PRE-HOSPITAL	EMS SERVICE
	ED CARE	ED ARRIVAL DATE
	ED CARE	ED ARRIVAL TIME
	ED CARE	TRAUMA TEAM LEVEL ACTIVATED
	ED CARE	ED PROVIDER SERVICE TYPE
	ED CARE	DATE PROVIDER CALLED
	ED CARE	TIME PROVIDER CALLED
	ED CARE	DATE PROVIDER ARRIVED
	ED CARE	TIME PROVIDER ARRIVED
	ED CARE	ED DECISION TO TRANSFER DATE
	ED CARE	ED DECISION TO TRANSFER TIME
	ED CARE	ED DISCHARGE DATE
	ED CARE	ED DISCHARGE TIME
	ED CARE	ED DISPOSITION
	ED CARE	HOSPITAL TRANSFERRED TO
	ED CARE	TRANSFER MODE
	ED CARE	TRANSFER DELAY
	ED CARE	REASONS FOR TRANSFER DELAY
	ED CARE	OTHER REASON FOR TRANSFER DELAY
	ED CARE	INITIAL ED/HOSPITAL GLASGOW EYE
	ED CARE	INITIAL ED/HOSPITAL GLASGOW VERBAL
	ED CARE	INITIAL ED/HOSPITAL CCS OLIALISIER
51	ED CARE	INITIAL ED/HOSPITAL GCS QUALIFIER

1

Trauma Registry Data Set

	CATEGORY	DATA ELEMENT
53	ED CARE	INITIAL ED/HOSPITAL TEMPERATURE
54	ED CARE	INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE
55	ED CARE	INITIAL ED/HOSPITAL DIASTOLIC BLOOD PRESSURE
56	ED CARE	INITIAL ED/HOSPITAL PULSE RATE
57	ED CARE	INITIAL ED/HOSPITAL RESPIRATORY RATE
58	ED CARE	INITIAL ED/HOSPITAL SPO2
59	ED CARE	INITIAL ED/HOSPITAL GCS TOTAL
60	ED CARE	INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE
61	ED CARE	ALCOHOL SCREEN
62	ED CARE	BLOOD ALCOHOL CONTENT
63	ED CARE	DRUG USE INDICATOR
64	PROCEDURES	* PROCDURE TO REPORT
65	PROCEDURES	TOURNIQUET
66	PROCEDURES	ICD-10 PROCEDURE CODE
67	OUTCOME	HOSPITAL ADMISSION DATE
68	OUTCOME	HOSPITAL ADMISSION TIME
69	OUTCOME	HOSPITAL DISCHARGE DATE
70	OUTCOME	HOSPITAL DISCHARGE TIME
71	OUTCOME	TOTAL ICU DAYS
72	OUTCOME	TOTAL VENT DAYS
73	OUTCOME	HOSPITAL DISCHARGE DISPOSITION
74	OUTCOME	HOSPITAL TRANSFERRED TO
75	OUTCOME	DISCHARGE TRANSFER TRANSPORT MODE
76	OUTCOME	PRIMARY METHOD OF PAYMENT

^{*} Required Procedures: Chest tube, Surgical airway, Intubation, Blood Administration