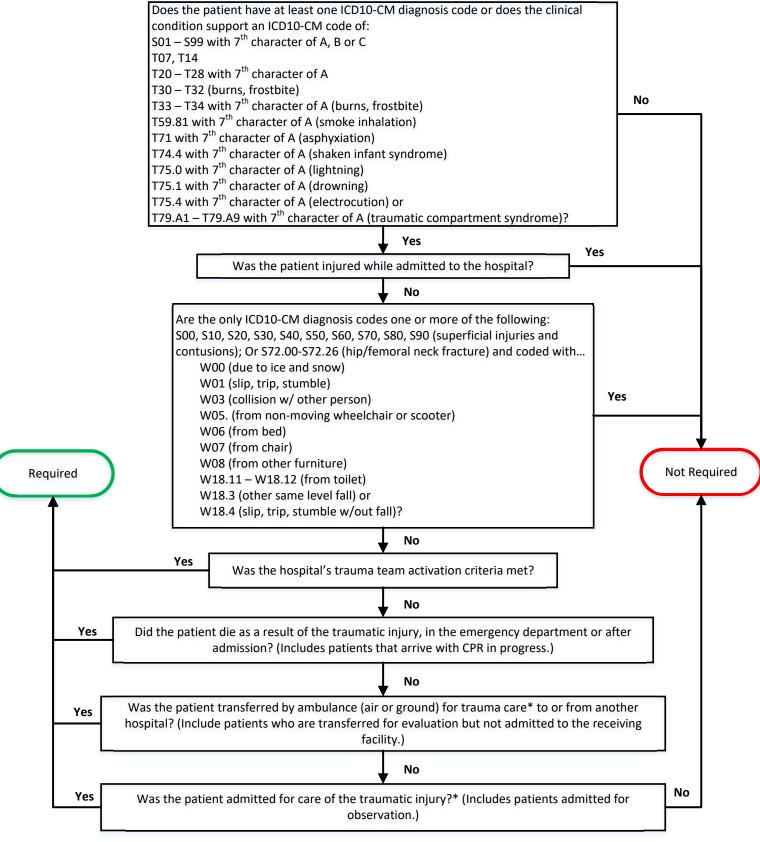
Minnesota Trauma Registry Inclusion Criteria



- *Admitted or transferred for trauma care excludes patients who are admitted or transferred:
- For the care of a medical or mental health condition
- For comfort care
- For pain control (not acute, traumatic fractures)
- For in-patient physical or occupational therapy
- While awaiting evaluation and placement for a living situation

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Minnesota Trauma Registry Inclusion Criteria

FLOWCHART DESCRIPTION

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)
- T59.81 with 7th character of A (smoke inhalation)
- T71 with 7th character of A (asphyxiation)
- T74.4 with 7th 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)?
 - If no, inclusion not required.
 - If yes, move to next question.

Was the patient injured while admitted to the hospital?

- If yes, inclusion not required.
- If no, move to next question.

Are the only ICD10-CM diagnosis codes one or more of the following: S00, S10, S20, S30, S40, S50, S60, S70, S80, S90 (superficial injuries and contusions); or S72.00-S72.26 (hip/femoral neck fracture) and coded with:

- W00 (due to ice and snow)
- W01 (slip, trip, stumble)
- W03 (collision with other person)
- W05 (from moving wheelchair or scooter)

MINNESOTA TRAUMA REGISTRY INCLUSION CRITERIA

- 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 without fall)?
 - If yes, inclusion not required.
 - If no, move on to next question.

Was the hospital's trauma team activation criteria met?

- If yes, inclusion required.
- If no, move on to next question.

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).

- If yes, inclusion required.
- If no, move on to next question.

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).

- If yes, inclusion required.
- If no, move on to next question.

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

- If yes, inclusion required.
- If no, inclusion not required.'

For the purposes of this document, admitted or transferred for trauma care excludes patients who are admitted or transferred:

- For the care of a medical or mental health condition
- For comfort care

MINNESOTA TRAUMA REGISTRY INCLUSION CRITERIA

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To obtain this information in a different format, call: 651-201-4147.