

# **Oklahoma Hospital Trauma Registry Data Dictionary**

**Trauma Registry System  
Trauma Division  
Oklahoma State Department of Health**

**Revised December 2007**

**Inside cover**

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## **INTRODUCTION**

The purpose of this document is to provide standardized definitions and protocols for use by registrars submitting data to the Oklahoma trauma registry. This document should also prove invaluable in the training of registrars and other staff who will be contributing information to the registry database.

Uniform compliance with the standardized definitions contained within this dictionary will result in a database which is both reliable and valid, and which can be used to support the functions and further development of the Oklahoma Trauma System.

Information beyond that contained within this dictionary may be obtained by contacting the OSDH Trauma Registry staff.

## **ACKNOWLEDGEMENTS**

We acknowledge the current Trauma Registry Working group for their continual contributions to improvement and modification of the Data Dictionary. Special thanks to the former Trauma Registry Subcommittee, chaired by Sue Watkins, RN, JD, and Saint Francis Hospital staff, for the initial writing and design of this document.

## **GLOSSARY**

### **AIS**

The Abbreviated Injury Scale. A standardized system for classification of injuries by type and severity. The current AIS version (AIS 2005) is available from the Association for the Advancement of Automotive Medicine, call at phone (847) 844-3880, fax (847) 844-3884, or email [aaam1@aol.com](mailto:aaam1@aol.com). The AAAM web site is located at [www.carcrash.org](http://www.carcrash.org).

### **COLLECTOR**

*Collector* is the current version of the State Registry software program. Communications regarding the *Collector* program should be directed to the OSDH rather than the vendor if the facility is using the *Collector* software package provided by the OSDH.

### **DOWN LOAD**

The electronic transmission of data. Down load may also be used to refer to the transferal of data by disk or CD. The OSDH has specified the content, method and timing of the transmission of data to the State Trauma Registry. The program selected by a facility for the collection of Trauma Registry data may vary, however that system must be capable of down load/import of data into the State Registry program. For questions regarding the down load process contact the OSDH.

### **ICD-9-CM, ICD-9**

International Classification of Diseases 9<sup>th</sup> Revision Clinical Modification. A system of diagnostic coding developed to support diagnosis-related group reimbursement strategies implemented by the federal government. ICD-9 codes are updated annually, and ICD-10 coding system will soon be implemented- the OSDH will determine the timing of implementation of ICD-10 coding in the Registry. ICD-9 materials are available on-line and in print versions. One supplier is INGENIX (800-464-3649). There are several other potential sources for information on ICD-9 coding.

### **OSDH STANDARD DATA SET**

The data elements required for submission to the OSDH. This Data Dictionary supports the OSDH Standard Data Set. The Standard Data Set is a subset of the Hospital Standard Data Set which contains over 200 elements including Quality Improvement filters and screens. The Hospital Data Set provides information to support data driven process development and quality improvement activities within a facility. The *Collector* software for the Hospital Standard Data Set is available from the OSDH.

## DATA SUBMISSION GUIDELINES

Specific Section 310: 667-59-1(b) requires all hospitals to submit trauma registry data to the OSDH State Trauma Registry.

The following Case Inclusion and Exclusion criteria apply to those cases that **MUST** be included in the Oklahoma State Trauma Registry. Hospitals **may** elect to include additional cases in the database and to transmit/download those cases to the State Registry if desired and complete.

### **Case Inclusion Criteria:\***

*All patients must have at least one of ICD-9 of 800.00-959.9 AND at least one of the following:*

- length of hospital stay > 48 hours; or
- patient dead on arrival or who die while in hospital; or
- patient transferred with **major or minor**† trauma; or
- patient admitted to intensive care unit; or
- patient direct to OR for **major** surgery (head, chest, abdomen, vascular)

*Each reportable major trauma case must also meet at least one of the following criteria as computed by the trauma registry software:*

1. an Abbreviated Injury Scale severity value of 3 or higher; or
2. an Injury Severity Score of 9 or higher; or
3. a TRISS or Burn Survival Probability less than .90; or
4. Death

### **Case Exclusion Criteria:\***

- isolated orthopedic injury to the extremities due to same level falls\* (E885)
- overexertion injuries
- injury caused by pre-existing condition, e.g. osteoporosis (fracture); esophageal stricture (choking)
- injuries greater than 30 days old
- poisonings and toxic events (960-989.9)
- submersion injuries (994.1)
- foreign body (leading to choking or otherwise) (non-codable)
- strangulation/asphyxiation/anoxic brain death (994.7)
- electrocution (994.8)

**\*The Exclusion criteria was modified effective July 1, 2003. Previously the exclusion was for isolated orthopedic injuries to extremities regardless of cause/mechanism of injury. Now isolated orthopedic injuries to extremities that meet severity criteria will be included if they are due to causes other than same level falls.**

**†Minor transfer patients required to be reported (minimal database) effective July 1, 2004.**

## **TIMING OF DATA SUBMISSION**

All facilities are required to submit the specified data electronically on all cases meeting Inclusion Criteria on a monthly basis. Case reports are due at the end of the month for all cases meeting criteria discharged from the hospital the previous month (i.e., April cases are due the last day of May).

Hospitals that do not provide care to a patient meeting Registry Inclusion Criteria during a particular month must report “No Cases” to the State Trauma Registrar by email to [traumar@health.ok.gov](mailto:traumar@health.ok.gov) or by fax at (405) 271-4240.

## **FINANCIAL DATA SUBMISSION GUIDELINES**

Payer Source (Primary and Secondary) must be submitted with the case download and may be updated as indicated.

It is recommended that ***Total Hospital Charges*** be reported on a regular basis. Charges can be continuously updated.

***Total Hospital Collections*** data ***must*** be reported semi-annually.

Hospital Cost data is not required.

## **DATA QUALITY REPORTS**

Data quality reports will be sent to hospitals quarterly. Data corrections are required within 30 days.

## **CONFIDENTIALITY AND HIPAA STATEMENTS**

### **Data Confidentiality:**

Individual patient records received by the OSDH Trauma Registry are confidential in accordance with the Oklahoma Health Care Information Act (O.S. 63, Section 1-115).

### **Requests for Registry Data:**

Requests for aggregate data output from the trauma registry may be made by writing, email, or phone. Case-level data (without identifiers) may be released if the stringent guidelines applicable to Research Projects have been satisfied. A *data use agreement for Oklahoma State Department of Health Trauma Registry Research* must be signed and submitted when specific data is requested from the Oklahoma State Trauma Registry. A current version of this form may be obtained by contacting the OSDH Trauma Registry staff.

### **HIPAA Compliance Statement:**

The HIPAA Privacy Rule permits covered entities to disclose the amount and type of protected health information that is needed for public health purposes. In Oklahoma, the disclosure of trauma data is required by law; hospitals' participation is covered pursuant to 45 CFR 164.512(a) of the Rule.

# DICTIONARY FORMAT

## Dictionary Definition Format

*The following definitions describe the format of the **required** data fields within the Data Dictionary. The standard format is used throughout the dictionary. Some of the formatted fields may not apply to a particular Data Field and will be left blank i.e., Values/Value Range is not specified for all fields.*

**Data Field Name:** The name of the field as given in the database.

**Required:** Major = Field required for all major trauma cases.  
Minor = Field required for all transfers of minor trauma.

**Max Length of Field:** Describes the number of characters the field will accept. Narrative entries (when applicable) must not exceed the maximum field length.

### **Type of Field:**

**Integer** = Numeric Field. Number must be entered.

**Text = Alpha** characters must be used. Some text fields are not formatted to check the validity of the entered data. Care should be taken when making text entries to avoid misspellings, transposed characters etc.

**Values/Value Range:** Specifies the range given for entry of valid data. Data not meeting the specified value range should be assessed for accuracy. Values outside the specified range will not be accepted.

**Calculated:** A value is assigned to this field by the registry program when the required data elements have been entered.

**Entered:** Data for the completion of this field must be entered by the registrar.

## Standard Date and Time Formats

### Standard Date Format:

**Month = 2 digit** identifier

January = 01

April = 04

July = 07

October = 10

February = 02

May = 05

August = 08

November = 11

March = 03

June = 06

September = 09

December = 12

**Day = 2 digit** identifier, 01 – 31

**Year = 4 digit**

(e.g., a patient arriving Jan. 01, 2004, the value entered would be 2004)

### Standard Time Format:

*Entries are made using 4-digit military/continental time.*

**Hour** = value range 00-23

**Minute** = value range 01-59

(e.g., 3 minutes after midnight = 0003, 3 minutes after noon = 1203)

Time as documented by the appropriate provider should be entered. When a required time has not been documented by the applicable provider an alternative source or method of determining a time may be specified within the Data Dictionary. When a time has not been documented and an alternate source has not been given enter “UU:UU” for “unknown.” If hour is known but minutes are unknown, put “UU:UU” instead of a partial entry.

## FACILITY AND CASE IDENTIFIERS

### INSTITUTION NUMBER

**Data Field Name:** INST\_NUM (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Integer

**Value Range:** N/A

**Calculated/Entered:** Pre-programmed

**Definition:** Entered from software program and is specific code for each hospital/facility reporting data.

---

### TRAUMA NUMBER

**Data Field Name:** TRAUMA\_NUM (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 8

**Type of Field:** Integer

**Value Range:** N/A

**Calculated/Entered:** Entered

**Definition:** Sequential numbering of cases entered into facility registry

---

### DOWNLOAD CANDIDATE

**Data Field Name:** SYSTEM\_YN (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Text

**Value Range:** Y (Yes) / N (No)

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if this case meets the Oklahoma State Department of Health's *current* criteria for required download. If current OSDH criteria for download are not met enter 'No'.

Y (Yes) will be downloaded to OSDH. N (No) will not be downloaded to OSDH but will remain in the facility database.

---

### MAJOR/MINOR TRAUMA DATASET

**Data Field Name:** WHICH\_DS

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1==Minor; 2==Major

**Calculated/Entered:** Entered

**Definition:** If case doesn't meet severity criteria below, the patient should be noted as minor case.

1. An AIS severity of 3 or higher; or
  2. An ISS of 9 or higher; or
  3. A TRISS or Burn Survival Probability less than .90; or
  4. Death
-

**READMITTED**

**Data Field Name:** READMIT\_YN (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** 1-2

**Calculated/Entered:** Entered

**Definition:** Field must be answered but answering 'Yes' is optional. Readmissions, planned or unplanned, may be captured in Section 7 if 'Yes' is selected.

---

## DEMOGRAPHIC INFORMATION - PATIENT INFORMATION

### EMERGENCY DEPARTMENT ARRIVAL DATE AND TIME

**Data Field Name:** Multiple Fields (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of arrival at this facility.

---

### SOURCE OF TRAUMA SYSTEM INCLUSION DESIGNATION

**Data Field Name:** ENTRY\_SYS (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Numeric

**Value Range:**

**1 = Pre-hospital:** This patient entered (first received care from) the Trauma System in the pre-hospital environment. The patient must have arrived at the reporting facility ED by *EMS medical transport (ground or air)* ONLY. Patient may have been transported directly from the scene of injury or from another location BUT not transferred from another hospital. Does not include patients arriving at the reporting facility by private vehicle.

**2 = Trauma Team Activation:** This patient entered (first received care from) the Trauma System at your reporting facility. This includes patients transported to reporting facility by private vehicle and police department. The patient arrived at the reporting hospital with no pre-hospital care and/or no pre-hospital notification of patient's arrival. The patient may have been cared for by the ED staff; *does NOT require the activation of a designated trauma team and/or surgeon.*

**3 = Transfer from another acute care facility:** Patient arrived at this facility after receiving care from another hospital. The patient may have been transported to the reporting facility from the referring hospital by EMS/air medical/or private vehicle.

**4 = Transfer to Trauma Service from another service within this hospital:** Patient was admitted to another service but there was appropriate Trauma Service involvement. The decision that the involvement of the Trauma Service was/or was not appropriate may be facility specific. Facility protocols may specify the timing and/or extent of Trauma Service notification or involvement in the patient's care.

**5 = Retrospective Review:** There was delayed or inappropriate Trauma Service involvement, or no Trauma Service participation in care.

**Calculated/Entered:** Entered

**Definition:** This is how the patient entered the trauma system.

---

### **MEDICAL RECORD NUMBER**

**Data Field Name:** MR\_NUM (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 20

**Type of Field:** Text/Numeric

**Calculated/Entered:** Entered

**Definition:** Unique identifying number assigned by the facility for the patient.

---

### **VISIT NUMBER**

**Data Field Name:** ACCT\_NUM (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 15

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Patient or Visit Number that uniquely identifies this visit. Hospital assigned. May be synonymous with billing number, account number or in-patient identification number.

---

### **SOCIAL SECURITY NUMBER**

**Data Field Name:** SSN\_1, SSN\_2, SSN\_3 (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 9 digits

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Patient's unique, assigned Social Security Number. If patient could have a Social Security Number but it is unavailable enter UUU/UU/UUUU. If patient does not have a Social Security Number (infant under the age of 2 or is not a US citizen) enter III/II/III.

---

### **PATIENT'S NAME - LAST**

**Data Field Name:** P\_NAM\_L (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** The patient's *legal* last name. If patient is unidentified, use "John Doe" or other hospital assigned identification.

---

### **PATIENT'S NAME - FIRST**

**Data Field Name:** P\_NAM\_F (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** The patient's *legal* first name.

---

**PATIENT'S NAME - MIDDLE INITIAL**

**Data Field Name:** P\_NAM\_M (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** The patient's *legal* middle initial. If no middle initial or if middle initial is unknown leave blank. Do not enter 'U' for unknown.

---

**DATE OF BIRTH - MONTH**

**Data Field Name:** DOB\_DM (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 1-12

**Calculated/Entered:** Entered

**Definition:** This is the specified month of patient's birth. Use standard date format. If unknown may use UU. Do not enter approximate or hospital-assigned date of birth.

---

**DATE OF BIRTH - DAY**

**Data Field Name:** DOB\_DD (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 1-31

**Calculated/Entered:** Entered

**Definition:** This is the specified day of patient's birth. Use standard date format. If unknown may use UU. Do not enter estimated or hospital assigned date of birth.

---

**DATE OF BIRTH - YEAR**

**Data Field Name:** DOB\_DY (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 4

**Type of Field:** Integer

**Value Range:** 1850-2099

**Calculated/Entered:** Entered

**Definition:** This is the specified year of patient's birth. Use standard date format. If unknown may use UUUU. Do not enter estimated or hospital assigned date of birth.

---

## AGE

**Data Field Name:** RAW\_AGE (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** 0-150

**Calculated/Entered:** Entered or Calculated

**Definition:** This is patient's age. If patient's date of birth has been entered the age will calculate automatically in *Collector*. If patient's birth date is unknown, an approximate age should be entered.

---

## AGE TYPE

**Data Field Name:** AGE\_TYPE (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = Years

2 = Months

3 = Days

4 = Estimated in Years

**Calculated/Entered:** Entered

**Definition:** Enter whether age value represents years, months, days, or if age is estimated.

---

## RACE

**Data Field Name:** RACE (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = White

2 = Black

3 = American Indian

4 = Alaskan Native

5 = Pacific Islander

6 = Asian

7 = Other

U = Unknown

**Calculated/Entered:** Entered

**Definition:** This is patient's stated race.

---

## **ETHNICITY**

**Data Field Name:** ETHNIC (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = Hispanic

2 = Non-Hispanic

U = Unknown

**Calculated/Entered:** Entered

**Definition:** This is patient's stated ethnic group.

---

## **SEX**

**Data Field Name:** SEX (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = Male

2 = Female

**Calculated/Entered:** Entered

**Definition:** This is patient's gender as noted on hospital medical record.

---

## **INDUSTRY**

**Data Field Name:** INDUSTRY (screen F1.1)

**Required:** Major/Minor – only for Work-Related Cases

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 1-16

**Calculated/Entered:** Entered

**Definition:** The occupational industry associated with the patient's work environment (source: NTDB 2006 and U.S. Bureau of Labor Statistics Industry Classification)

<http://www.bls.gov/oco/cg/home.htm>

---

## **OCCUPATION**

**Data Field Name:** OCCUP (screen F1.1)

**Required:** Major/Minor – only for Work-Related Cases

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 1-23

**Calculated/Entered:** Entered

**Definition:** The patient's occupation (source: NTDB 2006 and U.S. Bureau of Labor Statistics Standard Occupational Classification) <http://www.bls.gov/soc/home.htm>

---

**PATIENT'S ADDRESS - STREET 1**

**Data Field Name:** P\_ADR\_S1 (screen F1.2)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** This is first line of patient's residential address as listed on hospital record.

---

**PATIENT'S ADDRESS - CITY**

**Data Field Name:** P\_ADR\_CI (screen F1.2)

**Required:** Major

**Max Length of Field:** 4

**Type of Field:** Integer

**Value Range:** Use OSDH assigned code from pull-down menu.

**Calculated/Entered:** Entered

**Definition:** This is patient's city of residence as listed on hospital record.

---

**PATIENT'S ADDRESS - CITY - IF OTHER**

**Data Field Name:** P\_ADR\_CI\_O (screen F1.2)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** This field to be used ONLY if there is no OSDH Oklahoma city code assigned; type in name of city.

---

**PATIENT'S ADDRESS - COUNTY**

**Data Field Name:** P\_ADR\_CO (screen F1.2)

**Required:** Major/Minor

**Max Length of Field:** 5

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** This is patient's county of legal residence. Use OSDH codes from pull-down menu.

---

**PATIENT'S ADDRESS - STATE**

**Data Field Name:** P\_ADR\_ST (screen F1.2)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Alpha Numeric

**Calculated/Entered:** Entered

**Definition:** This is patient's state of residence as listed on hospital record. Use OSDH code from pull-down menu. For international patient, use "OT" for "other."

---

**PATIENT'S ADDRESS - STATE-IF OTHER**

**Data Field Name:** P\_ADR\_ST\_O (screen F1.2)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** This is patient's state of residence as listed on hospital record. Use ONLY if there is NO OSDH code assigned in pull-down menu. Type country as applicable for international patients.

---

**PATIENT'S ADDRESS - ZIP CODE 1**

**Data Field Name:** P\_ADR\_Z1 (screen F1.2)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** This is patient's zip code as listed on hospital record. If zip code not entered on hospital record use zip code directory or other resource to determine zip code assigned to address listed on hospital record.

---

**PATIENT'S ADDRESS - ZIP CODE 2**

**Data Field Name:** P\_ADR\_Z2 (screen F1.2)

**Required:** Major

**Max Length of Field:** 4

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** This is four-digit extension assigned to zip code by U.S. Postal service.

---

## PREHOSPITAL DATA - INJURY INFORMATION

Information in this section should be obtained from pre-hospital documentation (EMS run sheet) whenever possible. Secondary sources of information may include the hospital record, law enforcement documentation or other RELIABLE resource.

### INCIDENT DATE AND TIME

**Data Field Name:** Multiple Fields (screen F1.1)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the documented time of the event that resulted in the patient's injuries.

---

### PRIMARY INJURY TYPE

**Data Field Name:** INJ\_TYPE (screen F2.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1= Blunt

2 = Penetrating

3 = Thermal

**Calculated/Entered:** Entered

**Definition:** This is the primary injury type. "Blunt" is diffuse force. "Penetrating" is point force. "Thermal" is burn or injury due to heat or cold. When patient has sustained more than one type of injury use code for the more severe/extensive injury type.

---

### PRIMARY E-CODE

**Data Field Name:** E\_CODE1 (screen F2.1)

**Required:** Major/Minor

**Max Length of Field:** 5

**Type of Field:** Fixed (use pull-down menu)

**Value Range:** 800.0 – 999.0

**Calculated/Entered:** Entered

**Definition:** This is the external cause of injury. Use the code for the event or circumstance that was *most* responsible for the principle anatomic injury to the patient.

---

## **SECONDARY E-CODE**

**Data Field Name:** E\_CODE2 (screen F2.1)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Fixed (use pull-down menu)

**Value Range:** 800.0 – 999.0

**Calculated/Entered:** Entered

**Definition:** This is used if there was more than one cause of injury. Use the code for the event or circumstance that was secondarily responsible for the anatomic injury to the patient.

---

## **TERTIARY E-CODE**

**Data Field Name:** E\_CODE3 (screen F2.1)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Fixed (use pull-down menu)

**Value Range:** 800.0 – 999.0

**Calculated/Entered:** Entered

**Definition:** This is used if there was a third external cause of injury. Use the code for the event or circumstance that was least responsible for the anatomic injury to the patient.

---

## **CAUSE OF INJURY MEMO**

**Data Field Name:** CAUSE\_INJ (screen F2.1)

**Required:** Major/Minor

**Max Length of Field:** 200

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** Free-text field allowing additional details regarding incident to be entered. Briefly describe factors having relevance to circumstance of injury.

**Key Terms** that are to be included in the Cause of Injury Memo when relevant to the patient's injury/mechanism include:

**ATV** – do not use ‘all terrain vehicle.’ Use if the patient's injury mechanism involved an ATV in any manner.

**Drug lab** – do not use ‘meth/methamphetamine lab/laboratory’ or other term. Use whenever the patient's mechanism of injury was, or was suspected by a reliable source (EMS, law enforcement), to have involved the manufacture of drugs/illicit substances or to have occurred in an environment in which the manufacture of drugs was known/suspected to have occurred.

**Rodeo** – do not substitute type of rodeo activity in which patient was injured (i.e., calf-roping, bull riding, clowning). Specifics regarding the type of rodeo activity should be included in the memo but not substituted for the word “rodeo.”

**Additional Key Terms recommended by OSDH** can be found in *Appendix V-OSDH Cause of Injury Key Terms*, page 81.

---

## WORK-RELATED

**Data Field Name:** WORK\_YN (screen F2.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Text

**Value Range:** Y = Yes

N = No

I = children <12 years of age

**Calculated/Entered:** Entered

**Definition:** Indicates whether the patient was/was not injured while engaged in employment related activities. This includes self-employment and agriculture. Enter "I" for children <12 years of age.

---

## INTERPERSONAL VIOLENCE

**Data Field Name:** IPV (screen F2.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Text

**Value Range:**

0 = Known Assailant (neighbor, friend, coworker)

1 = Intimate Partner Violence (*intimate partner* includes current and former marital and non-marital partners, dating partners, and same-sex partners)

2 = Child Abuse and Neglect (<18 years of age)

3 = Elder Abuse and Neglect ( $\geq$  65 years of age)

4 = Other Family Violence (includes parents, siblings, in-laws, step-relations, etc.)

5 = Stranger Violence

6 = Gang-Related Violence

7 = Illicit Drug-Related

8 = Caregiver Violence (includes abuse inflicted by a person who is responsible for the care of a vulnerable adult whether a family member or institutional staff person. Vulnerable adults may include persons with developmental disabilities, or persons with mental or physical disabilities who are dependent for their care.)

9 = Assailant identity unknown

**Calculated/Entered:** Entered

**Definition:** Patient sustained injury from above defined group. Enter "I" if no interpersonal violence involved. Enter "U" if interpersonal violence unknown.

---

## ATV RELATED

**Data Field Name:** ATV (screen F2.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 01 = No

02 = Dirtbike

03 = Three-Wheeler

04 = Four-Wheeler

05 = Yes, Unspecified

**Calculated/Entered:** Entered

**Definition:** Any 2, 3, or 4- wheeled motorized vehicle ridden primarily in the off-road setting.

---

### **PRIMARY PLACE OF INJURY**

**Data Field Name:** E849\_X1 (screen F2.2)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** Use pull-down menu

0 = Home (house, apartment, non-institutional place of residence, includes yard and surrounding structures including swimming pool)

1 = Farm (includes land, buildings except house & related premises) If injury occurs in, or adjacent to farm home use Code "0".

2 = Mine and quarry (includes gravel pit, tunnel under construction)

3 = Industrial place and premises (includes buildings under construction, factory building and premises, shop, warehouse, railway yard, work site)

4 = Place for recreation and sport (includes park and playground, playing fields and courts, gym, racecourse, stadium, public pool, vacation resort, State parks)

5 = Street and highway

6 = Public building (includes adjacent grounds, building used by the general public or specified groups for commercial, entertainment, or business purposes. Includes airport, post office, restaurant, church, cinema)

7 = Residential institution (includes nursing home, children's home, shelter, jail)

8 = Other specified place (includes derelict house, parking lot, waterway, trailer court, railway line)

9 = Unspecified place

**Calculated/Entered:** Entered

**Definition:** This is the generalized location of patient when injury occurred. If more than one cause of injury has been identified, use the patient's location at time of injury caused by mechanism assigned primary E-code.

---

### **SECONDARY PLACE OF INJURY**

**Data Field Name:** E849\_X2 (screen F2.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 0-9 (use pull-down menu)

**Calculated/Entered:** Entered

**Definition:** This is an additional field to use if more than one E-code has been assigned and those E-coded incidents occurred at separate injury locations. May also be used if more than one code can be properly assigned to the patient's location at the time of injury.

---

### **TERTIARY PLACE OF INJURY**

**Data Field Name:** E849\_X3 (screen F2.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 0-9 (use pull-down menu)

**Calculated/Entered:** Entered

**Definition:** This is an additional field to use if more than one E-code has been assigned and those E-coded incidents occurred at separate injury locations. May also be used if a third code can be properly assigned to the patient's location at the time of injury (a third correct code cannot generally be assigned to a single location of injury).

---

### **PLACE OF INJURY MEMO**

**Data Field Name:** PLACE\_INJ (screen F2.2)

**Required:** Major

**Max Length of Field:** 200

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** Brief narrative description of patient's location at time of injury. If known, include names of streets/roadways when injury occurred at an intersection.

---

### **INCIDENT ADDRESS - STREET 1**

**Data Field Name:** I\_ADR\_S1 (screen F2.2)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** The street address where patient's injury occurred. May be obtained from EMS patient care record, dispatch records, law enforcement report or from hospital record.

---

### **INCIDENT ADDRESS – CITY**

**Data Field Name:** I\_ADR\_CI (screen F2.2)

**Required:** Major

**Max Length of Field:** 4

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** The city where patient's injury occurred. Use OSDH assigned code. If out-of-state, enter Incident City – Other. If unknown, enter “UUUU.”

---

**INCIDENT ADDRESS - CITY - IF OTHER**

**Data Field Name:** I\_ADR\_CI\_O (screen F2.2)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** Enter the city where patient's injury occurred. Use ONLY when there is no OSDH assigned code.

---

**INCIDENT ADDRESS – COUNTY**

**Data Field Name:** I\_ADR\_CO (screen F2.2)

**Required:** Major/Minor

**Max Length of Field:** 5

**Type of Field:** Integer

**Value Range:** Fixed (use pull-down menu)

**Calculated/Entered:** Entered

**Definition:** The county where patient's injury occurred. Use OSDH assigned code.

---

**INCIDENT ADDRESS – STATE**

**Data Field Name:** I\_ADR\_ST (screen F2.2)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Alpha/numeric

**Value Range:** Fixed (use pull-down menu)

**Calculated/Entered:** Entered

**Definition:** The state where patient's injury occurred. Use OSDH assigned code.

---

**INCIDENT ADDRESS - ZIP CODE 1**

**Data Field Name:** I\_ADR\_Z1 (screen F2.2)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** The zip code of the address where patient's injury occurred

---

**POSITION IN VEHICLE - IF OTHER**

**Data Field Name:** POS\_VEH1\_O (screen F2.3)

**Required:** Major

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** Briefly describe patient's position if previous values do not define patient's location when injured in any motor vehicle crash.

---

## **PROTECTIVE DEVICE**

**Data Field Name:** PDEV (screen F2.3)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Value Range:**

00 = none

01 = Seatbelt

02 = Airbag – deployed

03 = Infant/child seat NFS

04 = Eye protection

05 = Protective clothing

06 = Padding

07 = Helmet

08 = Hard hat

09 = PFD

10 = Other

11 = Child Car Seat

12 = Infant Car Seat

13 = Child Booster Seat

UU = Unknown

II = Not applicable

**Definition:** Protective device or gear that was in proper use at time of patient's injury.

---

## **PROPER USE**

**Data Field Name:** PDEVUSE\_1 (screen F2.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No (use pull-down menu)

**Calculated/Entered:** Entered

**Value Range:** Y = Yes, N = No, I = Not Applicable, U = Unknown

**Definition:** Was the protective device properly used? Example: Child safety seat securely fastened into the car using the car seat belt.

---

## PREHOSPITAL EMS DATA

Data on EMS provider transporting patient from scene to first hospital.

### MODE

**Data Field Name:** P1\_Mode (screen F2.4.0)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Value Range:** 01 = Land ambulance, includes MICU

02 = Helicopter ambulance

03 = Fixed-wing ambulance

04 = Charter fixed-wing

05 = Charter helicopter

06 = Private vehicle / walk-in

07 = Police, includes all law enforcement/Dept of Corrections

08 = Commercial flight

09 = Other

**Definition:** Method of patient's transportation to first facility. Enter "UU" for unknown. Entering "II" for "not applicable" is an *unacceptable* response. Mode is *always* applicable.

---

### EMS AGENCY

**Data Field Name:** P1\_Agen (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Value:** Fixed (use pull-down menu)

**Definition:** Enter code for EMS agency as assigned by OSDH from pull-down menu.

---

### REPORT AVAILABLE

**Data Field Name:** P1\_R\_AV (screen F2.5.0)

**Required:** Major/Minor

**Max Length Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = received, complete and legible, in a timely manner

2 = received, complete and legible, not in a timely manner

3 = received, incomplete

4 = received, illegible

5 = never received

**Calculation/Entered:** Entered

**Definition:** Documentation of the availability of the patient's pre-hospital care record, timeliness of access to the record and the legibility/completeness of the pre-hospital patient care record. Enter OSDH assigned value from pull-down menu based on the following definitions.

***The following information would make the report complete for registry purposes:***

*Incident location; Report Number; Incident Date; ID of EMS agency providing prehospital care; Patient Last Name and Patient First Name (Unknown may be documented when appropriate); Gender; Age and/or Date of Birth (approximate age may be used if age/DOB not available); Chief Complaint; Narrative/Assessment: Time of Contact or Time of first Vital Sign; One Complete Set of Vital Signs (to include pulse, respiratory rate, GCS and blood pressure) or repeat vital signs if transport time is greater than 15 minutes; Treatments and response; Required interventions (i.e. IV, Oxygen, Intubation, etc); Procedures; IV Type/Rate; Airway; Run time information (call received, enroute, arrived scene, patient contact; depart scene, arrive destination); Cardiac Arrest Times (when applicable); Possible Contributing Factor; Patient Protection; Patient Location; Rescue/Extrication if applicable to mechanism of injury.*

‘Timely manner’ means that the report was made available upon the patient’s arrival at the hospital or while receiving treatment in the ED. Delivery of a report to the hospital after the patient has left the ED is not considered timely for this purpose.

---

**REPORT NUMBER**

**Data Field Name:** P1\_R\_NUM (screen F2.5.0)

**Required:** Major/Minor

**Max Length Field:** 12

**Type of Field:** Alpha-Numeric

**Value Range:** N/A

**Calculation/Entered:** Entered

**Definition:** Enter number from EMS report form. This information is often assigned retrospectively by the EMS provider but should be entered on every EMS patient care record.

---

**EMS CALL RECEIVED DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time EMS dispatch received the call for assistance.

---

**EMS DISPATCHED DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time EMS was dispatched.

---

### **EMS IN ROUTE DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time EMS was enroute to the scene.

---

### **EMS ARRIVED ON LOCATION DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time EMS arrived on location.

---

### **EMS PATIENT CONTACT DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the EMS made contact with the patient.

---

### **EMS DEPARTED LOCATION DATE AND TIME**

**Data Field Name:** Multiple Fields (screen F2.5.0)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time EMS departed the scene location.

---

# INTERMEDIATE-TRANSFER FACILITY 1

*Intermediate-Transfer Facilities are hospitals providing care for this patient for this injury prior to the patient's arrival at your reporting facility. Intermediate facilities are the first hospitals providing care for patients who are transferred.*

## FACILITY NUMBER

**Data Field Name:** F1A\_ID (screen F2.4.0)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Alpha/Numeric

**Value Range:** Fixed (use pull-down menu)

**Calculated/Entered:** Entered

**Definition:** First hospital/facility providing care for this injured patient. Enter numeric facility code as assigned by OSDH from pull-down menu. If unassigned, out-of-state, or other, call OSDH Trauma Registry staff for guidance.

---

## FACILITY NAME (IF "OTHER" IN PRIOR FIELD)

**Data Field Name:** F1A\_ID\_0 (screen F3.1)

**Required:** Major/Minor

**Max Length of Field:** 50

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** To be used only when OSDH has agreed that "999999" "other" is correct response in prior field (Facility Number).

---

## ARRIVAL DATE AND TIME

**Data Field Name:** Multiple Fields (screen F3.1)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of arrival at this facility.

---

## DEPARTURE DATE AND TIME

**Data Field Name:** Multiple Fields (screen F3.1)

**Required:** Major/Minor

**Max Length of Field:** varies with field

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of departure from this facility.

---

## TRANSFER PROVIDER 1

*Data on EMS provider transporting an inter-facility transfer patient from one facility to another for acute trauma care.*

### MODE

**Data Field Name:** F1D\_MODE (screen F2.4.0)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Value Range:** 01 = Land ambulance, includes MICU

02 = Helicopter ambulance

03 = Fixed-wing ambulance

04 = Charter fixed-wing

05 = Charter helicopter

06 = Private vehicle / walk-in

07 = Police, includes all law enforcement/Dept of Corrections

08 = Commercial flight

09 = Other

**Definition:** Method of patient's transportation to first facility. Enter "UU" for unknown. Entering "II" for "not applicable" is an *unacceptable* response. Mode is *always* applicable.

---

### EMS AGENCY

**Data Field Name:** F1D\_AGEN (screen F3.1.5)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Value:** Fixed (use pull-down menu)

**Definition:** Enter code for EMS agency as assigned by OSDH from pull-down menu.

---

### REPORT AVAILABLE

**Data Field Name:** F1D\_R\_AV (screen F3.1.5)

**Required:** Major/Minor

**Max Length Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = received, complete and legible, in a timely manner

2 = received, complete and legible, not in a timely manner

3 = received, incomplete

4 = received, illegible

5 = never received

**Calculation/Entered:** Entered

**Definition:** Documentation of the availability of the patient's pre-hospital care record, timeliness of access to the record and the legibility of the pre-hospital patient care record. Enter OSDH assigned value from pull-down menu.

---

**REPORT NUMBER****Data Field Name:** F1D\_R\_NUM (screen F3.1.5)**Required:** Major/Minor**Max Length Field:** 12**Type of Field:** Alpha-Numeric**Value Range:** N/A**Calculation/Entered:** Entered**Definition:** Enter number from EMS report form. This information is often assigned retrospectively by the EMS provider but should be entered on every EMS patient care record.

## THIS REPORTING FACILITY DATA

### EMS ED NOTIFICATION

**Data Field Name:** EMS\_ALERT (screen F4.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** 1-2

**Calculated/Entered:** Entered

**Definition:** Should be taken from the new EMS Patient Care Record (Run sheet).

---

### EMS ED NOTIFICATION DATE/TIME

**Data Field Name:** Multiple (screen F4.1)

**Required:** Major

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59

**Calculated/Entered:** Entered

**Definition:** Use Standard Date and Time Format to enter the documented date and time EMS personnel notified receiving hospital personnel.

---

### EMS REPORTED PRE-HOSPITAL PRIORITY STATUS

**Data Field Name:** PP\_STATUS (screen F4.1)

**Required:** Optional

**Max Length of Field:** 1

**Type of Field:** Numeric

**Value Range:** 01 = Unstable, Time Sensitive

02 = Stable, Potentially Time Sensitive

03 = Stable, Minor Injuries

**Calculated/Entered:** Entered

**Definition:** This is the EMS personnel's assessment of patient priority status. Should be taken from the new EMS Patient Care Record (Run sheet).

---

## **THIS FACILITY ED DATA**

**Data Field Name:** ED\_ACCESS (screen F4.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Numeric

**Value Range:** 01 = Emergency Department

02 = Trauma Department, independent from ED

03 = Direct Admit ICU

04 = Direct Admit OR

05 = Direct Admit Burn Unit

06 = Direct Admit Floor

07 = Direct Admit Other

08 = Dead on Arrival in ED

**Calculated/Entered:** Entered

**Definition:** Enter code for method/site of patient's admission into the reporting facility. Use codes as assigned by OSDH.

---

## **TRAUMA TEAM ACTIVATION DATE AND TIME**

**Data Field Name:** Multiple (screen F4.1)

**Required:** Major

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter time when trauma team was activated at this facility.

---

## **ED ARRIVAL DATE AND TIME**

**Data Field Name:** Multiple (screen F4.1)

**Required:** Major

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59

**Calculated/Entered:** Automatically filled by software and not accessible to users.

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of patient's arrival in this facility's emergency department. For *Collector* users, this section is automatically filled from ED date and time entry in *Demographics Section*. NOTE: Arrival time and date for direct admits (those patients bypassing the emergency department and going directly to a nursing unit or operating room) will be the documented in ED arrival time and date fields.

---

## HOSPITAL PRIORITY STATUS

**Data Field Name:** HP\_STATUS (screen F4.1)

**Required:** Optional

**Max Length of Field:** 1

**Type of Field:** Numeric

**Value Range:** 01 = Unstable, Time Sensitive  
02 = Stable, Potentially Time Sensitive  
03 = Stable, Minor Injuries

**Calculated/Entered:** Entered

**Definition:** This is the hospital personnel's assessment of patient priority status.

---

## ED DISCHARGE DATE AND TIME

**Data Field Name:** Multiple (screen F4.1)

**Required:** Major/Minor

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of patient's discharge from this facility's emergency department. NOTE: ED Discharge date is "II-II-III" and time is "II:II" for not applicable for patients who are direct admits.

---

## ED DISPOSITION

**Data Field Name:** EDD\_DISP (screen F4.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 00 = home  
01 = acute care hospital, not this facility  
02 = morgue  
03 = floor, inpatient unit not critical care or step down area, burn unit  
04 = step down unit  
05 = ICU, Peds ICU, Neuro ICU or other critical care area (includes Trauma or Burn ICU)  
06 = OR  
07 = Other. Exact location of patient's discharge should be defined in comments are. Ex. Jail, psych facility, etc.  
08 = Monitored telemetry floor unit. Use only if patient is actually being monitored, not to indicate the capabilities of the unit to which the patient has been admitted.  
09 = ED hold/admission for *planned* period of observation not to exceed 23 hrs.

**Calculated/Entered:** Entered

**Definition:** Use code assigned by OSDH to indicate patient's disposition from the emergency department.

**If Other \_\_\_\_\_**

**Data Field Name:** EDD\_DISP\_O

**Definition:** Text narrative allowing users to specify details if #7 “Other” is selected on provided pull-down menu above.

---

**INITIAL ASSESSMENT DATE AND TIME**

**Data Field Name:** Multiple (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year = 1980-2099, Hour = 0-23, Minute = 0-59

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of initial assessment as documented on patient's record. Definitions are given in *Prehospital Data Initial Assessment* fields.

---

**PARALYTIC AGENTS IN EFFECT**

**Data Field Name:** E1\_PAR (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** Yes/No

**Calculated/Entered:** Entered

**Definition:** Enter ‘Yes’ if patient had received a paralytic drug that was in effect at the time of the initial ED assessment. (If so, GCS total should be 3 and unassisted respiratory rate should be 0. However, do not assume that patient with GCS 3 and respiratory rate 0 has received a paralytic drug). There are many paralyzing drugs, *some* examples are: succinylcholine/Anectine, pancuronium, Vecuronium/Norcuron, rocuronium/Zemuron, atracurium/Tracrium, etomidate/Amidate, propofol/Diprivan, and others.

---

**BAGGING OR VENTILATOR**

**Data Field Name:** E1\_BAG (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y = Yes, N = No

**Calculated/Entered:** Entered

**Definition:** Enter ‘Yes’ if patient’s breathing was assisted at the time of the initial ED assessment.

---

## **INTUBATED**

**Data Field Name:** E1\_INT (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y =Yes, N = No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if patient had been endotracheally intubated at time of the initial ED assessment.

---

## **SYSTOLIC BLOOD PRESSURE**

**Data Field Name:** E1\_SBP (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 3

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** The patient's systolic blood pressure as documented at the time of the initial assessment. Do not enter values not documented. If unknown, enter UUU.

Use the following values for systolic blood pressure if BP has been reported as pulse palpable at given location: Radial (R), Femoral (F), Carotid (C), Brachial (B): R=80; B- =75; F=70; C=60.

---

## **DIASTOLIC BLOOD PRESSURE**

**Data Field Name:** E1\_DBP (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** The patient's diastolic blood pressure at the time of the initial assessment. Do not enter values not documented.

---

## **HEART RATE**

**Data Field Name:** E1\_HR (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** None

**Calculated/Entered:** Entered

**Definition:** Enter pulse rate as documented by provider. This field is defined as pulse rate – not monitor rate. Enter "0" if documented "no pulse" even if rhythm and/or rate on cardiac monitor is documented.

---

### **UNASSISTED RESPIRATORY RATE**

**Data Field Name:** E1\_RR (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter numeric rate at the time of the initial assessment. Do not calculate/estimate value. Report "UU" if unknown or if no rate or description (as noted) is documented.

---

### **ASSISTED RESPIRATORY RATE**

**Data Field Name:** E1\_ARR (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter numeric rate at the time of the initial assessment. Do not calculate/estimate value. Report "UU" if unknown or if no rate or description (as noted) is documented.

---

### **O2 ADMINISTERED**

**Data Field Name:** E1\_FIO2 (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Values/Value Range:** Yes/No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if the patient was being given supplemental oxygen at the time of the initial assessment. Patients who are receiving assisted ventilation (ventilator, bag/ambu) are almost always receiving supplemental oxygen.

---

### **O2 SATURATION**

**Data Field Name:** E1\_SAO2 (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Numeric

**Values/Value Range:** 0-100

**Calculated/Entered:** Entered

**Definition:** Enter patient's oxygen saturation (pulse-ox) at the time of the initial assessment. Do not calculate/estimate value.

---

## **BASE DEFICIT**

**Data Field Name:** E1\_BASE (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Floating Point

**Calculated/Entered:** Entered

**Definition:** Enter reported lab value. This number is reported as a component of arterial or venous blood gases. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value. A Base Excess of -3 equals a Base Deficit of 3. Rarely arterial blood gases are reported without a value given for base deficit or base excess, the base deficit is then calculated in the clinical setting. If blood gases are documented without a base deficit or base excess value your lab should be able to provide this number. The initial and final lab values from the ED should be reported.

---

## **TEMPERATURE**

**Data Field Name:** E1\_TEMP (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter the temperature first documented after arrival.

---

## **TEMPERATURE UNITS**

**Data Field Name:** E1\_TEMPU (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 01 = Fahrenheit  
02 = Centigrade

**Calculated/Entered:** Entered

**Definition:** Enter the code to the temperature units first documented after arrival.

---

## **TEMPERATURE ROUTE**

**Data Field Name:** E1\_TEMPR (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 01 = Tympanic  
02 = Oral  
03 = Axillary  
04 = Rectal  
05 = Foley

06 = Other, could include temperature from esophageal probe, Swan Ganz catheter or other method of determining body temperature

**Calculated/Entered:** Entered

**Definition:** Enter code assigned by the OSDH to the route used to measure temperature.

## **WEIGHT**

**Data Field Name:** E1\_WGT (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter the patient's weight as documented, may be documented as a stated or estimated weight.

---

## **WEIGHT UNITS**

**Data Field Name:** E1\_WGTU (screen F4.1.1)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 01 = pounds, lbs.  
02 = kilograms, kgs

**Calculated/Entered:** Entered

**Definition:** Enter units for weight using code as designated by the OSDH

---

## **GLASCOW COMA SCALE SCORE (GCS)**

Patient's Glasgow Coma Scale score at time of initial ED assessment as documented by provider. Requires entry of three components: Eye, Verbal, and Motor to accurately reflect areas of deficit.

### **GCS COMPONENT - EYE**

**Data Field Name:** E1\_GCS\_EO (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none  
2 = open to pain only  
3 = open to voice  
4 = open spontaneously

**Calculated/Entered:** Entered

**Definition:** Total value may be assigned to accurate and *complete* narrative description of component (i.e., "opens eyes when name called"). *Do not otherwise calculate* or estimate unrecorded values.

---

### **GCS COMPONENT- VERBAL**

**Data Field Name:** E1\_GCS\_VR (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none (Includes intubated patients)

2 = incomprehensible sounds

3 = nonsensical or not applicable words

4 = confused, but responsive to questions/commands

5 = oriented

**Calculated/Entered:** Entered

**Definition:** Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and **complete** narrative description of component (i.e., “incomprehensible sounds”). **Do not otherwise calculate** or estimate unrecorded values.

---

### **GCS COMPONENT- MOTOR**

**Data Field Name:** E1\_GCS\_MR (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none

2 = extension

3 = flexion

4 = withdraws from painful or irritating stimulus

5 = localizes

6 = obeys

**Calculated/Entered:** Entered

**Definition:** Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and **complete** narrative description of component (i.e., “withdraws to pain”). **Do not otherwise calculate** or estimate unrecorded values.

---

### **GCS TOTAL**

**Data Field Name:** E1\_GCS\_TT (screen F4.1.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 3-15

**Calculated/Entered:** Calculated or Entered (see below)

**Definition:** This is the total for the three components of the GCS score – Eye, Verbal, and Motor, as entered into the registry. In event of total score of 3 or 15, a total can be entered without component parts.

---

## FINAL ED: THIS FACILITY

*Enter data using last documented values in the emergency department. Use format described for initial ED assessment data fields. If a value is only assessed/documentated one time do not reenter the value reported for the initial assessment.*

### FINAL ED ASSESSMENT DATE AND TIME

**Data Field Name:** Multiple Fields (screen F4.1.3)

**Required:** Major

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** varies

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter data as documented on patient's record.

---

### PARALYTIC AGENTS IN EFFECT

**Data Field Name:** E2\_PAR (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** Yes/No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if patient had received a paralytic drug that was in effect at the time of the final ED assessment. (If so, GCS total should be 3 and unassisted respiratory rate should be 0. However, do not assume that patient with GCS 3 and respiratory rate 0 has received a paralytic drug). There are many paralyzing drugs, *some* examples are: succinylcholine/Anectine, pancuronium, Vecuronium/Norcuron, rocuronium/Zemuron, atracurium/Tracrium, etomidate/Amidate, propofol/Diprivan, and others.

---

### BAGGING OR VENTILATOR

**Data Field Name:** E2\_BAG (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y = Yes, N = No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if patient's breathing was assisted at the time of the final ED assessment.

---

## **INTUBATED**

**Data Field Name:** E2\_INT (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y =Yes, N = No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if patient had been endotracheally intubated at time of the final ED assessment.

---

## **SYSTOLIC BLOOD PRESSURE**

**Data Field Name:** E2\_SBP (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** None

**Calculated/Entered:** Entered

**Definition:** The patient's systolic blood pressure as documented at the time of the final ED assessment. Do not enter values not documented. Enter "UUU" for unknown.

Use the following values for systolic blood pressure if BP has been reported as pulse palpable at given location: Radial (R), Femoral (F), Carotid (C), Brachial (B): R=80; B- =75; F=70; C = 60.

---

## **DIASTOLIC BLOOD PRESSURE**

**Data Field Name:** E2\_DBP (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** None

**Calculated/Entered:** Entered

**Definition:** The patient's diastolic blood pressure at the time of the final ED assessment. Do not enter values not documented. Enter "UUU" for unknown.

---

## **HEART RATE**

**Data Field Name:** E2\_HR (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** None

**Calculated/Entered:** Entered

**Definition:** Enter pulse rate as documented by provider. This field is defined as pulse rate not monitor rate, enter "0" if documented "no pulse" even if rhythm and/or rate on cardiac monitor is documented. Enter "UUU" for unknown.

---

### **UNASSISTED RESPIRATORY RATE**

**Data Field Name:** E2\_RR (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** None

**Calculated/Entered:** Entered

**Definition:** Enter numeric rate at the time of the final ED assessment. Do not calculate/estimate value. Enter "UU" for unknown if no rate or description (as noted) is documented.

---

### **ASSISTED RESPIRATORY RATE**

**Data Field Name:** E2\_ARR (screen F4.1.3)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter numeric rate at the time of the final assessment. Do not calculate/estimate value. Report "UU" if unknown or if no rate or description (as noted) is documented.

---

### **O2 ADMINISTERED**

**Data Field Name:** E2\_FIO2 (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Values/Value Range:** Yes/No

**Calculated/Entered:** Entered

**Definition:** Enter 'Yes' if the patient was being given supplemental oxygen at the time of the final ED assessment. Patients who are receiving assisted ventilation (ventilator, bag/ambu) are almost always receiving supplemental oxygen.

---

### **O2 SATURATION**

**Data Field Name:** E2\_SAO2 (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Numeric

**Values/Value Range:** 0-100

**Calculated/Entered:** Entered

**Definition:** Enter patient's oxygen saturation (pulse-ox) at the time of the final ED assessment. Do not calculate/estimate value.

---

**BASE DEFICIT****Data Field Name:** E2\_BASE (screen F4.1.3)**Required:** Major**Max Length of Field:** 3**Type of Field:** Floating Point**Value Range:****Calculated/Entered:** Entered**Definition:** Enter the last reported lab value in the ED.

---

**TEMPERATURE****Data Field Name:** E2\_TEMP (screen F4.1.3)**Required:** Major**Max Length of Field:** 5**Type of Field:** Integer**Value Range:****Calculated/Entered:** Entered**Definition:** Enter the temperature last documented in the ED.

---

**TEMPERATURE UNITS****Data Field Name:** E2\_TEMPU (screen F4.1.3)**Required:** Major**Max Length of Field:** 1**Type of Field:** Integer**Value Range:** 1 = Fahrenheit  
2 = Centigrade**Calculated/Entered:** Entered**Definition:** Enter code assigned by the OSDH to the temperature units last documented in the ED.

---

**TEMPERATURE ROUTE****Data Field Name:** E2\_TEMPR (screen F4.1.3)**Required:** Major**Max Length of Field:** 1**Type of Field:** Integer**Value Range:** 1 = Tympanic

2 = Oral

3 = Axillary

4 = Rectal

5 = Foley

6 = Other, could include temperature from esophageal probe, in-dwelling catheter or other method of determining body temperature

**Calculated/Entered:** Entered**Definition:** Enter code assigned by the OSDH to the route used to measure temperature.

---

## GLASCOW COMA SCALE SCORE (GCS)

Patient's Glasgow Coma Scale score at time of final ED assessment as documented by provider. Requires entry of three components: Eye, Verbal, and Motor.

### GCS COMPONENT- EYE

**Data Field Name:** E2\_GCS\_EO (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none

2 = open to pain only

3 = open to voice

4 = open spontaneously

**Calculated/Entered:** Entered

**Definition:** Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "opens eyes when name called"). *Do not otherwise calculate* or estimate unrecorded values.

---

### GCS COMPONENT- VERBAL

**Data Field Name:** E2\_GCS\_VR (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none (Includes intubated patients)

2 = incomprehensible sounds

3 = nonsensical or not applicable words

4 = confused, but responsive to questions/commands

5 = oriented

**Calculated/Entered:** Entered

**Definition:** Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "incomprehensible sounds"). *Do not otherwise calculate* or estimate unrecorded values.

---

### GCS COMPONENT- MOTOR

**Data Field Name:** E2\_GCS\_MR (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = none

2 = extension

3 = flexion

4 = withdraws from painful or irritating stimulus

5 = localizes

6 = obeys

**Calculated/Entered:** Entered

**Definition:** Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "withdraws to pain"). *Do not otherwise calculate* or estimate unrecorded values.

---

## GCS TOTAL

**Screen:**

**Data Field Name:** E2\_GCS\_TT (screen F4.1.3)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 3-15

**Calculated/Entered:** Calculated

**Definition:** This is the total for the three components of the GCS score – Eye, Verbal, and Motor, as entered into the registry.

---

## ETOH/BAC (BLOOD ALCOHOL CONCENTRATION) TEST

**Data Field Name:** ETOH\_TEST (screen F4.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = Suspected, not tested (if charted) – *If a positive blood alcohol was suspected and documented by hospital personnel enter as suspected (i.e., “ETOH or Alcohol on Breath”, “AOB”, “appears intoxicated”).*

2 = Yes, Positive results – *If a blood alcohol or ETOH test was done by the facility, enter “Yes” and indicate if the result was positive (any result other than 0) or negative.*

3 = Yes, Negative results

4 = Yes, Unknown results

5 = Not tested – *If a blood alcohol was drawn for law enforcement but not for the hospital (no value reported by the hospital lab) enter “Not Tested.”*

**Calculated/Entered:** Entered

**Definition:** Enter status of blood alcohol testing using the following assigned OSDH codes.

---

## ETOH/BAC TEST RESULTS

**Data Field Name:** ETOH\_RES (screen F4.2)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:**

**Calculated/Entered:** ENTERED

**Definition:** Enter result reported by the hospital laboratory. Values should be reported as whole numbers. If the facility laboratory reports this value as a decimal convert to whole number before entry (i.e., .8 = 80).

---

## DRUG SCREEN

**Data Field Name:** DRUG\_TEST (screen F4.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 1 = Suspected, not tested (if charted) *If a drug use/substance abuse was suspected and documented by hospital personnel, enter as "Suspected."*

2 = Yes, Positive results – *If a drug or toxicology test/screen was done by the facility, enter "Yes" and indicate if the result was positive. NOTE: In adults, screens indicating the use of caffeine and/or nicotine are not generally considered positive results.*

3 = Yes, Negative results

4 = Yes, Unknown results

5 = Not tested

I = Not applicable

**Calculated/Entered:** Entered

**Definition:** Enter status of drug/toxicology testing using the following assigned OSDH codes.

---

## DRUG TEST RESULTS

**Data Field Name:** DRUG\_RO (screen F4.2)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 01 = Amphetamines, methamphetamine

02 = Barbiturates

03 = Benzodiazepines

04 = Cocaine, may be reported as a metabolite- check facility reporting method

05 = Marijuana, may be reported as cannabinoid

06 = Opiates

07 = PCP (phencyclidines)

08 = Other, do not use this code for positive results for caffeine or nicotine unless clinically significant ingestion is suspected.

**Calculated/Entered:** Entered

**Definition:** Enter results reported by the hospital laboratory using the codes assigned by the OSDH. Results for a specific drug *or metabolite* may be reported as "positive", "present" or a quantitative value (number) may be given- all are positive findings and should be listed in results. Multiple drugs may be listed.

---

## PROCEDURES: THIS FACILITY

### PROCEDURES

**Data Field Name:** DF\_01\_PR (screen F5.1.1)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Float

**Value Range:** ICD-9 codes

**Calculated/Entered:** Entered

**Definition:** Use ICD-9-CM codes. Include procedures specified in *Appendix VII: Commonly Used Trauma Registry Procedure Codes*, page 84. Other procedures may be entered if, in the judgment of the registrar the procedure was clinically significant and was not a routine part of patient care (cardiac monitoring in the ED/ICU, foley or NG/OG tube etc).

---

### PROCEDURE LOCATION

**Data Field Name:** DF\_01\_LC (screen F5.1.1)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 01-18

**Calculated/Entered:** Entered

**Definition:** Use codes assigned by OSDH to indicate the location or type of hospital unit in which patient was located at the time of the procedure.

---

### OPERATION NUMBER

**Data Field Name:** DF\_01\_NM (screen F5.1.1)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:** 01-99

**Calculated/Entered:** Entered

**Definition:** The sequential indication of number of separate episodes of intervention that occurred in the operating room. This is not the number of individual procedures, often more than one procedure is performed during a single episode.

---

### PROCEDURE DATE AND TIME

**Data Field Name:** Multiple Fields (screen F5.1.1)

**Required:** Major

**Max Length of Field:** varies

**Type of Field:** Integer

**Value Range:** Month = 1-12, Day = 1-31, Year 1980-2099. Hour = 0-23, Minute = 0-59.

**Calculated/Entered:** Entered

**Definition:** Use *Standard Date* and *Time Format* (page 7) to enter the time at which each listed episode was initiated.

---

## SUMMARY: THIS FACILITY

*Complete these fields at the time of the patient's discharge. Totals given are for this facility, not for interventions or days of care performed at a facility from which this patient was transferred to the reporting facility or at a facility to which the reporting facility transferred this patient.*

**Days of Care** Partial days may only be counted in one location, the patient cannot receive 2 days of care in one 24-hour period. If a portion of a day is counted as an ICU day, the remaining portion is not counted as a monitor day even if the patient is transferred to a step-down unit and cardiac monitoring is done.

### BLOOD PRODUCTS

#### TOTAL – PRBC'S

**Data Field Name:** TT\_RBC (screen F5.2)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Value Range:** 0-99999

**Calculated/Entered:** Entered

**Definition:** Total number of units of packed red blood cells the patient received during this hospitalization. Do not count blood given at previous hospitals. If unknown, enter UUUUU.

---

#### TOTAL – FFP

**Data Field Name:** TT\_FFP (screen F5.2)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Value Range:** 0-99999

**Calculated/Entered:** Entered

**Definition:** Total number of units of fresh frozen plasma the patient received during this hospitalization. Do not count fresh frozen plasma given at previous hospitals. If unknown, enter UUUUU.

---

#### TOTAL – ALBUMIN

**Data Field Name:** TT\_ALB (screen F5.2)

**Required:** Major

**Max Length of Field:** 5

**Type of Field:** Integer

**Value Range:** 0-99999

**Calculated/Entered:** Entered

**Definition:** Total number of units of albumin the patient received during this hospitalization. Do not count albumin given at previous hospitals. If unknown, enter UUUUU.

---

**TOTAL – WHOLE BLOOD****Data Field Name:** TT\_WHL (screen F5.2)**Required:** Major**Max Length of Field:** 5**Type of Field:** Integer**Value Range:** 0-99999**Calculated/Entered:** Entered**Definition:** Total number of units of whole blood the patient received during this hospitalization. Do not count whole blood given at previous hospitals. If unknown, enter UUUUU.**TOTAL – PLATELETS****Data Field Name:** TT\_PLA (screen F5.2)**Required:** Major**Max Length of Field:** 5**Type of Field:** Integer**Value Range:** 0-99999**Calculated/Entered:** Entered**Definition:** Total number of units of platelets the patient received during this hospitalization. Do not count platelets given at previous hospitals. If unknown, enter UUUUU.**TOTAL – CRYOPRECIPITATE****Data Field Name:** TT\_CRY (screen F5.2)**Required:** Major**Max Length of Field:** 5**Type of Field:** Integer**Value Range:** 0-99999**Calculated/Entered:** Entered**Definition:** Total number of units of cryoprecipitate the patient received during this hospitalization. Do not count cryoprecipitate given at previous hospitals. If unknown, enter UUUUU.**TOTAL – OTHER****Data Field Name:** TT\_OTH (screen F5.2)**Required:** Major**Max Length of Field:** 5**Type of Field:** Integer**Value Range:** 0-99999**Calculated/Entered:** Entered**Definition:** Total number of units of other blood products the patient received during this hospitalization. Do not count other blood products given at previous hospitals. If unknown, enter UUUUU.

## **VENTILATOR DAYS**

**Data Field Name:** VENT\_DAYS (screen F5.2)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** 0 – 999 (0 = No Ventilator days)

**Calculated/Entered:** Entered

**Definition:** Enter the total number of days during which the patient required mechanical ventilation. Do not include C-PAP, Bi-PAP, wall flow-by, trach collar etc. Do not include ventilation during procedures/operations unless the patient required continued ventilation following the completion of the procedure.

---

## **ICU DAYS**

**Data Field Name:** ICU\_DAYS (screen F5.2)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** 0 – 999 (0 = No ICU days)

**Calculated/Entered:** Entered

**Definition:** Enter the total number of days in ICU including specialized ICUs (trauma, neuro, pediatric etc.). If the patient had more than one episode of care in the ICU enter the total number of days for all episodes during this hospitalization. Do not count days in more than one location.

---

## OUTCOME DATA HOSPITAL DISCHARGE

### DISCHARGE DATE AND TIME

**Data Field Name:** Multiple Fields (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** Varies

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter the date and time of hospital discharge using standard date/time format. Use the date and time of discharge from *acute care*. Discharge to Skilled Nursing beds or Rehabilitation beds within the same facility should not be counted as part of the acute care admission.

---

### DISCHARGE STATUS

**Data Field Name:** DIS\_STATUS (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:** 6 = Alive  
7 = Dead

**Calculated/Entered:** Entered (use pull-down menu)

**Definition:** Enter the patient's status at discharge using OSDH assigned codes.

---

### DELAY DAYS

**Data Field Name:** DELAY\_DAYS (screen F7.1)

**Required:** Major

**Max Length of Field:** 3

**Type of Field:** Integer

**Value Range:** 0-999 (0 = No Delay days)

**Calculated/Entered:** Entered

**Definition:** Enter the number of days during which the patient was medically *ready* for discharge home or to another level of care but during which the patient remained in reporting facility. Include days patient remained in acute care in this facility pending discharge to any long term care facility, skilled nursing or rehabilitation facility or pending discharge home *if the patient remained hospitalized for any reason other than a continued need for acute care services*. (i.e., discharge is delayed because no there is no available rehab bed, discharge is delayed pending payer source approval, or discharge is delayed because of lack of family/social supports etc.)

---

## **DISCHARGED TO**

**Data Field Name:** DIS\_TO (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:**

01 = Home, no assistance from agency or provider other than family/social

02 = Home, Health care. Plan/arrangements have been made for patient to receive full or part time assistance with care/ADLs after discharge

03 = Home, Rehab outpatient. Plan/arrangements have been made for patient to participate in a program of outpatient rehabilitation following discharge. Services might be provided in the home, outpatient areas of the hospital (PT, OT etc) or at a rehabilitation facility.

04 = Skilled Nursing Facility, patient will be discharged to an in-patient skilled nursing facility.

05 = Intermediate Care Facility, long term ACUTE care facility

06 = Rehab facility for any inpatient program of rehabilitation; including physical, cognitive or behavioral (addiction) treatment

07 = Acute care hospital

08 = Unable to complete treatment/AMA

09 = Burn Center

10 = Medical examiner/morgue, all deceased patients even if waived by the Medical Examiner

11 = Jail/Prison, also used for juveniles released to detention/law enforcement custody but not for juveniles released to DHS custody

12 = Other, any other disposition (DHS, Psych, LTAC-long term acute care)

**Calculated/Entered:** Entered (use pull-down menu)

**Definition:** Enter the type of facility or environment to which the patient was discharged using the codes assigned by the OSDH.

---

## **FACILITY**

**Data Field Name:** DIS\_TO\_F (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Alpha/Numeric

**Calculated/Entered:** Entered (use pull-down menu for various facility codes by category)

**Definition:** Enter facility code assigned to discharge destination by OSDH. Most common categories are in Appendix I, page 62.

---

## **FACILITY- If Other** (screen F7.1)

Do not use this field. Contact OSDH for a code number if destination facility is not on current list. Codes will be assigned to all facilities including out-of-state, other country destinations.

---

**DISCHARGE TO CITY**

**Data Field Name:** DIS\_TO\_C (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 4

**Type of Field:** Integer

**Calculated/Entered:** Entered (use pull-down menu)

**Definition:** Enter city code assigned by OSDH.

---

**DISCHARGE TO STATE**

**Data Field Name:** DIS\_TO\_S (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Text

**Calculated/Entered:** Entered

**Definition:** Enter state code assigned by OSDH to discharge destination.

---

**DISCHARGE / REASON FOR TRANSFER**

**Data Field Name:** DIS\_TO\_RRS (screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:**

*No Capability*

1 = Specialist needed not available in community

2 = Specialist needed available in community but not on-call

3 = Specialist needed on-call but not available (specify reasons)

4 = Diagnostic testing no available

5 = Other, Specify \_\_\_\_\_

*No Capacity*

6 = No intensive care beds

7 = Operating suites and/or staff at capacity

8 = Other, Specify \_\_\_\_\_

*Personal Request*

9 = Patient/family requested transfer due to preference or payor source

**Calculated/Entered:** Entered

**Definition:** Enter code to reason *for patient's transfer to another facility* as assigned by OSDH

---

**DISCHARGE / REASON FOR TRANSFER – OTHER**

**Data Field Name:** DIS\_TO\_RRO (Screen F7.1)

**Required:** Major/Minor

**Max Length of Field:** 50

**Type of Field:** Text

**Value Range:** N/A

**Calculated/Entered:** Entered

**Definition:** Enter brief detailed text information explaining why “8” was chosen for prior field.

---

## **DISCHARGE CONDITION**

**Data Field Name:** DIS\_COND (screen F7.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Integer

**Value Range:**

1 = Good. Return to Previous Level of Function

2 = Temporary Disability. Expected to Return to Previous Level of Function

3 = Moderate Disability with Self Care

4 = Severe Disability, Dependent

5 = Persistent Vegetative State

I = Not Applicable

U = Unknown

**Calculated/Entered:** Entered

**Definition:** Condition at time of discharge which indicates severity of disability and/or likely persistence of disability.

---

## **MEDICAL REVIEW**

**Field name:** MED\_REVIEW (screen F7.2)

**Required:** Major/Minor

**Length:** 1

**Type:** Text

**Value Range:** Y= yes; N=no

**Calculated/Entered:** Entered

**Definition:**

A “yes” response by your reporting facility is a formal request for a medical QI review to be conducted by the legislatively mandated “Medical Audit Committee” (MAC) and trauma “Regional Advisory Board” (RAB). The purpose of MAC is to conduct continuous quality improvement activities, as they relate to trauma system functions to improve trauma patient care. Such reviews are confidential and not subject to disclosure by court subpoena or otherwise (as stated by statute).

A “no” response by your reporting facility means no review is requested.

---

## OUTCOME DATA DEATHS

### ORGAN DONATION REQUESTED

**Data Field Name:** ORG\_REQ\_YN (screen F7.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y = Yes, N = No

**Calculated/Entered:** Entered

**Definition:** In cases of fatal trauma, enter "Yes" if the family/next-of-kin was actually approached to request organ and/or tissue donation. Enter "No" if the death was unreported or reported to the OOSN but donor was waived. Enter "No" if the Medical Examiner refused permission to seek consent for donation.

---

### ORGAN DONATION GRANTED?

**Data Field Name:** ORG\_APP\_YN (screen F7.2)

**Required:** Major

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Value Range:** Y = Yes, N = No

**Calculated/Entered:** Entered

**Definition:** In cases of fatal trauma, enter "Yes" if the family/next-of-kin consented to the donation of any organ or tissue even if the donation could not actually be completed for other reasons.

---

## OUTCOME DATA FINANCIAL

### PRIMARY PAYER

**Data Field Name:** PAY\_01 (screen F7.5)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:**

01 = Insurance

02 = Self Pay

03 = Medicaid

04 = Medicare

05 = Workers Compensation

06 = No Charge

07 = Other

08 = Other government

**Calculated/Entered:** Entered

**Definition:** Enter code assigned by the OSDH for each payer source identified for this patient.

The list above shows all possible codes – do not use “other” unless all possible listed options have been ruled out. Other is NOT an option if the patient has an HMO, health insurance, or auto insurance. If Medicaid/Medicare is pending the correct option is self-pay. For further clarification call OSDH Trauma Registry staff at 405-271-2657.

---

### SECONDARY PAYER(S)

**Data Field Name:** PAY\_02 (screen F7.5)

**Required:** Major/Minor

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:**

01 = Insurance

02 = Self Pay

03 = Medicaid

04 = Medicare

05 = Workers Compensation

06 = No Charge

07 = Other

08 = Other government

**Calculated/Entered:** Entered

**Definition:** Enter code assigned by the OSDH for each payer source identified for this patient.

---

**TOTAL HOSPITAL CHARGES**

**Data Field Name:** H\_CHRG (screen F7.5)

**Required:** Major/Minor

**Max Length of Field:** 9

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter the dollar amount of the total charges assigned by the hospital to this account.

---

**TOTAL HOSPITAL COLLECTIONS**

**Data Field Name:** H\_COLL (screen F7.5)

**Required:** Major/Minor

**Max Length of Field:** 9

**Type of Field:** Integer

**Calculated/Entered:** Entered

**Definition:** Enter the dollar amount of the total charges assigned by the hospital to this account.

---

**PHYSICIANS INVOLVED IN CARE**

**Data Field Name:** Multiple fields (Screen F7.5.1)

**Required:** Major

**Max Length of Field:** Variable

**Type of Field:** Mixed

**Calculated/Entered:** Entered

**Definitions:** Physicians directly involved in the patient's care for their trauma event. Physician Assistant and Nurse Practitioners are not required.

---

## ANATOMICAL DIAGNOSIS

### PRINCIPAL DIAGNOSIS

**Data Field Name:** PRIM\_DX (screen F6.0)

**Required:** Major/Minor

**Max Length of Field:** 6

**Type of Field:** Float

**Calculated/Entered:** Entered

**Definition:** For patients with a single injury the principal diagnosis will be the ICD9 codes for that injury. For patients with more than one injury, the injury with the highest AIS (abbreviated injury scale) value will be the principal diagnosis. For patients with more than one injury with the same AIS value the principal diagnosis will be assigned using the body region in a hierarchical fashion as follows: Head/Neck/Face > Thorax > Abdomen > Extremities > External.

---

### UPGRADED TO MAJOR TRAUMA PER OSDH REQUEST

**Data Field Name:** Major\_YN

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Calculated Entered:** Entered

**Definition:** Usually is answered as “N” for No. This is only changed from “N” to “Y” for Yes when reporting facility has been directed by OSDH to upgrade/report case as major trauma.

---

### TIME SENSITIVE TRAUMA REQUIRING HAND OR OMF SURGEON

**Data Field Name:** Major\_YN

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Calculated Entered:** Entered

**Definition:** Usually is answered as “N” for No. Only answered “Y” for yes when the patient’s injuries require emergency care by a hand or oral & maxillo-facial surgeon.

---

### OTHER TRAUMA THAT THREATENS LIFE, LIMB, OR VISION

**Data Field Name:** Major\_YN

**Required:** Major/Minor

**Max Length of Field:** 1

**Type of Field:** Yes/No

**Calculated Entered:** Entered

**Definition:** Usually is answered as “N” for No. The field has not be defined.

---

## DIAGNOSIS CODES

**Data Field Name:** INJ\_TXT (screen F6.1)

**Required:** Major/Minor

**Max Length of Field:** 1750

**Type of Field:** Memo

**Calculated/Entered:** Entered

**Definition:** Enter the patient's confirmed diagnosis. Do not include 'possible', 'probable' or presumptive diagnosis without alerting the coding software with @ preceding the injury (as taught by OSDH in training).

### *Coding:*

The system will assign ICD-9 and AIS codes based upon the text diagnosis entered. Sufficient detailed text data should be entered to allow an AIS to be assigned for all diagnosis with ICD-9 codes between 800 and 959.9. AIS have also been designated for a few ICD-9 codes outside the specified range when proper conditions are met for such coding and may be included where appropriate (i.e., ICD-9 348.5 Cerebral Edema assigned an AIS).

### *Sequence:*

Diagnosis should be entered in order of severity/significance. Exceptions to this general recommendation are as follows:

- Blunt injuries should be listed before penetrating injuries;
- Penetrating mechanism of injury must be indicated prior to listing related injuries;
- Include age for pediatric patients ( $\leq 15$  years of age) by itself on the first line of coding screen;
- Enter only definitive diagnoses (begin rule-out, possible, or probably injury lines with @).

For further coding guidelines, call the OSDH Trauma Registry staff for training and materials.

### *Manual Coding:*

Manual coding should only be done by registrars who have had formal AAAM-AIS training and/or ICD-9 training from recognized coding expert sources. Manual coding of both the ICD-9 and AIS may be performed and entered into the appropriate data field. If manually coding, use the version of both coding systems currently specified by the OSDH. The currently specified systems are ICD-9 and AIS 1990, revision 1998.

---

## BURN SCREEN DATA (if applicable)

### BURN SIZE

**Data Field Name:** BURN\_SIZE (screen F6.3)

**Required:** Major Burn Trauma Cases

**Max Length of Field:** 3

**Range:** 0-100

**Type:** Integer

**Calculated/Entered:** Entered

**Definition:** Percent of total body surface area with 2<sup>nd</sup> (second) and/or 3<sup>rd</sup> (third) degree burns.

---

**BURN CARBOXY****Data Field Name:** CARBOXY\_A (screen F6.3)**Required:** Major Burn Trauma Cases**Max Length of Field:** 3**Type:** Float**Calculated/Entered:** Entered**Definition:** Initial lab values for carboxy-hemoglobin.

---

**COMORBID DIAGNOSES** (if applicable)**Data Field Name:** COMORB\_01 through COMORB\_15 (screen F6.4)**Required:** Major**Max Length:** 6**Type:** Text**Calculated/Entered:** Entered from pull-down menu of non-injury ICD-9 codes.**Definition:** Non-injury ICD-9 codes, (i.e., chronic conditions). See *Appendix VI for ICD-9 Comorbid Diagnoses Codes*, page 83. If none, enter "IIIII".

---

## **NATIONAL TRAUMA DATA BANK COMPLICATIONS LIST**

**Data Field Name:** COMPN\_01 to COMPN\_20 (screen F7.4)

**Required:** Major

**Max Length of Field:** 2

**Type of Field:** Integer

**Value Range:**

- 00 = None
- 01 = Acute Respiratory Distress Syndrome (ARDS)
- 02 = Aspiration Pneumonia
- 03 = Bacteremia
- 04 = Cardiac Arrest
- 05 = Coagulopathy
- 06 = Compartment Syndrome
- 07 = DVT (Lower Extremity)
- 08 = Disseminated Fungal Infection
- 09 = Dehiscence/+Evisceration
- 10 = Empyema
- 11 = Esophageal Intubation
- 12 = Hypothermia
- 13 = Intra-Abdominal Abscess
- 14 = Jaundice
- 15 = Loss of Operative Reduction/Fixation
- 16 = Myocardial Infarction
- 17 = Pancreatitis
- 18 = Pneumonia
- 19 = Pneumothorax
- 20 = Skin Breakdown
- 21 = Progression of Original Neurologic Insult
- 22 = Pulmonary Embolus
- 23 = Renal Failure
- 24 = Urinary Tract Infection
- 25 = Wound Infection

**Calculated/Entered:** Entered

**Definition:** Complications related to the immediate trauma event.

## APPENDICES

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## APPENDIX I. FACILITIES CODE LIST

### General Medical Surgical Hospitals (alphabetical listing)

| City          | Facility Name (General Medical Surgical Hospitals) | ID #   |
|---------------|--|--------|
| Sulphur       | Arbuckle Memorial Hospital                         | 377169 |
| Owasso        | Bailey Medical Center                              | 370218 |
| Beaver        | Beaver County Memorial Hospital                    | 377090 |
| Oklahoma City | Bone and Joint Hospital                            | 377095 |
| Tulsa         | Cancer Treatment Centers of America at Tulsa, Inc. | 376536 |
| Carnegie      | Carnegie Tri-County Municipal Hospital             | 377089 |
| Oklahoma City | Centris  | 377126 |
| Hugo          | Choctaw Memorial Hospital                          | 377081 |
| Claremore     | Claremore Regional Hospital                        | 376573 |
| Cleveland     | Cleveland Area Hospital, Inc.                      | 377078 |
| Lawton        | Comanche County Memorial Hospital                  | 376576 |
| Eufaula       | Community Hospital Lakeview                        | 377073 |
| Tulsa         | Continuous Care Center of Tulsa                    | 377142 |
| Cordell       | Cordell Memorial Hospital                          | 377072 |
| Vinita        | Craig General Hospital                             | 377098 |
| Okemah        | Creek Nation Community Hospital                    | 377070 |
| Cushing       | Cushing Regional Hospital                          | 376580 |
| Oklahoma City | Deaconess Hospital                                 | 376582 |
| Tulsa         | Doctors Hospital                                   | 376597 |
| Duncan        | Duncan Regional Hospital, Inc.                     | 376584 |
| Poteau        | Eastern Oklahoma Medical Center, Inc.              | 376562 |
| Edmond        | Edmond Medical Center                              | 376586 |
| Hobart        | Elkview General Hospital                           | 377068 |
| Fairview      | Fairview Hospital                                  | 377060 |
| Chickasha     | Grady Memorial Hospital                            | 376587 |
| Elk City      | Great Plains Regional Medical Center               | 376579 |
| Buffalo       | Harper County Community Hospital                   | 377059 |
| Stigler       | Haskell County Hospital                            | 376598 |
| Henryetta     | Henryetta Medical Center                           | 376592 |
| Oklahoma City | Hillcrest Health Center, Inc.                      | 376593 |
| Tulsa         | Hillcrest Medical Center                           | 376594 |
| Tulsa         | Hillcrest Specialty Hospital                       | 377094 |
| Holdenville   | Holdenville General Hospital                       | 377053 |
| Oklahoma City | INTEGRIS Baptist Medical Center, Inc.              | 376563 |
| Miami         | INTEGRIS Baptist Regional Health Center            | 377110 |
| Enid          | INTEGRIS Bass Baptist Health Center                | 376567 |
| Blackwell     | INTEGRIS Blackwell Regional Hospital               | 377167 |
| Yukon         | INTEGRIS Canadian Valley Regional Hospital         | 370211 |
| Clinton       | INTEGRIS Clinton Regional Hospital                 | 376575 |
| Grove         | INTEGRIS Grove General Hospital                    | 376590 |

| <b>City</b>   | <b>Facility Name (General Medical Surgical Hospitals)</b> | <b>ID #</b> |
|---------------|---|-------------|
| Madill        | INTEGRIS Marshall Memorial Hospital                       | 376585      |
| Pryor         | INTEGRIS Mayes County Medical Center                      | 376554      |
| Oklahoma City | INTEGRIS Southwest Medical Center                         | 376545      |
| Altus         | Jackson County Memorial Hospital                          | 376595      |
| Bartlesville  | Jane Phillips Medical Center                              | 376596      |
| Oklahoma City | Lakeside Women's Hospital                                 | 377107      |
| Wilburton     | Latimer County General Hospital                           | 377091      |
| Lindsay       | Lindsay Municipal Hospital                                | 370214      |
| Mangum        | Mangum City Hospital                                      | 377050      |
| Coalgate      | Mary Hurley Hospital                                      | 377048      |
| McAlester     | McAlester Regional Health Center                          | 376550      |
| Idabel        | McCurtain Memorial Hospital                               | 377143      |
| Oklahoma City | McBride Orthopedic Hospital                               | 370222      |
| Durant        | Medical Center of Southeastern Oklahoma                   | 376519      |
| Stilwell      | Memorial Hospital   | 377032      |
| Frederick     | Memorial Hospital & Physician Group                       | 377035      |
| Guymon        | Memorial Hospital of Texas County                         | 377031      |
| Oklahoma City | Mercy Health Center, Inc.                                 | 374636      |
| Ardmore       | Mercy Memorial Health Center, Inc.                        | 376524      |
| Midwest City  | Midwest Regional Medical Center                           | 374635      |
| Muskogee      | Muskogee Regional Medical Center                          | 374629      |
| Shattuck      | Newman Memorial Hospital                                  | 377011      |
| Norman        | Norman Regional Hospital                                  | 376588      |
| Oklahoma City | Northwest Surgical Hospital                               | 376591      |
| Okeene        | Okeene Municipal Hospital                                 | 377005      |
| Oklahoma City | Oklahoma Spine Hospital LLC                               | 377093      |
| Okmulgee      | Okmulgee Memorial Hospital                                | 374625      |
| Oklahoma City | OU Medical Center   | 376583      |
| El Reno       | Park View Hospital  | 376601      |
| Pauls Valley  | Pauls Valley General Hospital                             | 376600      |
| Pawnee        | Pawnee Municipal Hospital                                 | 377121      |
| Perry         | Perry Memorial Hospital                                   | 376599      |
| Oklahoma City | Physicians Hospital of Oklahoma                           | 377120      |
| Purcell       | Purcell Municipal Hospital                                | 377122      |
| Antlers       | Pushmataha County-Town of Antlers Hospital Authority      | 377146      |
| Edmond        | Renaissance Women's Center of Edmond                      | 377051      |
| Broken Arrow  | Saint Francis Hospital at Broken Arrow                    | 376571      |
| Tulsa         | Saint Francis Hospital, Inc.                              | 374616      |
| Sayre         | Sayre Memorial Hospital                                   | 377131      |
| Seiling       | Seiling Municipal Hospital Authority                      | 377056      |
| Oklahoma City | Select Specialty Hospital - Oklahoma City                 | 377097      |
| Oklahoma City | Select Specialty Hospital - Oklahoma City, East Campus    | 377096      |
| Tulsa         | Select Specialty Hospital - Tulsa                         | 377164      |
| Sallisaw      | Sequoyah Memorial Hospital                                | 377162      |
| Alva          | Share Memorial Hospital                                   | 377161      |

| <b>City</b>   | <b>Facility Name (General Medical Surgical Hospitals)</b> | <b>ID #</b> |
|---------------|---|-------------|
| Tulsa         | SouthCrest Hospital                                       | 377113      |
| Lawton        | Southwestern Medical Center                               | 376547      |
| Weatherford   | Weatherford Regional Hospital                             | 377158      |
| Oklahoma City | St. Anthony Hospital                                      | 374624      |
| Tulsa         | St. John Medical Center, Inc.                             | 376528      |
| Owasso        | St. John Owasso   | 370217      |
| Enid          | St. Mary's Regional Medical Center                        | 376538      |
| Stillwater    | Stillwater Medical Center                                 | 376548      |
| Oklahoma City | Surgical Hospital of Oklahoma LLC                         | 377137      |
| Tahlequah     | Tahlequah City Hospital                                   | 376561      |
| Tulsa         | OSU Medical Center (formerly TRMC)                        | 377166      |
| Shawnee       | Unity (formerly Shawnee Reg Hosp)                         | 376541      |
| Ada           | Valley View Regional Hospital                             | 376551      |
| Oklahoma City | Vencor Hospital - Oklahoma City                           | 376560      |
| Ponca City    | Ponca City Regional Med Center (formerly Via Christi)     | 376537      |
| Wagoner       | Wagoner Community Hospital                                | 377148      |
| Woodward      | Woodward Hospital and Health Center                       | 376535      |

### **Critical Access Hospitals (alphabetical listing)**

| <b>City</b> | <b>Facility Name (Critical Access Hospitals)</b> | <b>ID #</b> |
|-------------|--|-------------|
| Anadarko    | Anadarko Municipal Hospital                      | 377186      |
| Atoka       | Atoka Memorial Hospital                          | 377196      |
| Bristow     | Bristow Medical Center                           | 377193      |
| Boise City  | Cimarron Memorial Hospital                       | 377191      |
| Drumright   | Drumright Memorial Hospital                      | 377190      |
| Fairfax     | Fairfax Memorial Hospital, Inc.                  | 377189      |
| Hollis      | Harmon Memorial Hospital                         | 377173      |
| Healdton    | Healdton Municipal Hospital                      | 377171      |
| Nowata      | Jane Phillips Nowata Health Center               | 377170      |
| Waurika     | Jefferson County Hospital                        | 377187      |
| Tishomingo  | Johnston Memorial Hospital                       | 377198      |
| Kingfisher  | Kingfisher Regional Hospital                     | 377185      |
| Guthrie     | Logan Hospital and Medical Center                | 376555      |
| Marietta    | Mercy Health - Love County                       | 377180      |
| Pawhuska    | Pawhuska Hospital, Inc.                          | 377179      |
| Prague      | Prague Municipal Hospital                        | 377177      |
| Cheyenne    | Roger Mills Memorial Hospital                    | 377174      |
| Seminole    | Integris Seminole Medical Center                 | 377188      |
| Sapulpa     | St. John Sapulpa, Inc.                           | 377195      |
| Stroud      | Stroud Municipal Hospital                        | 377149      |
| Watonga     | Watonga Municipal Hospital                       | 377199      |
| Wetumka     | Wetumka General Hospital                         | 377172      |

### Federal Hospitals in Oklahoma (alphabetical listing)

| City            | Facility Name (Federal Hospitals in Oklahoma) | ID #   |
|-----------------|---|--------|
| Ada             | Carl Albert Indian Hospital                   | IHS004 |
| Talihina        | Choctaw Nation Indian Hospital                | IHS003 |
| Claremore       | Claremore Indian Hospital                     | IHS001 |
| Clinton         | Clinton Indian Hospital                       | IHS005 |
| Lawton          | Lawton Indian Hospital                        | IHS006 |
| Lawton/Ft. Sill | Reynolds Army Hospital                        | US0001 |
| Oklahoma City   | Veterans Administration Hospital              | VAOK01 |
| Muskogee        | Veterans Administration Hospital              | VAOK02 |
| Tahlequah       | W.W. Hastings Indian Hospital                 | IHS002 |

### Out-of-State Facilities (alphabetical listing by state then facility name)

| State    | City           | Facility Name (Out of State Facilities)             | ID #   |
|----------|----------------|---|--------|
| Arizona  | Tucson         | Carondelet St. Joseph's Hospital, TUCSON, AZ        | AZ1001 |
| Arkansas | Fort Smith     | Advance Care Hospital (LTAC), Fort Smith, AR        | AR1020 |
| Arkansas | Bentonville    | Bates Medical Center - Bentonville, AR              | AR1012 |
| Arkansas | Mountain Home  | Baxter County Regional Hospital - Mountain Home, AR | AR1011 |
| Arkansas | Little Rock    | Children's Hospital - Little Rock                   | AR1003 |
| Arkansas | Conway         | Conway Regional Health System, Conway, AR           | AR1023 |
| Arkansas | Van Buren      | Crawford Memorial Hospital - Van Buren, AR          | AR1007 |
| Arkansas | DeQueen        | DeQueen Regional Hospital, DeQueen AR               | AR1018 |
| Arkansas | Eureka Springs | Eureka Springs Hospital - Eureka Springs, AR        | AR1008 |
| Arkansas | Fort Smith     | Harborview Merch Psych Hospital - Fort Smith, AR    | AR1010 |
| Arkansas | Fayetteville   | Health South Rehab - Fayetteville, AR               | AR1005 |
| Arkansas | Fort Smith     | Health South Rehab - Fort Smith, AR                 | AR1015 |
| Arkansas | Mena           | Mena Medical Center, Mena, AR                       | AR1024 |
| Arkansas | Ozark          | Mercy Hospital Turner Memorial - Ozark, AR          | AR1013 |
| Arkansas | Springdale     | Northwest Medical Center - Springdale, AR           | AR1009 |
| Arkansas | Springdale     | NW Arkansas Medical Ctr Rehab, Springdale, AR       | AR1021 |
| Arkansas | Fort Smith     | Select Specialty Rehab Hosp. - Fort Smith, AR       | AR1016 |
| Arkansas | Siloam Springs | Siloam Springs Memorial, Siloam Springs, AR         | AR1017 |
| Arkansas | Fort Smith     | Sparks Regional Med Ctr. -Fort Smith                | AR1001 |
| Arkansas | Fort Smith     | St. Edwards Mercy Med Ctr. - Fort Smith             | AR1002 |
| Arkansas | Rogers         | St. Mary's Hospital - Rogers, AR                    | AR1006 |
| Arkansas | Sherwood       | St. Vincent Rehab, Sherwood, AR                     | AR1025 |
| Arkansas | Little Rock    | University Hospital - Little Rock                   | AR1004 |
| Arkansas | Little Rock    | VA Hospital - Little Rock, AR                       | AR1014 |
| Arkansas | Fayetteville   | Washington, Regional Med Center, Fayetteville, AR   | AR1019 |
| Arkansas | Batesville     | White River Medical Center, Batesville, AR          | AR1022 |
| Colorado | Aspen          | Aspen Valley Hospital - Aspen, CO                   | CO1002 |
| Colorado | Englewood      | Craig Hospital - Englewood, CO                      | CO1001 |
| Colorado | Del Norte      | Rio Grande Hospital, Del Norte, CO                  | CO1003 |
| Colorado | Denver         | St. Anthony Central Hospital, Denver, CO            | CO1004 |
| Illinois | Chicago        | Schwab Rehabilitation Hospital, Chicago, IL         | IL1002 |
| Illinois | Chicago        | Shriner's Hospital Chicago, Chicago, IL             | IL1001 |
| Kansas   | Caney          | Caney Nuring Center, Caney, KS                      | KS1026 |
| Kansas   | Cedar Vale     | Cedar Vale Community Hospital - Cedar Vale, KS      | KS1012 |
| Kansas   | Coffeeyville   | Coffeeyville DHS - Coffeeyville, KS                 | KS1006 |
| Kansas   | Coffeeyville   | Coffeeyville Medical Center - Coffeeyville, KS      | KS1009 |
| Kansas   | Hayes          | Hayes Medical Center, Hayes, KS                     | KS1020 |

| State         | City             | Facility Name (Out of State Facilities)               | ID #   |
|---------------|------------------|---|--------|
| Kansas        | Girard           | Hospital District #1, Girard, KS                      | KS1019 |
| Kansas        | LaBette          | LaBette County Medical Center - LaBette, KS           | KS1013 |
| Kansas        | Lawrence         | Lawrence Memorial Hospital - Lawrence, KS             | KS1011 |
| Kansas        | Coffeyville      | Medicalodge Skilled Nursing, Coffeyville, KS          | KS1016 |
| Kansas        | Fort Scott       | Mercy Health Center, Fort Scott, KS                   | KS1025 |
| Kansas        |                  | Mercy Hospital - ?, KS                                | KS1008 |
| Kansas        | Elkheart         | Morton Care Center, Elkheart, KS                      | KS1022 |
| Kansas        | Chanute          | Neosho Memorial Hospital - Chanute, KS                | KS1007 |
| Kansas        | Pratt            | Pratt Regional Medical Center, Pratt KS               | KS1014 |
| Kansas        | Wichita          | Riverside Hospital - Wichita, KS                      | KS1004 |
| Kansas        | Salina           | Salina Regional Medical Center, Salina, KS            | KS1024 |
| Kansas        | Sedan            | Sedan City - Sedan, KS                                | KS1010 |
| Kansas        | Pratt            | South Central KS Bone & Joint Hospital, Pratt, KS     | KS1017 |
| Kansas        | Liberal          | SouthWest Medical Center, Liberal, KS                 | KS1021 |
| Kansas        | Wichita          | St Francis Hospital - Wichita, KS                     | KS1003 |
| Kansas        | Columbus         | St. John's Maude Norton Memorial, Columbus, KS        | KS1015 |
| Kansas        | Wichita          | St. Joseph Hospital, Wichita, KS                      | KS1018 |
| Kansas        | Kansas City      | University of Kansas Medical Center - Kansas City, KS | KS1005 |
| Kansas        | Wichita          | Via Christi Rehab - Wichita, KS                       | KS1002 |
| Kansas        | Wichita          | Via Christi, Wichita, KS                              | KS1023 |
| Kansas        | Wichita          | Wesley Medical Center- Wichita                        | KS1001 |
| Kentucky      | Louisville       | Jewish Hospital, Louisville, KY                       | KY1001 |
| Louisiana     | Shreveport       | Willis-Knighten Hospital, Shreveport, LA              | LA1001 |
| Massachusetts | Worcester        | University of Mass Medical Center, Worcester, Mass    | MA1001 |
| Mississippi   |                  | Copan Alcohol Treatment Center - Mississippi          | MS1001 |
| Missouri      | Springfield      | Cox Medical Center, Springfield MO                    | MO1005 |
| Missouri      | Springfield      | Cox Walnut Lawn Rehab Ctr, Springfield, MO            | MO1008 |
| Missouri      | Chesterfield     | Delmar Gardens Nursing Center, Chesterfield, MO       | MO1006 |
| Missouri      | Joplin           | Freeman Hospital, Joplin, MO                          | MO1001 |
| Missouri      | Mt Vernon        | Missouri Rehab Center, Mt. Vernon, MO                 | MO1007 |
| Missouri      | Branson          | Skaggs Community Health Ctr. - Branson, MO            | MO1003 |
| Missouri      | Joplin           | St. John's -Joplin, MO                                | MO1002 |
| Missouri      | St Louis         | St. John's Mercy Medical Ctr. - St. Louis, MO         | MO1004 |
| Missouri      | Kansas City      | Trauma Medical Center,Hospital Hill, Kansas City, MO  | MO1009 |
| Nebraska      | Norfolk          | St. Joseph's Nursing Home, Norfolk, NE                | NE1001 |
| Oregon        | Portland         | Legacy Emanuel Hospital - Portland, OR                | OR1001 |
| Tennessee     | Memphis          | Regional Medical Ctr. - Memphis, TN                   | TN1001 |
| Tennessee     | Nashville        | Vanderbilt University Med Center, Nashville, TN       | TN1002 |
| Texas         | San Antonio      | Baptist Health System. - San Antonio, TX              | TX1011 |
| Texas         | Amarillo         | Baptist St. Anthony's - Amarillo                      | TX1001 |
| Texas         | Dallas           | Baylor Institute for Rehab - Dallas, TX               | TX1013 |
| Texas         | Dallas           | Baylor University Medical Ctr., Dallas, TX            | TX1019 |
| Texas         | Austin           | Brackenridge Hospital, Austin TX                      | TX1023 |
| Texas         | Fort Sam Houston | Brooke Army Medical Center, Fort Sam Houston, TX      | TX1021 |
| Texas         | Dallas           | Brookhaven Nursing Home, Dallas, TX                   | TX1034 |
| Texas         | Dallas           | Children's Hospital - Dallas, TX                      | TX1007 |
| Texas         | Childress        | Childress Regional Medical Center, Childress, TX      | TX1038 |
| Texas         | Texarkana        | Christus St. Michael's Hospital- Texarkana            | TX1004 |
| Texas         | Lubbock          | Covenant Medical Ctr. - Lubbock, TX                   | TX1009 |
| Texas         | Paris            | Cristus St. Joseph Hospital (South)- Paris            | TX1005 |
| Texas         | Denton           | Denton Regional Medical Center, Denton, TX            | TX1033 |
| Texas         | Paris            | Dubois Hospital, Paris TX                             | TX1022 |
| Texas         | Tyler            | East Texas Medical Center, Tyler                      | TX1015 |
| Texas         | Tyler            | East Texas Medical Center, Tyler, TX                  | TX1039 |

| State      | City           | Facility Name (Out of State Facilities)                   | ID #   |
|------------|----------------|---|--------|
| Texas      | Ft Worth       | Harris Methodist Medical Ctr. - Ft. Worth, TX             | TX1010 |
| Texas      | Ft Worth       | Health South Rehab - Ft. Worth, TX                        | TX1017 |
| Texas      | San Antonio    | Health South Riosa, San Antonio, TX                       | TX1030 |
| Texas      | Canadian       | Hemphill County Hospital, Canadian, TX                    | TX1028 |
| Texas      | Houston        | Institute Rehab & Research, Texas Med Center, Houston, TX | TX1035 |
| Texas      | Paris          | McCuiston Hospital (St. Joseph North)- Paris              | TX1006 |
| Texas      | Odessa         | Medical Center Hospital, Odessa, TX                       | TX1018 |
| Texas      | Amarillo       | Northwest Texas Hospital - Amarillo                       | TX1002 |
| Texas      | Paris          | Paris Nursing and Rehab Center, Paris, TX                 | TX1032 |
| Texas      | Dallas         | Parkland Hospital - Dallas, TX                            | TX1008 |
| Texas      | Wheeler        | Parkview Hospital, Wheeler, TX                            | TX1036 |
| Texas      | Denton         | Presbyterian Hospital, Denton, TX                         | TX1026 |
| Texas      | Denison        | Reba McEntire Center for Rehabilitation, Denison, TX      | TX1031 |
| Texas      | Temple         | Scott and White, Temple, TX                               | TX1027 |
| Texas      | Shamrock       | Shamrock General, Shamrock, TX                            | TX1024 |
| Texas      | Wichita Falls  | Shephards Airforce Base Hospital, Wichita Falls, TX       | TX1025 |
| Texas      | Galveston      | Shriner's Hospital for Children, Galveston, TX            | TX1029 |
| Texas      | Denison        | Texoma Medical Ctr. - Denison, TX                         | TX1012 |
| Texas      | Houston        | TX Children's Hospital - Houston, TX                      | TX1014 |
| Texas      | Wichita Falls  | United Regional Health Care System, Wichita Falls, TX     | TX1020 |
| Texas      | Houston        | VA Medical Center, Houston, TX                            | TX1016 |
| Texas      | Texarkana      | Wadley Regional Medical Center- Texarkana                 | TX1003 |
| Texas      | Sherman        | Wilson N. Jones, Sherman, TX                              | TX1040 |
| Texas      | Decatur        | Wise Regional Hospital, Decatur, TX                       | TX1037 |
| Utah       | Price          | Castleview Hospital, Price, UT                            | UT1002 |
| Utah       | Salt Lake City | Latter-Day-Saints Hospital, Salt Lake City, UT            | UT1001 |
| Washington | Spokane        | St. Luke's Rehab Institute - Spokane, WA                  | WA1001 |

### Rehabilitation Facilities (alphabetical listing)

| City          | Facility Name   | ID #   | Facility Type                          |
|---------------|---|--------|--|
| Oklahoma City | Bone and Joint Hospital   | 377448 | PPS-Rehabilitation                     |
| Lawton        | Comanche County Memorial Hospital                                 | 377442 | PPS-Rehabilitation                     |
| Oklahoma City | Deaconess Hospital  | 377483 | PPS-Rehabilitation                     |
| Tulsa         | Doctors Hospital  | 377502 | PPS-Rehabilitation                     |
| Okmulgee      | George Nigh Rehabilitation Institute                              | 377215 | Specialized Hospitals - Rehabilitation |
| Okmulgee      | George Nigh Rehabilitation Institute                              | 377522 | PPS-Rehabilitation                     |
| Oklahoma City | HEALTHSOUTH Rehabilitation Hospital                               | 377211 | Specialized Hospitals - Rehabilitation |
| Oklahoma City | HEALTHSOUTH Rehabilitation Hospital                               | 377436 | PPS-Rehabilitation                     |
| Tulsa         | HEALTHSOUTH Rehabilitation Hospital of Tulsa                      | 377219 | Specialized Hospitals - Rehabilitation |
| Oklahoma City | Hillcrest Health Center, Inc.                                     | 377520 | PPS-Rehabilitation                     |
| Tulsa         | Hillcrest Medical Center  | 377478 | PPS-Rehabilitation                     |
| Edmond        | Integrated Specialty Hospital of Edmond                           | 377209 | Specialized Hospitals - Rehabilitation |
| Midwest City  | Integrated Specialty Hospital of Midwest City                     | 377208 | Specialized Hospitals - Rehabilitation |
| Enid          | INTEGRIS Bass Baptist Health Center                               | 377509 | PPS-Rehabilitation                     |
| Clinton       | INTEGRIS Clinton Regional Hospital                                | 377474 | PPS-Rehabilitation                     |
| Oklahoma City | INTEGRIS Southwest Medical Center                                 | 377439 | PPS-Rehabilitation                     |
| Norman        | J. D. McCarty Center for Children with Developmental Disabilities | 377221 | Specialized Hospitals - Rehabilitation |
| Bartlesville  | Jane Phillips Episcopal-Memorial Medical Center                   | 377464 | PPS-Rehabilitation                     |

| <b>City</b>   | <b>Facility Name</b>   | <b>ID #</b> | <b>Facility Type</b>                             |
|---------------|--|-------------|--|
| Oklahoma City | Jim Thorpe Rehabilitation Network Center for Ambulatory Medicine | 370094      | Comprehensive Outpatient Rehabilitation Facility |
| McAlester     | McAlester Regional Health Center                                 | 377472      | PPS-Rehabilitation                               |
| Oklahoma City | Mercy Health Center, Inc.  | 377446      | PPS-Rehabilitation                               |
| Ardmore       | Mercy Memorial Health Center, Inc.                               | 377461      | PPS-Rehabilitation                               |
| Muskogee      | Muskogee Regional Medical Center                                 | 377454      | PPS-Rehabilitation                               |
| Norman        | Norman Regional Hospital   | 377497      | PPS-Rehabilitation                               |
| Broken Arrow  | St. Francis Hospital at Broken Arrow, Inc.                       | 377437      | PPS-Rehabilitation                               |
| Seminole      | Seminole Rehabilitation Services                                 | 370093      | Comprehensive Outpatient Rehabilitation Facility |
| Lawton        | Southwestern Medical Center                                      | 377468      | PPS-Rehabilitation                               |
| Oklahoma City | St. Anthony Hospital   | 377432      | PPS-Rehabilitation                               |
| Tulsa         | St. John Medical Center, Inc.                                    | 377471      | PPS-Rehabilitation                               |
| Enid          | St. Mary's Mercy Hospital  | 377447      | PPS-Rehabilitation                               |
| Tulsa         | Tulsa Regional Medical Center                                    | 377518      | PPS-Rehabilitation                               |
| Oklahoma City | University Health Partners                                       | 377487      | PPS-Rehabilitation                               |
| Ada           | Valley View Regional Hospital                                    | 377445      | PPS-Rehabilitation                               |

## LTAC

| Facility Type | Facility Name                         | City          | ID Number |
|---------------|---------------------------------------|---------------|-----------|
| LTAC          | Advance Care                          | Oklahoma City | 372020    |
| LTAC          | Centris                               | Oklahoma City | 372015    |
| LTAC          | Continuous Care Center                | Bartlesville  | 372014    |
| LTAC          | Continuous Care Center                | Tulsa         | 377142    |
| LTAC          | Edmond Specialty Hospital             | Edmond        | LTAC01    |
| LTAC          | Specialty Hospital of Midwest City    | Midwest City  | LTAC02    |
| LTAC          | Hillcrest Specialty Hospital          | Tulsa         | LTAC03    |
| LTAC          | Integris Bass Pavilion                | Enid          | 372016    |
| LTAC          | Kindred Hospital                      | Oklahoma City | LTAC04    |
| LTAC          | Select Specialty Hospital             | Oklahoma City | LTAC05    |
| LTAC          | Select Specialty Hospital-East Campus | Oklahoma City | LTAC06    |
| LTAC          | Select Specialty Hospital             | Tulsa         | 377164    |

## APPENDIX II. EMS PROVIDER CODE LIST

| County       | City             | EMS                                | Code # |
|--------------|------------------|------------------------------------|--------|
| Nowata       | Nowata           | 10-33 Emergency Team               | 000169 |
| Out of State | Rogers, AR       | Aero Med Express                   | 000284 |
| Tulsa        | Tulsa            | Aerocare Medical Transport         | 000290 |
| Out of State | Englewood, CO    | Air Ambulance Specialists          | 140002 |
| Out of State | Paris, TX        | Air Evac Lifeteam                  | 000371 |
| Out of State | Springdale, AR   | Air Evac Lifeteam                  | 000400 |
| Rogers       | Claremore        | Air Evac Lifeteam (Claremore)      | 000397 |
| Payne        | Cushing          | Air Evac Lifeteam (Cushing)        | 000399 |
| Comanche     | Lawton           | Air Evac Lifeteam (Lawton)         | 000401 |
| Beckham      | Elk City         | Air Evac Lifeteam (Elk City)       | 000412 |
| Garvin       | Pauls Valley     | Air Evac Lifeteam (Pauls Valley)   | 000396 |
| Pittsburg    | McAlester        | Air Evac Lifeteam (McAlester)      | 000398 |
| Alfalfa      | Cherokee         | Alfalfa County EMS                 | 000016 |
| Woods        | Alva             | Alva Ambulance Service             | 000026 |
| Stephens     | Duncan           | American Medical Response (Duncan) | 000315 |
| Stephens     | Marlow           | American Medical Response (Marlow) | 000337 |
| Caddo        | Anadarko         | Anadarko Fire Dept EMS             | 000088 |
| Caddo        | Apache           | Apache Ambulance Service           | 000210 |
| Out of State | St. Louis, MO    | Arch Air Medical Service           | 000348 |
|              | Closed 6-30-2001 | Area Life Care EMS                 | 000299 |
|              | Closed 6-30-2001 | Area Rescue Consortium of Hospital | 000341 |
| Out of State | Arkansas         | Arkansas Patient Transfer          | 160003 |
| Pittsburg    | McAlester        | Army Ammunition Plant              | 000311 |
| Out of State | Aspen, CO        | Aspen Ambulance District           | 140001 |
| Atoka        | Atoka            | Atoka County Ambulance             | 000028 |
| Ottawa       | Miami            | Baptist Regional Health Center     | 000094 |
| Osage        | Barnsdall        | Barnsdall Community Ambulance      | 000002 |
| Osage        | Bartlesville     | Bartlesville Ambulance Service     | 000077 |
| Beaver       | Beaver           | Beaver County EMS                  | 000029 |
| Noble        | Billings         | Billings Fire Department           | 000203 |
| Kay          | Blackwell        | Blackwell FD Ambulance Service     | 000031 |
| Tulsa        | Broken Arrow     | Broken Arrow Fire Department       | 000023 |
| Bryan        | Durant           | Bryan County EMS                   | 000128 |
| Bryan        | Durant           | Bryan County EMS Critical Care     | 000380 |
| Harper       | Buffalo          | Buffalo EMS District               | 000255 |
| Washita      | Burns Flat       | Burns Flat Ambulance Service       | 000084 |
| Custer       | Butler           | Butler EMS                         | 000355 |
| Out of State | Caldwell, KS     | Caldwell EMS                       | 130010 |
| Comanche     | Cache            | Cache EMS                          | 000417 |
| Blaine       | Canton           | Canton-Longdale EMS Dist           | 000111 |
|              |                  | Cardiac Air Transport              | 000378 |
|              | Closed 6-30-2002 | Care Ambulance Service             | 000283 |
| Caddo        | Carnegie         | Carnegie Tri Co Municipal Hosp     | 000102 |
|              | Closed 6-30-2000 | Carter Ambulance Service           | 000189 |
| Kingfisher   | Cashion          | Cashion Fire Department            | 000175 |
| Osage        |                  | Central Med EMS                    | 000385 |

| County       | City               | EMS                             | Code # |
|--------------|--------------------|---------------------------------|--------|
| Lincoln      | Chandler           | Chandler Ambulance Service      | 000032 |
| McIntosh     | Checotah           | Checotah Emergency Amb Svc      | 000174 |
| Out of State | Baxter Springs, KS | Cherokee County EMS             | 130003 |
| Cherokee     | Tahlequah          | Cherokee Nation Ambulance       | 000263 |
| Custer       | Clinton            | Cheyenne & Arapaho Amb Serv     | 000213 |
| Pontotoc     | Ada                | Chickasaw Nation Emergency      | 000300 |
| Grady        | Chickasha          | Chickasha Fire Dept EMS         | 000007 |
| Choctaw      | Hugo               | Choctaw County Ambulance Auth   | 000227 |
| Latimer      | Talihina           | Choctaw Nation Specialty Trans  | 000352 |
| Cimarron     | Boise City         | Cimarron County EMS             | 000001 |
| Pushmataha   | Clayton            | Clayton Volunteer Ambulance     | 000037 |
| Pawnee       | Cleveland          | Cleveland Ambulance Service     | 000085 |
| Delaware     | Afton              | Cleora EMS District Trust       | 000415 |
| Coal         | Closed 6-30-2003   | Coal County EMS                 | 000038 |
| Coal         | Coalgate           | Coalgate Fire Department        | 000375 |
| Out of State | Coffeyville, KS    | Coffeyville EMS                 | 130001 |
| Bryan        | Colbert            | Colbert EMS                     | 000125 |
| Rogers       | Collinsville       | Collinsville Ambulance Service  | 000033 |
| Comanche     | Lawton             | Comanche Co Mem Hosp Amb Dept   | 000314 |
| Ottawa       | Closed 6-30-2000   | Commerce EMS                    | 000241 |
| Dewey        | Seiling            | Community Ambulance Service     | 000179 |
| McIntosh     | Eufaula            | Community Hospital Ambulance    | 000130 |
| Washita      | Cordell            | Cordell Ambulance               | 000211 |
| Wagoner      | Coweta             | Coweta Fire Department          | 000131 |
|              |                    | Craig General Hospital EMS      | 000374 |
| Creek        | Sapulpa            | Creek Co Emergency Amb Svc Dis  | 000083 |
| Okfuskee     | Okemah             | Creek Nation EMS                | 000219 |
| Logan        | Crescent           | Crescent Ambulance District     | 000140 |
| Payne        | Cushing            | Cushing Municipal Ambulance     | 000039 |
| Caddo        | Cyril              | Cyril Ambulance Service (Cyril) | 000292 |
| Comanche     | Elgin              | Cyril Ambulance Service (Elgin) | 000350 |
| Lincoln      | Davenport          | Davenport Fire Dept Ambulance   | 000040 |
| Creek        | Closed 6-30-2001   | Drumright Ambulance Service     | 000041 |
| Out of State | Joplin, MO         | Eagle Med                       | 000405 |
| Out of State | Wichita, KS        | Eaglemed                        | 000406 |
| Carter       | Ardmore            | Eaglemed (Ardmore)              | 000423 |
| Choctaw      | Hugo               | Eaglemed (Hugo)                 | 000418 |
| Out of State | Bentonville, AR    | Eaglemed (Bentonville)          | 000414 |
| Noble        | Perry              | Eaglemed (Perry)                | 000367 |
| Kay          | Ponca City         | Eaglemed (Ponca City)           | 000364 |
| Cherokee     | Tahlequah          | Eaglemed (Tahlequah)            | 000382 |
| Bryan        | Bokchito           | Eastern Bryan County Amb Serv   | 000237 |
| Jackson      | Eldorado           | Eldorado EMS                    | 000103 |
| Beckham      | Elk City           | Elk City Fire Department        | 000383 |
| Ellis        | Shattuck           | Ellis County EMS                | 000042 |
| Garvin       | Elmore City        | Elmore City EMS                 | 000186 |
| LeFlore      | Poteau             | EMS of LeFlore County           | 000303 |

| County       | City               | EMS                                  | Code # |
|--------------|--------------------|--------------------------------------|--------|
| Tulsa        | Broken Arrow       | EMS Plus LLC (Broken Arrow)          | 000358 |
| Rogers       | Closed 5-31-2003   | EMS Plus LLC (Chelsea)               | 000357 |
| Tulsa        | Tulsa              | EMSA - East Division                 | 000044 |
| Oklahoma     | Oklahoma City Area | EMSA - West Division                 | 000296 |
| Cleveland    | Norman             | EMSstat-Norman Regional EMS          | 000322 |
| Beckham      | Erick              | Erick Ambulance Service              | 000034 |
|              | Closed 6-10-2003   | First Call EMS                       | 000370 |
| Woods        | Freedom            | Freedom Vol Ambulance Service        | 000015 |
| Garfield     | Garber             | Garber EMS                           | 000202 |
| Tulsa        | Catoosa            | Gold Cross Ambulance Inc             | 000345 |
| Texas        | Goodwell           | Goodwell Ambulance Service           | 000141 |
| Tillman      | Grandfield         | Grandfield Ambulance Service         | 000030 |
| Greer        | Closed 6-30-2002   | Granite Ambulance Service            | 000035 |
| Osage        | Sand Springs       | Green Country Fire & Rescue          | 000336 |
| Greer        | Mangum             | Greer Co Special Amb Serv            | 000107 |
| Delaware     | Grove              | Grove EMS                            | 000136 |
| Logan        | Guthrie            | Guthrie EMS                          | 000152 |
| Texas        | Guymon             | Guymon Fire Department - Sc          | 000344 |
| Texas        | Guymon             | Guymon Fire Dept Amb                 | 000173 |
| Pittsburg    | Hartshorne         | Hartshorne EMS                       | 000047 |
| Haskell      | Stigler            | Haskell County Hospital              | 000305 |
| Alfalfa      | Helena             | Helena EMS Inc                       | 000239 |
| Kingfisher   | Closed 6-30-2001   | Hennessey Fire Dept EMS              | 000192 |
| Tulsa        | Closed 1-31-2003   | Hillcrest Airevac Inc (Air)          | 000242 |
| Tulsa        | Closed 6-30-2003   | Hillcrest Airevac Inc (Gr)           | 000293 |
| Osage        | Hominy             | Hominy Community Med Trust Authority | 000421 |
| Texas        | Hooker             | Hooker Municipal Ambulance           | 000050 |
| Hughes       | Holdenville        | Hughes County EMS                    | 000051 |
|              | Closed 6-30-2002   | International Business Aircraft      | 000351 |
| Jackson      | Altus              | Jackson County EMS                   | 000238 |
| Delaware     | Jay                | Jay EMS                              | 000200 |
| Johnston     | Tishomingo         | Johnston County EMS                  | 000079 |
| Bryan        | Kemp               | Kemp Volunteer Ambulance             | 000164 |
| Cimarron     | Keyes              | Keyes EMS                            | 000347 |
| Kingfisher   | Kingfisher         | Kingfisher Amb (City of)             | 000147 |
| Kiowa        | Mountain Park      | Kiowa County District 3 EMS          | 000052 |
| Comanche     | Lawton             | Kirks Emergency Service              | 000003 |
| Seminole     | Konawa             | Konawa EMS                           | 000011 |
| Garfield     | Kremlin            | Kremlin Fire Dept Ambulance          | 000081 |
| Out of State | Parsons, KS        | LaBette County EMS                   | 130004 |
| Harper       | Laverne            | Laverne EMS                          | 000118 |
| Dewey        | Leedey             | Leedey Amb Serv                      | 000113 |
| Garfield     | Enid               | Life EMS (Enid)                      | 000075 |
| Kingfisher   | Hennessey          | Life EMS (Hennessey)                 | 000354 |
|              |                    | Life EMS (sc)                        | 000372 |
| Out of State | Salt lake City, UT | Lifeflight                           | 150001 |
| Sequoyah     | Sallisaw           | Life Star EMS                        | 000243 |

| County       | City               | EMS  | Code # |
|--------------|--------------------|--|--------|
|              | Closed 6-30-1998   | Life Stat & International Bus Air          | 000308 |
| Tulsa        | Broken Arrow       | Life Stat Ambulance Service (Broken Arrow) | 000273 |
| Osage        | Fairfax            | Life Stat Ambulance Service (Fairfax)      | 000324 |
| Out of State | Springdale, AR     | Life Team Helicopter                       | 160002 |
|              |                    | Lifeline EMS                               | 000387 |
| Out of State | Olathe, KS         | Lifenet                                    | 000349 |
| Out of State | Missouri           | LifeNet Helicopter Service                 | 120002 |
| Garvin       | Lindsay            | Lindsay EMS                                | 000343 |
| Kiowa        | Lone Wolf          | Lone Wolf Community Ambulance              | 000053 |
| Major        | Fairview           | Major County EMS District                  | 000054 |
| Creek        | Mannford           | Mannford Ambulance Service                 | 000093 |
| Marshall     | Madill             | Marshall County EMS District               | 000127 |
| Logan        | Marshall           | Marshall Vol Amb Serv (City)               | 000177 |
| Mayer        | Pryor              | Mayer Emg Svc Trust Authority              | 000265 |
| Pittsburg    | McAlester          | McAlester Fire Dept EMS                    | 000080 |
| McClain      | Blanchard          | McClain/Grady Co EMS Dist #1               | 000222 |
| McCurtain    | Idabel             | McCurtain County EMS                       | 000124 |
| Out of State | Joplin, MO         | Med-Flight St. John Med Ctr                | 120328 |
| Grant        | Medford            | Medford Ambulance (City of)                | 000036 |
| Oklahoma     | Oklahoma City Area | Medi Flight Oklahoma (Air)                 | 000339 |
| Oklahoma     | Oklahoma City Area | Medi Flight Oklahoma (Sc)                  | 000340 |
|              |                    | Medical Trans Service of American          | 000376 |
| Seminole     | Seminole           | Medicus                                    | 000126 |
| Rogers       | Closed 6-30-2001   | Med-Tec EMS-Chelsea                        | 000291 |
| Rogers       | Claremore          | Med-Tec EMS-Claremore                      | 000360 |
| Craig        | Closed 7-22-2003   | Med-Tec EMS-Vinita/Craig County            | 000321 |
| Osage        | Closed 6-30-2003   | Mercy Amb Inc (Pawhuska)                   | 000335 |
| Oklahoma     | Bethany            | Mercy EMS (Air)                            | 000294 |
| Oklahoma     | Bethany            | Mercy EMS (Gr)                             | 000249 |
| Love         | Marietta           | Mercy Health-Love Co. EMS                  | 000312 |
| Oklahoma     | Closed             | Mercy Mobile Health - ICTS (Air)           | 000379 |
| Oklahoma     | Bethany            | Mercy Mobile Health - ICTS (Gr)            | 000316 |
| Tulsa        | Tulsa              | Mercy Regional of Oklahoma                 | 000422 |
|              |                    | Midwest Lifeteam                           | 000369 |
| Oklahoma     | Midwest City       | Midwest Regional EMS                       | 000055 |
| Out of State | Joplin, MO         | Missouri EMS                               | 120001 |
| Kiowa        | Mountain View      | Mountain View Gotebo Ambulance             | 000104 |
| Sequoyah     | Closed 6-30-2002   | Muldrow EMS                                | 000313 |
| Murray       | Sulphur            | Murray County EMS                          | 000332 |
| Muskogee     | Muskogee           | Muskogee County EMS                        | 000078 |
| Out of State | Neosho, KS         | Neosho Memorial Hospital EMS               | 130002 |
| Kay          | Newkirk            | Newkirk Fire Dept EMS                      | 000108 |
| Cleveland    | Noble              | Noble Fire Department                      | 000176 |
| Cleveland    | Norman             | Norman Regional EMSstat (sc)               | 000381 |
| Out of State | Sherman, TX        | North Texas LifeStar                       | 100001 |
| Blaine       | Okeene             | Okeene Ambulance Service                   | 000008 |
| Okmulgee     | Okmulgee           | Okmulgee County EMS                        | 000076 |

| County       | City              | EMS                                    | Code # |
|--------------|-------------------|--|--------|
| Rogers       | Oologah           | Oologah-Talala EMS District            | 000356 |
| Tulsa        | Owasso            | Owasso Fire Dept EMS                   | 000006 |
| Rogers       | Claremore         | Pafford EMS                            | 000416 |
|              |                   | Pafford-Wadsworth Ambulance            | 000386 |
| Pittsburg    | McAlester         | Para Med Inc                           | 000132 |
| Canadian     | El Reno           | Park View Ambulance Service            | 000057 |
| Blaine       | Geary             | Park View Hospital Amb Service (Geary) | 000353 |
| Canadian     | El Reno           | Park View Hospital EMS -Sc             | 000329 |
| Garvin       | Pauls Valley      | Pauls Valley Gen Hospital EMS          | 000058 |
| Pawnee       | Pawnee            | Pawnee Ambulance Service               | 000187 |
| Noble        | Perry             | Perry Fire Department                  | 000059 |
| Ottawa       | Picher            | Picher Fire Department                 | 000419 |
| Ottawa       | Closed 6-30-2000  | Picher Volunteer Ambulance             | 000060 |
| Kay          | Ponca City        | Ponca City Fire Dept Ambulance         | 000160 |
| Grant        | Pond Creek        | Pond Creek Fire & Ambulance            | 000061 |
| Lincoln      | Closed 6-30-2003  | Prague Ambulance Service               | 000086 |
| Lincoln      | Prague            | Prague EMS                             | 000373 |
| Out of State | Arkansas          | Pulse EMS                              | 160001 |
| Pushmataha   | Antlers           | Pushmataha Co/Town of Antlers          | 000270 |
| Ottawa       | Quapaw            | Quapaw EMS                             | 000073 |
| Pottawatomie | Shawnee           | React EMS                              | 000325 |
| Roger Mills  | Cheyenne          | Roger Mills Amb Serv                   | 000063 |
| Sequoyah     | Closed 6-30-2003  | Roland EMS                             | 000359 |
| Craig        | Big Cabin         | Rural Emg Medical Organization         | 000021 |
| Grady        | Rush Springs      | Rush Springs EMS                       | 000229 |
| Jefferson    | Ryan              | Ryan Ambulance Service                 | 000116 |
| Out of State | Sedan, KS         | Sedan Area Ambulance                   | 130005 |
| Washita      | Sentinel          | Sentinel City Amb Serv                 | 000105 |
| Osage        | Shidler           | Shidler Ambulance Service              | 000089 |
| Custer       | Clinton           | Sinor EMS Inc (Clinton)                | 000171 |
| Beckham      | Closed 9-30-2003  | Sinor EMS Inc (Elk City)               | 000143 |
| Kiowa        | Hobart            | Sinor EMS Inc (Hobart)                 | 000145 |
| Beckham      | Sayre             | Sinor EMS Inc (Sayre)                  | 000275 |
| Custer       | Thomas            | Sinor EMS Inc (Thomas)                 | 000410 |
| Custer       | Weatherford       | Sinor EMS Inc (Weatherford)            | 000109 |
| Osage        | Skiatook          | Skiatook Fire Department               | 000024 |
| Tulsa        | Skiatook          | Skiatook Fire Department               | 000024 |
| Pittsburg    | McAlester         | Southwest EMS (McAlester)              | 000413 |
| Carter       | Ardmore           | Southern Okla Ambulance Svc            | 000064 |
| Harmon       | Hollis            | Southwest Okla Ambulance Auth          | 000117 |
| Payne        | Stillwater        | Stillwater Fire Department             | 000082 |
| Adair        | Stilwell          | Stilwell Ambulance Service             | 000095 |
| Garvin       | Stratford         | Stratford Ambulance Service            | 000097 |
| Lincoln      | Closed 11-14-2002 | Stroud Ambulance Service               | 000087 |
| Lincoln      | Stroud            | EMTRO                                  | 000365 |
| Cherokee     | Tahlequah         | Tahlequah City Hosp Ambulance          | 000065 |
| Dewey        | Taloga            | Taloga Ambulance Service               | 000066 |

| County    | City             | EMS                           | Code # |
|-----------|------------------|-------------------------------|--------|
| Texas     | Texhoma          | Texhoma Amb Serv (City Of)    | 000166 |
| Tillman   | Frederick        | Tillman County EMS District   | 000115 |
| Kay       | Tonkawa          | Tonkawa Fire Dept Ambulance   | 000161 |
| Oklahoma  |                  | Trinity Health Transit        | 000420 |
| Tulsa     | Tulsa            | Tulsa Life Flight (Air)       | 000178 |
| Tulsa     | Tulsa            | Tulsa Life Flight (Grd)       | 000319 |
| Tulsa     | Closed 6-30-2003 | Tulsa Life Flight (sc)        | 000342 |
| Grady     | Tuttle           | Tuttle EMS                    | 000068 |
| Pontotoc  | Ada              | Valley View Reg Hosp EMS      | 000069 |
| Stephens  | Velma            | Velma Community Ambulance     | 000302 |
| Dewey     | Camargo          | Vici Camargo EMS              | 000017 |
| Dewey     | Vici             | Vici Camargo EMS              | 000017 |
| Pittsburg | McAlester        | Wadley Amb Serv (Mac)         | 000170 |
| Latimer   | Wilburton        | Wadley Ambulance (Latimer Co) | 000277 |
| McClain   | Closed 12-2-2003 | Wadleys Ambulance             | 000317 |
|           |                  | Wadley's EMS                  | 000384 |
| Wagoner   | Wagoner          | Wagoner EMS                   | 000014 |
| Grant     | Closed 6-16-2003 | Wakita Ambulance Service      | 000010 |
| Cotton    | Walters          | Walters Volunteer Amb Serv    | 000198 |
| Blaine    | Watonga          | Watonga EMS                   | 000245 |
| Jefferson | Waurika          | Waurika Ambulance Service     | 000172 |
| Woods     | Waynoka          | Waynoka Ambulance Service     | 000004 |
| Okfuskee  | Weleetka         | Weleetka Graham EMS           | 000230 |
| Lincoln   | Wellston         | Wellston Ambulance Service    | 000168 |
| Seminole  | Wewoka           | Wewoka Fire Dept/EMS          | 000184 |
| McCurtain | Valliant         | Weyerhaeuser Paper Company    | 000228 |
| Woodward  | Woodward         | Woodward County EMS           | 000119 |
| Garvin    | Closed 7-3-2003  | Wynnewood EMS                 | 000231 |

## APPENDIX III. COUNTY CODE LIST

| County     | County Code |
|------------|-------------|
| Adair      | 40001       |
| Alfalfa    | 40003       |
| Atoka      | 40005       |
| Beaver     | 40007       |
| Beckham    | 40009       |
| Blaine     | 40011       |
| Bryan      | 40013       |
| Caddo      | 40015       |
| Canadian   | 40017       |
| Carter     | 40019       |
| Cherokee   | 40021       |
| Choctaw    | 40023       |
| Cimarron   | 40025       |
| Cleveland  | 40027       |
| Coal       | 40029       |
| Comanche   | 40031       |
| Cotton     | 40033       |
| Craig      | 40035       |
| Creek      | 40037       |
| Custer     | 40039       |
| Delaware   | 40041       |
| Dewey      | 40043       |
| Ellis      | 40045       |
| Garfield   | 40047       |
| Garvin     | 40049       |
| Grady      | 40051       |
| Grant      | 40053       |
| Greer      | 40055       |
| Harmon     | 40057       |
| Harper     | 40059       |
| Haskell    | 40061       |
| Hughes     | 40063       |
| Jackson    | 40065       |
| Jefferson  | 40067       |
| Johnston   | 40069       |
| Kay        | 40071       |
| Kingfisher | 40073       |
| Kiowa      | 40075       |
| Latimer    | 40077       |

| County       | County Code |
|--------------|-------------|
| LeFlore      | 40079       |
| Lincoln      | 40081       |
| Logan        | 40083       |
| Love         | 40085       |
| Major        | 40093       |
| Marshall     | 40095       |
| Mayes        | 40097       |
| McClain      | 40087       |
| McCurtain    | 40089       |
| McIntosh     | 40091       |
| Murray       | 40099       |
| Muskogee     | 40101       |
| Noble        | 40103       |
| Nowata       | 40105       |
| Okfuskee     | 40107       |
| Oklahoma     | 40109       |
| Okmulgee     | 40111       |
| Osage        | 40113       |
| Ottawa       | 40115       |
| Pawnee       | 40117       |
| Payne        | 40119       |
| Pittsburg    | 40121       |
| Pontotoc     | 40123       |
| Pottawatomie | 40125       |
| Pushmataha   | 40127       |
| Roger Mills  | 40129       |
| Rogers       | 40131       |
| Seminole     | 40133       |
| Sequoyah     | 40135       |
| Stephens     | 40137       |
| Texas        | 40139       |
| Tillman      | 40141       |
| Tulsa        | 40143       |
| Wagoner      | 40145       |
| Washington   | 40147       |
| Washita      | 40149       |
| Woods        | 40151       |
| Woodward     | 40153       |
|              |             |

## APPENDIX IV. CITY CODE LIST

| City         | Code |
|--------------|------|
| Achille      | 1000 |
| Ada          | 1001 |
| Adair        | 1002 |
| Adams        | 1003 |
| Addington    | 1004 |
| Afton        | 1005 |
| Agra         | 1006 |
| Albany       | 1007 |
| Albert       | 1008 |
| Albion       | 1009 |
| Alderson     | 1010 |
| Alex         | 1011 |
| Aline        | 1012 |
| Allen        | 1013 |
| Altus        | 1014 |
| Altus AFB    | 1015 |
| Alva         | 1016 |
| Amber        | 1017 |
| Ames         | 1018 |
| Amorita      | 1019 |
| Anadarko     | 1020 |
| Antlers      | 1021 |
| Apache       | 1022 |
| Arapaho      | 1023 |
| Arcadia      | 1024 |
| Ardmore      | 1025 |
| Arkoma       | 1026 |
| Arnett       | 1027 |
| Asher        | 1028 |
| Atoka        | 1029 |
| Atwood       | 1030 |
| Avant        | 1031 |
| Bache        | 1032 |
| Baker        | 1598 |
| Balko        | 1033 |
| Barnsdall    | 1034 |
| Bartlesville | 1035 |
| Battiest     | 1036 |
| Bearden      | 1599 |
| Beaver       | 1037 |
| Beggs        | 1038 |
| Bennington   | 1039 |
| Bernice      | 1600 |
| Bessie       | 1040 |

| City         | Code |
|--------------|------|
| Bethany      | 1041 |
| Bethel       | 1042 |
| Big Cabin    | 1043 |
| Billings     | 1044 |
| Binger       | 1045 |
| Bison        | 1046 |
| Bixby        | 1047 |
| Blackwell    | 1048 |
| Blair        | 1049 |
| Blanchard    | 1050 |
| Blanco       | 1051 |
| Blocker      | 1052 |
| Bluejacket   | 1053 |
| Boise City   | 1054 |
| Bokchito     | 1055 |
| Bokoshe      | 1056 |
| Boley        | 1057 |
| Boswell      | 1058 |
| Bowlegs      | 1059 |
| Bowring      | 1060 |
| Boynton      | 1061 |
| Bradley      | 1062 |
| Braggs       | 1063 |
| Braman       | 1064 |
| Bray         | 1065 |
| Bristow      | 1066 |
| Britton      | 1601 |
| Broken Arrow | 1067 |
| Broken Bow   | 1068 |
| Bromide      | 1069 |
| Brookside    | 1602 |
| Buffalo      | 1070 |
| Bunch        | 1071 |
| Burbank      | 1072 |
| Burlington   | 1073 |
| Burneyville  | 1074 |
| Burns Flat   | 1075 |
| Butler       | 1076 |
| Byars        | 1077 |
| Byron        | 1603 |
| Cache        | 1078 |
| Caddo        | 1079 |
| Calera       | 1080 |
| Calumet      | 1081 |

| City         | Code |
|--------------|------|
| Calvin       | 1082 |
| Camargo      | 1083 |
| Cameron      | 1084 |
| Canadian     | 1085 |
| Caney        | 1086 |
| Canton       | 1087 |
| Canute       | 1088 |
| Capron       | 1089 |
| Cardin       | 1090 |
| Carmen       | 1091 |
| Carnegie     | 1092 |
| Carney       | 1093 |
| Carrier      | 1094 |
| Carter       | 1095 |
| Cartwright   | 1096 |
| Cashion      | 1097 |
| Castle       | 1098 |
| Catoosa      | 1099 |
| Cement       | 1100 |
| Centrahoma   | 1101 |
| Chandler     | 1102 |
| Chattanooga  | 1103 |
| Checotah     | 1104 |
| Chelsea      | 1105 |
| Cherokee     | 1106 |
| Chester      | 1107 |
| Cheyenne     | 1108 |
| Chickasha    | 1109 |
| Choctaw      | 1110 |
| Chouteau     | 1111 |
| Claremore    | 1112 |
| Clarita      | 1113 |
| Clayton      | 1114 |
| Clearview    | 1115 |
| Cleo Springs | 1116 |
| Cleveland    | 1117 |
| Clinton      | 1118 |
| Coalgate     | 1119 |
| Colbert      | 1120 |
| Colcord      | 1121 |
| Coleman      | 1122 |
| Collinsville | 1123 |
| Colony       | 1124 |
| Comanche     | 1125 |

| City         | Code |
|--------------|------|
| Commerce     | 1126 |
| Concho       | 1127 |
| Connersville | 1128 |
| Cookson      | 1129 |
| Copan        | 1130 |
| Cordell      | 1131 |
| Corn         | 1132 |
| Council Hill | 1133 |
| Countyline   | 1134 |
| Covington    | 1135 |
| Coweta       | 1136 |
| Coyle        | 1137 |
| Crawford     | 1138 |
| Crescent     | 1139 |
| Cromwell     | 1140 |
| Crossbow     | 1604 |
| Crowder      | 1141 |
| Cushing      | 1142 |
| Custer City  | 1143 |
| Cyril        | 1144 |
| Dacoma       | 1145 |
| Daisy        | 1146 |
| Dale         | 1605 |
| Davenport    | 1147 |
| Davidson     | 1148 |
| Davis        | 1149 |
| Deer Creek   | 1150 |
| Del City     | 1606 |
| Delaware     | 1151 |
| Depew        | 1152 |
| Devol        | 1153 |
| Dewar        | 1154 |
| Dewey        | 1155 |
| Dibble       | 1156 |
| Dill City    | 1157 |
| Disney       | 1158 |
| Donaldson    | 1607 |
| Dougherty    | 1159 |
| Douglas      | 1160 |
| Dover        | 1161 |
| Drummond     | 1162 |
| Drumright    | 1163 |
| Duke         | 1164 |
| Duncan       | 1165 |

**City Code List (continued)**

| <b>City</b> | <b>Code</b> |
|-------------|-------------|
| Durant      | 1166        |
| Durham      | 1167        |
| Dustin      | 1168        |
| Eagle City  | 1608        |
| Eagletown   | 1169        |
| Eakly       | 1170        |
| Earlsboro   | 1171        |
| Edmond      | 1172        |
| El Reno     | 1173        |
| Eldorado    | 1174        |
| Elgin       | 1175        |
| Elk City    | 1176        |
| Elmer       | 1177        |
| Elmore City | 1178        |
| Elmwood     | 1609        |
| Enid        | 1179        |
| Erick       | 1180        |
| Eucha       | 1181        |
| Eufaula     | 1182        |
| Fairfax     | 1183        |
| Fairland    | 1184        |
| Fairmont    | 1185        |
| Fairview    | 1186        |
| Fanshawe    | 1187        |
| Fargo       | 1188        |
| Farley      | 1610        |
| Farris      | 1611        |
| Faxon       | 1189        |
| Fay         | 1190        |
| Felt        | 1191        |
| Finley      | 1192        |
| Fittstown   | 1193        |
| Fitzhugh    | 1194        |
| Fletcher    | 1195        |
| Fontana     | 1612        |
| Foraker     | 1613        |
| Forgan      | 1196        |
| Fort Cobb   | 1197        |
| Fort Gibson | 1198        |
| Fort Sill   | 1199        |
| Fort Supply | 1200        |
| Fort Towson | 1201        |
| Foss        | 1202        |
| Foster      | 1203        |

| <b>City</b> | <b>Code</b> |
|-------------|-------------|
| Fox         | 1204        |
| Foyil       | 1205        |
| Francis     | 1206        |
| Frederick   | 1207        |
| Freedom     | 1208        |
| Gage        | 1209        |
| Gans        | 1210        |
| Garber      | 1211        |
| Garvin      | 1212        |
| Gate        | 1213        |
| Geary       | 1214        |
| Gene Autry  | 1215        |
| Geronimo    | 1216        |
| Gilcrease   | 1614        |
| Glencoe     | 1217        |
| Glenpool    | 1218        |
| Golden      | 1219        |
| Goltry      | 1220        |
| Goodwell    | 1221        |
| Gore        | 1222        |
| Gotebo      | 1223        |
| Gould       | 1224        |
| Gowen       | 1225        |
| Gracemont   | 1226        |
| Graham      | 1227        |
| Grandfield  | 1228        |
| Granite     | 1229        |
| Grant       | 1230        |
| Greenfield  | 1231        |
| Grove       | 1232        |
| Guthrie     | 1233        |
| Guymon      | 1234        |
| Haileyville | 1235        |
| Hallett     | 1236        |
| Hammon      | 1237        |
| Hanna       | 1238        |
| Harden City | 1615        |
| Hardesty    | 1239        |
| Harmon      | 1616        |
| Harras      | 1240        |
| Hartshorne  | 1241        |
| Haskell     | 1242        |
| Hastings    | 1243        |
| Haworth     | 1244        |

| <b>City</b>  | <b>Code</b> |
|--------------|-------------|
| Haywood      | 1245        |
| Headrick     | 1246        |
| Healdton     | 1247        |
| Heavener     | 1248        |
| Hefner       | 1617        |
| Helena       | 1249        |
| Hendrix      | 1250        |
| Hennepin     | 1251        |
| Hennessey    | 1252        |
| Henryetta    | 1253        |
| Hillsdale    | 1254        |
| Hinton       | 1255        |
| Hitchcock    | 1256        |
| Hitchita     | 1257        |
| Hobart       | 1258        |
| Hodgen       | 1259        |
| Hoffman      | 1618        |
| Holdenville  | 1260        |
| Hollis       | 1261        |
| Hollister    | 1262        |
| Hominy       | 1263        |
| Honobia      | 1264        |
| Hooker       | 1265        |
| Hopeton      | 1266        |
| Howe         | 1267        |
| Hoyt         | 1268        |
| Hugo         | 1269        |
| Hulbert      | 1270        |
| Hunter       | 1271        |
| Hydro        | 1272        |
| Idabel       | 1273        |
| Indianapolis | 1274        |
| Indianola    | 1275        |
| Inola        | 1276        |
| Isabella     | 1277        |
| Jay          | 1278        |
| Jenks        | 1279        |
| Jennings     | 1280        |
| Jet          | 1281        |
| Jibike       | 1619        |
| Jones        | 1282        |
| Kansas       | 1283        |
| Kaw City     | 1284        |
| Kellyville   | 1285        |

| <b>City</b>    | <b>Code</b> |
|----------------|-------------|
| Kemp           | 1286        |
| Kendrick       | 1620        |
| Kenefic        | 1287        |
| Kenton         | 1288        |
| Keota          | 1289        |
| Ketchum        | 1290        |
| Keyes          | 1291        |
| Kiefer         | 1292        |
| Kingfisher     | 1293        |
| Kingston       | 1294        |
| Kinta          | 1295        |
| Kiowa          | 1296        |
| Knowles        | 1297        |
| Konawa         | 1298        |
| Krebs          | 1299        |
| Kremlin        | 1300        |
| Lahoma         | 1301        |
| Lamar          | 1302        |
| LaMesa         | 1621        |
| Lamont         | 1303        |
| Lane           | 1304        |
| Langley        | 1305        |
| Langston       | 1306        |
| Laverne        | 1307        |
| Lawton         | 1308        |
| Leach          | 1622        |
| Lebanon        | 1309        |
| Leedey         | 1310        |
| LeFlore        | 1311        |
| Lehigh         | 1312        |
| Leisure Square | 1623        |
| Lenapah        | 1313        |
| Leon           | 1314        |
| Leonard        | 1315        |
| Lequire        | 1316        |
| Lexington      | 1317        |
| Lindsay        | 1318        |
| Loco           | 1319        |
| Locust Grove   | 1320        |
| Logan          | 1321        |
| Lone Grove     | 1322        |
| Lone Wolf      | 1323        |
| Longdale       | 1324        |
| Lookeba        | 1325        |

**City Code List (continued)**

| City          | Code |
|---------------|------|
| Loveland      | 1326 |
| Loyal         | 1327 |
| Lucien        | 1328 |
| Luther        | 1329 |
| Macomb        | 1330 |
| Madill        | 1331 |
| Manchester    | 1332 |
| Mangum        | 1333 |
| Manitou       | 1334 |
| Mannford      | 1335 |
| Mannsville    | 1336 |
| Maramec       | 1337 |
| Marble City   | 1338 |
| Marietta      | 1339 |
| Marland       | 1340 |
| Marlow        | 1341 |
| Marshall      | 1342 |
| Martha        | 1343 |
| Mason         | 1624 |
| Maud          | 1344 |
| May           | 1345 |
| Mayfield      | 1346 |
| Maysville     | 1347 |
| Mazie         | 1348 |
| McAlester     | 1350 |
| McCurtain     | 1351 |
| McCloud       | 1349 |
| McMillan      | 1625 |
| Mead          | 1352 |
| Medford       | 1353 |
| Medicine Park | 1354 |
| Meeker        | 1355 |
| Meers         | 1356 |
| Meno          | 1357 |
| Meridian      | 1358 |
| Miami         | 1359 |
| Midwest City  | 1626 |
| Milburn       | 1360 |
| Milfay        | 1361 |
| Mill Creek    | 1362 |
| Millerton     | 1363 |
| Milo          | 1627 |
| Minco         | 1364 |
| Moffett       | 1365 |

| City          | Code |
|---------------|------|
| Monroe        | 1366 |
| Moodys        | 1367 |
| Moore         | 1628 |
| Mooreland     | 1368 |
| Morris        | 1369 |
| Morrison      | 1370 |
| Mounds        | 1371 |
| Mountain Park | 1372 |
| Mountain View | 1373 |
| Moyers        | 1374 |
| Muldrow       | 1375 |
| Mulhall       | 1376 |
| Muse          | 1377 |
| Muskogee      | 1378 |
| Mustang       | 1379 |
| Mutual        | 1380 |
| Nardin        | 1381 |
| Nash          | 1382 |
| Nashoba       | 1383 |
| New Lima      | 1629 |
| Newalla       | 1384 |
| Newcastle     | 1385 |
| Newkirk       | 1386 |
| Nichols Hills | 1630 |
| Nicoma Park   | 1387 |
| Ninnekah      | 1388 |
| Noble         | 1389 |
| Norman        | 1390 |
| North Miami   | 1391 |
| Nowata        | 1392 |
| Oakhurst      | 1393 |
| Oaks          | 1394 |
| Oakwood       | 1395 |
| Ochelata      | 1396 |
| Octavia       | 1631 |
| Oilton        | 1397 |
| Okarche       | 1398 |
| Okay          | 1399 |
| Okeene        | 1400 |
| Okemah        | 1401 |
| Oklahoma City | 1402 |
| Okmulgee      | 1403 |
| Oktaha        | 1404 |
| Olustee       | 1405 |

| City         | Code |
|--------------|------|
| Omega        | 1406 |
| Oologah      | 1407 |
| Optima       | 1632 |
| Orienta      | 1633 |
| Orlando      | 1408 |
| Osage        | 1409 |
| Oscar        | 1410 |
| Other        | 9999 |
| Overbrook    | 1411 |
| Owasso       | 1412 |
| Paden        | 1413 |
| Panama       | 1414 |
| Panola       | 1415 |
| Paoli        | 1416 |
| Park Hill    | 1417 |
| Pauls Valley | 1418 |
| Pawhuska     | 1419 |
| Pawnee       | 1420 |
| Peckham      | 1634 |
| Peggs        | 1421 |
| Perkins      | 1422 |
| Pernell      | 1423 |
| Perry        | 1424 |
| Pharoah      | 1425 |
| Picher       | 1426 |
| Pickens      | 1427 |
| Piedmont     | 1428 |
| Pittsburg    | 1429 |
| Platter      | 1430 |
| Pocasset     | 1431 |
| Pocola       | 1432 |
| Ponca City   | 1433 |
| Pond Creek   | 1434 |
| Pooleville   | 1635 |
| Porter       | 1435 |
| Porum        | 1436 |
| Poteau       | 1437 |
| Prague       | 1438 |
| Preston      | 1439 |
| Proctor      | 1440 |
| Prue         | 1441 |
| Pryor        | 1442 |
| Purcell      | 1443 |
| Putnam       | 1444 |

| City          | Code |
|---------------|------|
| Quapaw        | 1445 |
| Quinton       | 1446 |
| Ralston       | 1447 |
| Ramona        | 1448 |
| Randlett      | 1449 |
| Ratliff City  | 1450 |
| Rattan        | 1451 |
| Ravia         | 1452 |
| Red Oak       | 1453 |
| Red Rock      | 1454 |
| Redbird       | 1455 |
| Reed          | 1637 |
| Rentiesville  | 1456 |
| Reydon        | 1457 |
| Ringling      | 1458 |
| Ringold       | 1459 |
| Ringwood      | 1460 |
| Ripley        | 1461 |
| Rocky         | 1462 |
| Roff          | 1463 |
| Roland        | 1464 |
| Roosevelt     | 1465 |
| Rose          | 1466 |
| Rosston       | 1467 |
| Rubottom      | 1638 |
| Rufe          | 1468 |
| Rush Springs  | 1469 |
| Ryan          | 1470 |
| S Coffeyville | 1471 |
| Saint Louis   | 1472 |
| Salina        | 1473 |
| Sallisaw      | 1474 |
| Sand Springs  | 1475 |
| Sapulpa       | 1476 |
| Sasakwa       | 1477 |
| Savanna       | 1478 |
| Sawyer        | 1479 |
| Sayre         | 1480 |
| Schulter      | 1481 |
| Seiling       | 1482 |
| Selmon        | 1639 |
| Seminole      | 1483 |
| Sentinel      | 1484 |
| Shady Point   | 1485 |

**City Code List (continued)**

| City         | Code | City         | Code | City          | Code |
|--------------|------|--------------|------|---------------|------|
| Shamrock     | 1486 | Terral       | 1528 | Washita       | 1566 |
| Sharon       | 1487 | Texhoma      | 1529 | Watonga       | 1567 |
| Shattuck     | 1488 | Texola       | 1530 | Watson        | 1568 |
| Shawnee      | 1489 | Thackerville | 1531 | Watts         | 1569 |
| Shidler      | 1490 | TheVillage   | 1642 | Waukomis      | 1570 |
| Skiatook     | 1491 | Thomas       | 1532 | Waurika       | 1571 |
| Slick        | 1492 | Tinker AFB   | 1643 | Wayne         | 1572 |
| Smithville   | 1493 | Tipton       | 1533 | Waynoka       | 1573 |
| Snow         | 1494 | Tishomingo   | 1534 | Weatherford   | 1574 |
| Snyder       | 1495 | Tom          | 1644 | Webbers Falls | 1575 |
| Soper        | 1496 | Tonkawa      | 1535 | Welch         | 1576 |
| Southard     | 1497 | Tryon        | 1536 | Weleetka      | 1577 |
| Sparks       | 1498 | Tullahassee  | 1537 | Welling       | 1578 |
| Spavinaw     | 1499 | Tulsa        | 1538 | Wellston      | 1579 |
| Spencer      | 1500 | Tupelo       | 1539 | Welty         | 1580 |
| Spencerville | 1501 | Turley       | 1645 | Westville     | 1581 |
| Sperry       | 1502 | Turpin       | 1540 | Wetumka       | 1582 |
| Spiro        | 1503 | Tuskahoma    | 1541 | Wewoka        | 1583 |
| Springer     | 1504 | Tussy        | 1542 | Wheatland     | 1584 |
| Sterling     | 1505 | Tuttle       | 1543 | Whitefield    | 1585 |
| Stidham      | 1506 | Twin Oaks    | 1544 | Whitesboro    | 1586 |
| Stigler      | 1507 | Tyrone       | 1545 | Whittier      | 1648 |
| Stillwater   | 1508 | Union City   | 1546 | Wilburton     | 1587 |
| Stilwell     | 1509 | Valliant     | 1547 | Willow        | 1588 |
| Stonewall    | 1510 | Vance AFB    | 1548 | Wilson        | 1589 |
| Strang       | 1511 | Velma        | 1549 | Wister        | 1590 |
| Stratford    | 1512 | Vera         | 1550 | Woodward      | 1591 |
| Stringtown   | 1513 | Verden       | 1551 | Wright City   | 1592 |
| Strong City  | 1640 | Vernon       | 1646 | Wyandotte     | 1593 |
| Stroud       | 1514 | Vian         | 1552 | Wynnewood     | 1594 |
| Stuart       | 1515 | Vici         | 1553 | Wynona        | 1595 |
| Sulphur      | 1516 | Vinita       | 1554 | Yale          | 1596 |
| Summerfield  | 1641 | Vinson       | 1555 | Yukon         | 1597 |
| Sweetwater   | 1517 | Wagoner      | 1556 | Other         | 9999 |
| Swink        | 1518 | Wainwright   | 1557 |               |      |
| Taft         | 1519 | Wakita       | 1558 |               |      |
| Tahlequah    | 1520 | Walters      | 1559 |               |      |
| Talala       | 1521 | Wanette      | 1560 |               |      |
| Talihina     | 1522 | Wann         | 1561 |               |      |
| Taloga       | 1523 | Wapanucka    | 1562 |               |      |
| Tatums       | 1524 | Wardville    | 1563 |               |      |
| Tecumseh     | 1525 | Warner       | 1564 |               |      |
| Temple       | 1526 | Warr Acres   | 1647 |               |      |
| Terlton      | 1527 | Washington   | 1565 |               |      |

## APPENDIX V. OSDH CAUSE OF INJURY KEY TERMS

### KEY WORDS/PHRASES for Cause of Injury Memo Field

#### **Traffic & Non-traffic:**

Automobile, Auto  
Motorcycle  
Bus  
Van  
SUV  
Pickup  
Emergency/public safety vehicle- Fire engine,  
police car, ambulance  
Restrained/Unrestrained  
T-bone, Rollover, Ejection, High-speed,  
Head-on  
Bicycle/bike  
Helmeted/Un-helmeted  
ATV – 3-wheeler, 4-wheeler  
Dirt Bike  
Dune Buggy

#### **Watercraft:**

Motorboat  
Non-motorized  
Personal watercraft (specify jet ski, sea-doo  
when known)

#### **Pedestrian:**

Walking, Running  
Baby carriage  
Skating/skateboarding/rollerblading  
Wheelchair

#### **Aircraft:**

Airplane  
Balloon  
Helicopter  
Parachute

#### **Falls:**

On or from Building-- balcony, bridge, wall,  
tower, window, through roof  
Same Level, from one level to another  
Stairs or steps  
Ladder

#### **Falls (continued):**

Into-hole, pit, cavity, trench, shaft, tank, well,  
swimming pool  
Slipping, Tripping, Stumbling  
Pushing, Shoving  
During sports

#### **Machinery:**

Farm equipment –Tractor, baler, combine  
Forklift  
Crane  
Drilling machine  
Saw or sawing machine  
Winch  
Bulldozer  
Pulley  
Combine  
Manufacturing machinery  
Powered/ Non-powered

#### **Cutting/Piercing instruments:**

Household appliances—blender, knife,  
sewing machine, garbage disposal  
Knives  
Hand tools—axe, pitchfork, ice pick, needle,  
rake, scissors, shovel  
Broken glass  
Arrow  
Dart  
Nail  
Impalement

#### **Explosives & Burns:**

Terrorism  
Fireworks  
Bomb  
Blasting cap  
Detonator  
Flash fire  
Grenade  
Explosive missile, Explosive gases  
Boiler, Pressure vessel, Pressure cooker

**Explosives & Burns (continued):**

Aerosol can  
Gas tank, Air tank  
Drug-lab related  
Scald, steam  
Chemical, Thermal, Radiation  
Fire caused  
Caustic, Corrosive  
Clothing ignited  
Smoking, Cigarette  
Fire-play  
Smoke alarm  
Arson  
While sleeping  
House fire, structure fire  
Candle  
Heating device/space heater

**Firearms:**

Pistol  
Handgun  
Shotgun  
Rifle  
BB gun, pellet gun  
Flare gun  
Assault weapon

**Intentional injury/violence:**

Fight, Brawl, Assault  
Rape/sexual assault  
Stab  
Murder/homicide  
Attempted assassination  
Kicked, Bitten, Choked  
Shoved in front of, or struck/run over by vehicle  
Suicide, Self-inflicted  
Inflicted by other  
Perpetrator

**Sports:**

Baseball  
Football  
Wrestling  
Diving/swimming  
Boxing  
Basketball  
Rodeo

**Miscellaneous/Other:**

Crushed  
Trampled  
Stomped  
Animal bite  
Tornado  
Storm

## APPENDIX VI. ICD-9 CODES FOR CO-MORBID DIAGNOSES

| Diagnosis  | ICD-9 Code |
|--|------------|
| Alcohol Abuse (Nondependent)                       | 305.00     |
| Alcohol Dependence                                 | 303.90     |
| Alzheimer's Disease                                | 331.0      |
| Coagulation Disorder                               | 286.9      |
| Congestive Heart Failure                           | 428.0      |
| Coronary Artery Disease                            | 414.0      |
| Dialysis   | V45.1      |
| Drug Abuse (Nondependent)                          | 305.90     |
| Drug Dependence                                    | 304.90     |
| Heart Disease                                      | 429.9      |
| History of Cardiac Surgery                         | V15.1      |
| Hypertension                                       | 401.9      |
| Immunity Deficiency                                | 279.3      |
| Liver Disease (Chronic)                            | 571.9      |
| Obesity  | 278.00     |
| Organic Brain Syndrome (Chronic)                   | 294.8      |
| Peptic Ulcer Disease                               | 533.90     |
| Pregnancy  | V22.2      |
| Psychiatric Disorders:                             |            |
| Mental Disorder, Non-Psychiatric                   | 300.9      |
| Neurotic Disorder                                  | 300.9      |
| Personality Disorder                               | 301.9      |
| Psychotic Disorder                                 | 298.9      |
| Respiratory Disease (Chronic)                      | 519.9      |
| Seizure Disorder                                   | 780.39     |
| Type I Insulin Dependent Uncontrolled              | 250.03     |
| Type I Insulin Dependent Without Complication      | 250.01     |
| Type II Non-Insulin Dependent Uncontrolled         | 250.02     |
| Type II Non-Insulin Dependent Without Complication | 250.00     |

**APPENDIX VII.  
COMMONLY USED TRAUMA REGISTRY PROCEDURE CODES**

| PROCEDURES   | RADIOLOGY EXAMS            | SURGERIES             |
|--|----------------------------|-----------------------|
| 96.04, Intubation                                      | 87.49, Chest               | 54.11, Exp Laporotomy |
| 96.71, Ventilator                                      | 87.22, Cervical Spine      | 86.04, Other Skin I&D |
| 96.72, Mech Vent 96 Hours or >                         | 87.24, Lumbar Spine        |                       |
| 99.60, CPR   | 87.29, Spinal X-ray        |                       |
| 99.62, Defibrillation                                  | 88.19, Abdomen             |                       |
| 96.01, Nasal Airway                                    | 87.16, Facial Bones        |                       |
| 96.02, Oral Airway                                     | 87.11, Full Mouth          |                       |
| 93.52, C Collar/Immobilization (application)           | 88.39, Other X-ray         |                       |
| 93.15, Immobilization Spine (backboard)                |                            |                       |
| 86.59, Suture  |                            |                       |
| 99.10, Inject/Infuse Thrombolytic Agent                | <b>CAT SCAN</b>            |                       |
| 99.15, Parenteral Nutrition                            | 87.03, Head                |                       |
| 38.94, Venous Cutdown                                  | 87.41, Thorax/Chest        |                       |
| 38.93, Central Line                                    | 88.01, Abdomen             |                       |
| 39.91, Arterial Line                                   | 88.79, Other CT            |                       |
| 34.04, Chest Tube                                      |                            |                       |
| 34.02, Thoracotomy                                     |                            |                       |
| 34.91, Thoracentesis                                   | <b>MRI</b>                 |                       |
| 37.00, Pericardiocentesis                              | 88.91, Brain               |                       |
| 89.14, EEG   | 88.92, Chest               |                       |
| 96.59, Wound Irrigation if in OR                       | 88.93, Spinal Canal        |                       |
| 93.56, Pressure Dressing Application, if used pre-hosp | 88.95, Pelvis              |                       |
| 93.54, Splint Application                              | 88.97, Other MRI           |                       |
| 54.25, DPL   |                            |                       |
|  |                            |                       |
|  | <b>ULTRASOUND</b>          |                       |
|  | 88.76, Abdomen             |                       |
|  | 88.72, Heart               |                       |
|  | 88.72, TEE                 | <b>COMMENTS</b>       |
|  | 88.77, Dopplers            |                       |
|  | 88.79, Other US            |                       |
|  |                            |                       |
|  |                            |                       |
|  |                            |                       |
|  | <b>ISOTOPE STUDY</b>       |                       |
|  | 92.11, Cerebral Flow Study |                       |
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