



Oklahoma State Department of Health
Creating a State of Health

Oklahoma Hospital Trauma Registry Data Dictionary

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

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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 would like to thank current registrars for their input on V5 data elements and ongoing evaluation of the trauma registry software. We also wish to acknowledge the original Trauma Registry Subcommittee, chaired by Sue Watkins, RN, JD, and Saint Francis Hospital staff, for their contributions to the original design of the trauma data dictionary.

Glossary

AIS

The Abbreviated Injury Scale (AIS). 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. The AAAM web site is located at 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.

ICD-9-CM, ICD-9

International Classification of Diseases 9th Revision Clinical Modification. A system of diagnostic coding developed to support diagnosis-related group reimbursement strategies implemented by the federal government.

ICD-10-CM, ICD-10

International Classification of Diseases, 10th Revision, Clinical Modification. The ICD-10-CM is scheduled to replace ICD-9-CM on October 1, 2015.

OSDH STANDARD DATA SET

The data elements required for submission to the OSDH. This Data Dictionary supports the OSDH Standard Data Set. 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 \geq 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 surgery to the head, chest, abdomen, or vascular system (most any surgery will actually qualify)

AND each reportable MAJOR trauma case must also meet at least one of the following criteria as computed by the trauma registry software:

- an Abbreviated Injury Scale severity value of 3 or higher; or
- an Injury Severity Score of 9 or higher; or
- a TRISS or Burn Survival Probability less than .90; or
- death

Case Exclusion Criteria:

- isolated orthopedic injury to the extremities due to same level falls (**E885.9**)
- 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) (930-939)
- strangulation/asphyxiation/anoxic brain death (994.7)
- electrocution (994.8)

Patients not meeting all 3 parts of the Major Trauma criteria above but do require transfer for care of their injuries are reportable as “Minor trauma transfer patients” – IF, they do not meet an Exclusion Criteria.

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 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 semi-annually. A minimum of 2 weeks will be given to address needed corrections and resubmit trauma data.

Confidentiality and HIPPA 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.

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. Some fields are automatically filled.

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.

Demographic

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¹ * indicates it is not required by minor trauma patient.

Record Information

Minor Dataset

Record Created Date and Time**Data Field Name:** TRK_CREATED_WHEN (Tab 1.1)**Required:** Major/Minor**Value Range:** Month = 1–12, Day = 1–31, Year = 1980–2099. Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Automatically Filled**Definition:** The date and time of this record are automatically filled by Trauma Registry software.**Record Created By User Name and Description****Data Field Name:** TRK_CREATED_USRLNK (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Automatically Filled**Definition:** The user name is automatically filled by Trauma Registry software.**Record Created By Facility Code and Description****Data Field Name:** TRK_CREATED_FACLNK (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Automatically Filled**Definition:** The facility and description are automatically filled by Trauma Registry software.**Initial Location Code and Description****Data Field Name:** PAT_INIT_LOC (Tab 1.1)**Required:** Major/Minor**Value Range:** 1–14

- 1 = Resuscitation Room
- 2 = Emergency Department
- 3 = Operating Room
- 4 = Intensive Care Unit
- 5 = Step-Down Unit
- 6 = Floor
- 7 = Telemetry Unit
- 8 = Observation Unit
- 9 = Burn Unit
- 11 = Post Anesthesia Care Unit
- 12 = Special Procedure Unit
- 13 = Labor and Delivery
- 14 = Neonatal/Pediatric Care Unit
- ? = Unknown

Calculated/Entered: Entered**Definition:** Indicates the location in the hospital where the patient first received medical care.

Data Set**Data Field Name:** DATASET (Tab 1.1)**Required:** Major/Minor**Value Range:** 1–2

1 = Major

2 = Minor

Calculated/Entered: Entered**Definition:** Indicates whether this patient is major or minor trauma patient. Required elements are highlighted green. For minor trauma patient, click Minor Dataset button at the bottom right corner of Tab 1.1 Screen and fill the green highlighted fields required for minor trauma patients (see 9).**Record Complete****Data Field Name:** REC_CMPLT_YN (Tab 1.1)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Indicates whether this record is complete or not.**Trauma Number****Data Field Name:** TRAUMA_NUM (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Sequential numbering of cases entered into facility registry. The number is assigned by the registrar – 9 digits are available for use.**Medical Record Number****Data Field Name:** PAT_REC_NUM (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Unique identifying number assigned by the facility for the patient.

Patient Arrival Date and Time**Data Field Name:** PAT_A_DATE, PAT_A_TIME (Tab 1.1)**Required:** Major/Minor**Value Range:** Month = 1–12, Day = 1–31, Year = 1980–2099. Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Automatically filled**Definition:** Use standard date and time format to enter the patient's documented date and time of arrival at this facility.**Account Number****Data Field Name:** PAT_ACCOUNT (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Patient or Visit Number that uniquely identifies this visit. Hospital assigned. The number may be synonymous with billing number, account number, or in-patient identification number.**Patient's Name: Last****Data Field Name:** PAT_NAME_L (Tab 1.1)**Required:** Major/Minor**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:** PAT_NAME_F (Tab 1.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** The patient's legal first name.**Patient Origin****Data Field Name:** PAT_ORIGIN (Tab 1.1)**Required:** Major**Value Range:** 1–3

1 = Scene

2 = Referring Hospital

3 = Physician's office / Urgent Care

? = Unknown

Calculated/Entered: Entered**Definition:** Indicates from where the patient originated.

Inclusion Source**Data Field Name:** INCL_SRC (Tab 1.1)**Required:** Major**Value Range:** 1–6

- 1 = Dead on Scene
- 2 = Prehospital
- 3 = Emergency Department
- 4 = Acute Care Facility Transfer
- 5 = Service Transfer
- 6 = Retrospective Review
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** Indicate how the patient entered the trauma system.**1 = Dead on Scene:** *This value will not be used by the Oklahoma Trauma Registry.***2 = 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. *This value does not include patients arriving at the reporting facility by private vehicle.***3 = Emergency Department:** 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.****4 = Acute Care Facility Transfer:** 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.**5 = Service Transfer:** Indicates a 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.**6 = Retrospective Review** – *This value will not be used by the Oklahoma Trauma Registry.*

Patient

Patient's Name: Last**Data Field Name:** PAT_NAME_L (Tab 1.2)**Required:** Major/Minor**Calculated/Entered:** The value entered on 'Record Info' Tab will copy over to this field.**Definition:** The patient's legal last name.**Patient's Name: First****Data Field Name:** PAT_NAME_F (Tab 1.2)**Required:** Major/Minor**Calculated/Entered:** The value entered on 'Record Info' Tab will copy over to this field.**Definition:** The patient's legal first name.**Social Security Number****Data Field Name:** PAT_SSN (Tab 1.2)**Required:** Major/Minor**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 (such as undocumented immigrants) enter III/II/III.**Date of Birth****Data Field Name:** DOB_DATE (Tab 1.2)**Required:** Major/Minor**Value Range:** Month = 1–12, Day = 1–31, Year = 1980–2099.**Calculated/Entered:** Entered**Definition:** This is the specified date of patient's birth. Enter U if unknown.**Age****Data Field Name:** AGE_VALUE (Tab 1.2)**Required:** Major/Minor**Value Range:** 0–150**Calculated/Entered:** Entered or Calculated**Definition:** Record the patient's age OR 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_UNIT (Tab 1.2)**Required:** Major/Minor**Value Range:** 1–4

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.

Gender

Data Field Name: PAT_GENDER (Tab 1.2)

Required: Major/Minor

Value Range: 1–2

1 = Male

2 = Female

Calculated/Entered: Entered

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

Race 1

Data Field Name: PAT_RACE01 (Tab 1.2)

Required: Major/Minor

Value Range: 1–6

1 = American Indian

2 = Asian

3 = Black or African American

4 = Native Hawaiian or Other Pacific Islander

5 = White

6 = Other Race

? = Unknown

Calculated/Entered: Entered

Definition: This is patient's stated race.

Race 2

Data Field Name: PAT_RACE02 (Tab 1.2)

Required: Major

Value Range: 1–6

1 = American Indian

2 = Asian

3 = Black or African American

4 = Native Hawaiian or Other Pacific Islander

5 = White

6 = Other Race

? = Unknown

Calculated/Entered: Entered

Definition: This is patient's stated second race if indicated.

Ethnicity**Data Field Name:** PAT_ETHNIC (Tab 1.2)**Required:** Major/Minor**Value Range:** 1–2

1 = Hispanic or Latino

2 = Not Hispanic or Latino

? = Unknown

Calculated/Entered: Entered**Definition:** This is patient's stated ethnic group.**Patient's Address - Zip Code****Data Field Name:** PAT_ADR_ZIP (Tab 1.2)**Required:** Major/Minor**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 - Street 1****Data Field Name:** PAT_ADR_S01 (Tab 1.2)**Required:** Major**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:** PAT_ADR_CI (Tab 1.2)**Required:** Major**Value Range:** Use OSDH assigned code from drop down list.**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing.**Definition:** This is patient's city of residence as listed on hospital record.**Patient's Address - State****Data Field Name:** PAT_ADR_ST (Tab 1.2)**Required:** Major/Minor**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing**Definition:** This is patient's state of residence as listed on hospital record. Use OSDH code from drop down list. For international patient, use "OT" for "other."**Patient's Address - County****Data Field Name:** PAT_ADR_FCO (Tab 1.2)**Required:** Major/Minor**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing**Definition:** This is patient's county of legal residence. Use OSDH codes from drop down list.

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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.

Injury Date and Time

Data Field Name: INJ_DATE, INJ_TIME (Tab 2.1)

Required: Major/Minor

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 patient's documented date and time of injury at this facility.

Place of Injury/E849

Data Field Name: INJ_PLC (Tab 2.1)

Required: Major/Minor

Value Range: 0–9

- 0 = Home
- 1 = Farm
- 2 = Mine
- 3 = Industry
- 4 = Recreation
- 5 = Street
- 6 = Public Building
- 7 = Residential Institution
- 8 = Other
- 9 = Unspecified
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered

Definition: This is the general location of patient when the 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.

ICD 10 Location Code

Data Field Name: INJ_PLC_ICD10 (Tab 2.1)

Required: Major

Calculated/Entered: Entered

Definition: Use ICD codes to indicate the injury location.

Specify**Data Field Name:** INJ_PLC_MEMO (Tab 2.1)**Required:** Major**Calculated/Entered:** Entered**Definition:** Free-text field allowing additional details regarding **incident location**.**Injury Address – Zip Code****Data Field Name:** INJ_ADR_ZIP (Tab 2.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** The zip code of the address where patient's injury occurred.**Injury Address – Street 1****Data Field Name:** INJ_ADR_S01 (Tab 2.1)**Required:** Major**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.**Injury Address – City****Data Field Name:** INJ_ADR_CI (Tab 2.1)**Required:** Major**Value Range:** Use OSDH assigned code from drop down list.**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing**Definition:** The city where patient's injury occurred. Use OSDH assigned codes. If out-of-state, enter Incident City – Other. If unknown, enter “UUUU.”**Injury Address – State****Data Field Name:** INJ_ADR_ST (Tab 2.1)**Required:** Major/Minor**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing**Definition:** The state where patient's injury occurred. Use OSDH assigned codes.**Injury Address – County****Data Field Name:** INJ_ADR_FCO (Tab 2.1)**Required:** Major/Minor**Calculated/Entered:** Autocompleted based on ZIP or Entered if ZIP missing**Definition:** Indicates the county where patient's injury occurred. Use OSDH assigned codes.

Injury Address – Country**Data Field Name:** INJ_ADR_CY_S (Tab 2.1)**Required:** Major**Value Range:**

US = United States

CA = Canada

MX = Mexico

/ = Not Applicable

? = Unknown

Calculated/Entered: Autocompleted based on ZIP or Entered if ZIP missing**Definition:** This is patient's country of legal residence. Use OSDH assigned codes.**Protective Devices Restraints****Data Field Name:** INJ_RESTR (Tab 2.1)**Required:** Major**Value Range:** Choose 1

1 = None

2 = Seatbelt - Lap and Shoulder

3 = Seatbelt - Lap Only

4 = Seatbelt - Shoulder Only

5 = Seatbelt - NFS

6 = Child Booster Seat

7 = Child Car Seat

8 = Infant Car Seat

9 = Truck Bed Restraint

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered by 'Quick Pick' list; choose up one restraint.**Definition:** Protective device or gear that was in proper use at time of patient's injury.**Protective Devices Airbag****Data Field Name:** AIRBAGS_L (Tab 2.1)**Required:** Major**Value Range:** Choose up to 4

1 = No Airbags in Vehicle

2 = Airbags Did Not Deploy

3 = Front

4 = Side

5 = Airbag Deployed Other

6 = Airbag Type Unknown

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered by 'Quick Pick' list; choose up to four airbags.**Definition:** The performance of airbag at time of patient's injury.

Protective Devices Equipment**Data Field Name:** INJ_PDEVVS_L (Tab 2.1)**Required:** Major**Value Range:** Choose up to 4

- 1 = None
- 2 = Helmet
- 3 = Eye Protection
- 4 = Protective Clothing
- 5 = Protective Non-Clothing Gear
- 6 = Hard Hat
- 7 = Personal Flootation Device
- 8 = Other
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered by 'Quick Pick' list; choose up to four equipments.**Definition:** Indicate the use of protective devices equipment.**Work Related****Data Field Name:** INJ_WORK_YN (Tab 2.1)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Indicates whether the patient was/was not injured while engaged in employment related activities. This includes self-employment and agriculture.**Occupation****Data Field Name:** PAT_JOB (Tab 2.1)**Required:** Major**Value Range:** 1–23

- 1 = Business and Financial Operations Occupation
- 2 = Architecture and Engineering
- 3 = Community and Social Services
- 4 = Education, Training, and Library
- 5 = Healthcare Practitioners and Library
- 6 = Protective Service
- 7 = Building and Grounds Cleaning and Maintenance
- 8 = Sales and Related
- 9 = Farming, Fishing, and Forestry
- 10 = Installation, Maintenance, and Repair
- 11 = Transportation and Material Moving
- 12 = Management
- 13 = Computer and Mathematical
- 14 = Life, Physical, and Social Science
- 15 = Legal Occupations
- 16 = Arts, Design, Entertainment, Sports, and Media
- 17 = Healthcare Support

18 = Food Preparation and Serving Related
19 = Personal Care and Service
20 = office and Administrative Support
21 = Construction and Extraction
22 = Production
23 = Military Specific
/ = Not Applicable
? = Unknown

Calculated/Entered: Entered

Definition: This indicates the patient's occupation. Field is only active if injury is work-related.

Occupational Industry

Data Field Name: PAT_JOB_TYPE (Tab 2.1)

Required: Major

Value Range: 1–14

1 = Finance, Insurance, and Real Estate
2 = Manufacturing
3 = Retail Trade
4 = Transportation and Public Utilities
5 = Agriculture, Forestry, Fishing
6 = Professional and Business Services
7 = Education and Health Services
8 = Construction
9 = Government
10 = Natural Resource and Mining
11 = Information Services
12 = Wholesale Trade
13 = Leisure and Hospitality
14 = Other Services
/ = Not Applicable
? = Unknown

Calculated/Entered: Entered

Definition: The occupational industry associated with the patient's work environment. Field is only active if work-related.

Domestic Violence

Data Field Name: DOM_V_YN (Tab 2.1)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Indicates whether the patient was injured due to domestic violence.

Mechanism of Injury - ICD 9

Primary E-Code**Data Field Name:** INJ_ECODE01 (Tab 2.2.1)**Required:** Major/Minor**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:** INJ_ECODE02 (Tab 2.2.1)**Required:** Major**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.**Cause of Injury****Data Field Name:** INJ_CAU_S01 (Tab 2.2.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Free-text field allowing additional details regarding incident to be entered. Briefly describe factors having relevance to circumstance of injury.**Additional Key Terms recommended by OSDH** can be found in *Appendix V-OSDH Cause of Injury Key Terms*, page 127.**Injury Type****Data Field Name:** INJ_TYPE01 (Tab 2.2.1)**Required:** Major/Minor**Value Range:** 1–4

1 = Blunt

2 = Penetrating

3 = Burn

4 = Other

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered by ‘Quick Pick’ list; choose up to one injury type.**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. If a patient has sustained more than one type of injury use the code for the more severe/extensive injury type.

Activity E-Code**Data Field Name:** INJ_EACT (Tab 2.2.1)**Required:** Major/Minor**Value Range:** 001.0–030**Calculated/Entered:** Entered**Definition:** This indicates the E-code for activity. If activity is not applicable enter a '/'.

Specify**Data Field Name:** INJ_EACT_S (Tab 2.2.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Free-text field allowing additional details regarding incident activity.

Injury Mechanism**Data Field Name:** INJ_MECH01 (Tab 2.2.1)**Required:** Major/Minor**Value Range:** 1–22

- 1 = MVC
- 2 = Fall Under 1m (3.3ft)
- 3 = Fall 1m–6m (3.3–19.7 ft)
- 4 = Fall Over 6m (19.7 ft)
- 5 = Fall-NFS
- 6 = Assault
- 7 = Motorcycle
- 8 = Pedestrian
- 9 = Bicycle
- 10 = Other Blunt Mechanism
- 11 = Knife
- 12 = Handgun
- 13 = Shotgun
- 14 = Other Gun
- 15 = Glass
- 16 = Biting
- 17 = Other Penetrating Mechanism
- 18 = Chemical Burn
- 19 = Inhalation Burn
- 20 = Thermal Burn
- 21 = Electrical Burn
- 22 = Other Burn Mechanism
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered by 'Quick Pick' list; choose up to two mechanisms.**Definition:** This field provides another indication of the mechanism of injury.

MVC Position in Vehicle**Data Field Name:** INJ_VEH_POS (Tab 2.2.1)**Required:** Major**Value Range:** 1-14

- 1 = Driver
- 2 = Front Seat Middle
- 3 = Front Seat Passenger
- 4 = Second Row Left
- 5 = Second Row Middle
- 6 = Second Row Right
- 7 = Third Row Left
- 8 = Third Row Middle
- 9 = Third Row Right
- 10 = Station Wagon Rear
- 11 = Truck-Van Rear
- 12 = Truck Bed
- 13 = Bus Passenger
- 14 = Passenger NFS
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the position of the patient in the vehicle when the crash occurred.**MVC Impact Location****Data Field Name:** INJ_IMP_LOC (Tab 2.2.1)**Required:** Major**Value Range:** 1-14

- 1 = Frontal
- 2 = Nearside
- 3 = Farside
- 4 = Side NOS
- 5 = Rear
- 6 = Rollover
- 7 = Roof
- 8 = Broadside
- 9 = Other
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the impact location when moving vehicle crash occurred.

Prehospital

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Scene/Transport

Was Patient Extricated**Data Field Name:** PH_EXT_YN (Tab 3.1)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** This indicates whether or not the patient had to be extricated.**Time Requirement/Minutes****Data Field Name:** PH_EXT_MINS (Tab 3.1)**Required:** Major**Calculated/Entered:** Entered**Definition:** This indicates how much time was required if the patient was extricated.**Trauma Alert Called By EMS Date and Time****Data Field Name:** PH_TAC_DATE, PH_TAC_TIME (Tab 3.1)**Required:** Major**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 documented date and time EMS alerted the hospital of the arriving trauma patient.**Provider Mode****Data Field Name:** PHP_MODES_L (Tab 3.1)**Required:** Major/Minor**Value Range:** 1–8

- 1 = Ground Ambulance
- 2 = Helicopter Ambulance
- 3 = Fixed-Wing Ambulance
- 4 = Private Vehicle or Walk-in
- 5 = Police
- 6 = Public Safety
- 7 = Water Ambulance
- 8 = Other
- ? = Unknown

Calculated/Entered: Entered**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.

Provider Mode If Other**Data Field Name:** PHP_MODE_SS_L (Tab 3.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Indicate the other provider mode if the mode is not on the list.**Provider Agency ID and Name****Data Field Name:** PHP_AGNCLNKS_L (Tab 3.1)**Required:** Major/Minor**Value Range:** Drop Down List**Calculated/Entered:** Entered**Definition:** Enter code for EMS agency as assigned by OSDH from drop down list.**Provider Unit****Data Field Name:** PHP_UNITS_L (Tab 3.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** This indicates the unit of EMS provider. If unknown enter 'U' or a '?'**Provider Role****Data Field Name:** PHP_ROLES_L (Tab 3.1)**Required:** Major/Minor**Value Range:** 1–3

- 1 = Transport from Scene
- 2 = Transport from Rendezvous
- 3 = Non-Transport
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the role of EMS provider.**Care Level****Data Field Name:** PHP_CARES_L (Tab 3.1)**Required:** Major**Value Range:** 1–2

- 1 = Advanced Life Support
- 2 = Basic Life Support
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** Indicate the care level of prehospital provider.

Scene EMS Report**Data Field Name:** PHP_RP_DETAILS_L (Tab 3.1)**Required:** Major/Minor**Value Range:** 1–4

1 = Complete

2 = Incomplete

3 = Missing

4 = Unreadable

/ = Not Applicable

? = Unknown

Calculated/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 drop down list 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.

Provider Care Report Number**Data Field Name:** PHP_PCR_NUMS_L (Tab 3.1)**Required:** Major**Calculated/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.**Call Received Date and Time****Data Field Name:** PHP_C_DATES_L, PHP_C_TIMES_L (Tab 3.1)**Required:** Major/Minor**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 of provider call received.

Call Dispatched Date and Time

Data Field Name: PHP_D_DATES_L, PHP_D_TIMES_L (Tab 3.1)

Required: Major

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 of provider call dispatched.

Arrived At Location Date and Time

Data Field Name: PHP_A_DATES_L, PHP_A_TIMES_L (Tab 3.1)

Required: Major

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 of provider arrived at location.

Departed Location Date and Time

Data Field Name: PHP_L_DATES_L, PHP_L_TIMES_L (Tab 3.1)

Required: Major

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 of provider departed location.

Arrived At Destination Date and Time

Data Field Name: PHP_AD_DATES_L, PHP_AD_TIMES_L (Tab 3.1)

Required: Major

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 of provider arrived at destination.

Scene Time Elapsed

Data Field Name: PHP_ELAPSEDSC_L (Tab 3.1)

Required: Major

Value Range: Hour = 0–23, Minute = 0–59.

Calculated/Entered: Calculated

Definition: It is the scene time which is the time difference between the departed location and the arrived at location.

Transport Time Elapsed**Data Field Name:** PHP_ELAPSED2SC_L (Tab 3.1)**Required:** Major**Value Range:** Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Calculated**Definition:** It is the transport time which is the time difference between the arrived at destination and the departed location.

Treatment

Recorded Date and Time**Data Field Name:** PHAS_DATES_L, PHAS_TIMES_L (Tab 3.2)**Required:** Major**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 of prehospital vitals.**Provider Agency ID and Name****Data Field Name:** PHAS_AGNCLNKS_L (Tab 3.2)**Required:** Major**Calculated/Entered:** Entered**Definition:** Enter code for EMS agency as assigned by OSDH from drop down list.**Paralytic Agents****Data Field Name:** PHAS_PAR_YNS_L (Tab 3.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**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.**Sedated****Data Field Name:** PHAS_SED_YNS_L (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had been sedated.**Eye Obstruction****Data Field Name:** PHAS_E_OB_YNS_L (Tab 3.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had eye obstruction.

Intubated**Data Field Name:** PHAS_INTUB_YNS_L (Tab 3.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had been endotracheally intubated at time of the prehospital assessment.**Intubated If Yes, Method****Data Field Name:** PHAS_INTUB_M01S_L (Tab 3.2)**Required:** Major**Value Range:** 1–10

- 1 = Combitube
- 2 = Cricothyrotomy
- 3 = Cricothyrotomy – Needle
- 4 = Endotracheal Tube – Nasal
- 5 = Endotracheal Tube – Oral
- 6 = Endotracheal Tube – Route NFS
- 7 = Esophageal Obturator Airway
- 8 = Laryngeal Mask Airway
- 9 = LT Blind Insertion Airway Device
- 10 = Tracheostomy
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the method used to establish an airway for the patient.**Respiration Assisted****Data Field Name:** PHAS_ARR_YNS_L (Tab 3.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient's respiration was assisted.**Respiration Assisted If Yes, Type****Data Field Name:** PHAS_ARR_TYPES_L (Tab 3.2)**Required:** Major**Value Range:** 1–4

- 1 = Bag Valve Mask
- 2 = Nasal Airway
- 3 = Oral Airway
- 4 = Ventilator
- ? = Unknown

Calculated/Entered: Entered

Definition: This indicates the type of assisted respiration used for patient.

Systolic Blood Pressure

Data Field Name: PHAS_SBPS_L (Tab 3.2)

Required: Major

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: PHAS_DBPS_L (Tab 3.2)

Required: Major

Calculated/Entered: Entered

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

Pulse Rate

Data Field Name: PHAS_PULSES_L (Tab 3.2)

Required: Major

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: PHAS_URRS_L (Tab 3.2)

Required: Major

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: PHAS_ARRS_L (Tab 3.2)

Required: Major

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 Saturation**Data Field Name:** PHAS_SAO2S_L (Tab 3.2)**Required:** Major**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.**Supplemental O2****Data Field Name:** PHAS_SO2_YNS_L (Tab 3.2)**Required:** Major**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.**Glasgow 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:** PHAS_GCS_EOS_L (Tab 3.2)**Required:** Major/Minor**Value Range:** 1–4

- 1 = No Eye Movement when Assessed
- 2 = Opens Eyes in Responses to Painful Stimulation
- 3 = Opens Eyes in Responses to Verbal Stimulation
- 4 = Opens Eyes Spontaneously
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Enter**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:** PHAS_GCS_VRS_L (Tab 3.2)**Required:** Major**Value Range:** 1–5

- 1 = No Verbal Response (Ped: No Vocal Response)
- 2 = Incomprehensible Sounds (Ped: Inconsolable, Agitated)
- 3 = Inappropriate Words (Pet: Inconsistently Consolable, Moaning)
- 4 = Confused (Ped: Cries but is Consolable, Inappropriate Interactions)
- 5 = Oriented (Ped: Smiles, Oriented to Sounds, Follow Objects, Interacts)

/ = Not Applicable

? = Unknown

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: PHAS_GCS_MRS_L (Tab 3.2)

Required: Major

Value Range: 1–6

1 = No Motor Response

2 = Extension to Pain

3 = Flexion to Pain

4 = Withdrawal from Pain

5 = Localizing Pain

6 = Obeys Commands (Ped: Appropriate Response to Stimulation)

/ = Not Applicable

? = Unknown

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: PHAS_GCSSC_L (Tab 3.2)

Required: Major

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.

RTS

Data Field Name: PHAS_RTS_WSC_L (Tab 3.2)

Required: Major

Value Range: 0–7.841

Calculated/Entered: Calculated

Definition: RTS is a score indicator of physiologic status of a patient upon arrival at ED; based on initial Systolic Blood Pressure, Unassisted Respiratory Rate, and Total Glasgow Coma Scale. Score with higher values indicate better vital signs. It is automatically calculated.

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Referral History - Immediate Referring Facility

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

Transfer In

Data Field Name: IT_XFR_YN (Tab 4.1.1)

Required: Major/Minor

Value Range: Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Indicate whether the patient was transferred IN from another hospital.

Referring Facility ID and Description

Data Field Name: RFS_FACLNK (Tab 4.1.1)

Required: Major/Minor

Value Range: Drop Down List

Calculated/Entered: Entered

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

Referring Facility If Other

Data Field Name: RFS_FAC_S (Tab 4.1.1)

Required: Major/Minor

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: RFS_A_DATE, RFS_A_TIME (Tab 4.1.1)

Required: Major/Minor

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 of arrival at this facility.

Departure Date and Time

Data Field Name: RFS_DIS_DATE, RFS_DIS_TIME (Tab 4.1.1)

Required: Major/Minor

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 of provider departure.

Length of Stay**Data Field Name:** RFS_LOS (Tab 4.1.1)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Use standard date and time format to enter the documented length of stay. It is automatically calculated.**Late Referral****Data Field Name:** RFS_LATE_REF01 (Tab 4.1.1)**Required:** Major**Value Range:** 1–10

- 1 = Over 6 Hours in ED or Resus
- 2 = Surgery Performed
- 3 = Admission
- 4 = ICU
- 5 = Radiology
- 6 = Referring Physician Decisions
- 7 = Weather or Natural Factors
- 8 = Mass Casually Incident
- 9 = EMS Transfer Issues
- 10 = Destination Facility Issues
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** This specifies the reasons for late referral or delayed transfer.**Transfer Rationale****Data Field Name:** RFS_XFR_RAT (Tab 4.1.1)**Required:** Major/Minor**Value Range:** 1–5

- 1 = Economic
- 2 = Level of Care
- 3 = Personal
- 4 = System Protocol
- 5 = Other
- / = Not Applicable
- ? = Unknown

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

Inter Facility Transport - Providers

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

Referring Facility ID and Description

Data Field Name: ITP_FACLNKS_L (Tab 4.5.1)

Required: Major/Minor

Value Range: Drop Down List

Calculated/Entered: Entered

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

Provider Mode

Data Field Name: ITP_MODES_L (Tab 4.5.1)

Required: Major/Minor

Value Range: 1–8

- 1 = Ground Ambulance
- 2 = Helicopter Ambulance
- 3 = Fixed-Wing Ambulance
- 4 = Private Vehicle or Walk-in
- 5 = Police
- 6 = Public Safety
- 7 = Water Ambulance
- 8 = Other
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered

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.

Provider ID and Name

Data Field Name: ITP_AGNCLNKS_L (Tab 4.5.1)

Required: Major/Minor

Value Range: Drop Down List

Calculated/Entered: Entered

Definition: Enter code for EMS agency assigned by OSDH from drop down list.

Provider Role**Data Field Name:** ITP_ROLES_L (Tab 4.5.1)**Required:** Major**Value Range:** 1–3

- 1 = Transport from Scene
- 2 = Transport from Rendezvous
- 3 = Non-Transport
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** This specifies the role of inter-facility provider.**Provider Care Report Number****Data Field Name:** ITP_PCR_NUMS_L (Tab 4.5.1)**Required:** Major**Calculated/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.**Provider Call Dispatched Date and Time****Data Field Name:** ITP_D_DATES_L, ITP_D_TIMES_L (Tab 4.5.1)**Required:** Major**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 dispatched date and time of this provider.**Provider Arrived At Location Date and Time****Data Field Name:** ITP_A_DATES_L, ITP_A_TIMES_L (Tab 4.5.1)**Required:** Major**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 patient's documented date and time of arrival at location.**Provider Departed Location Date and Time****Data Field Name:** ITP_L_DATES_L, ITP_L_TIMES_L (Tab 4.5.1)**Required:** Major**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 patient's documented date and time of departed location.

Provider Arrived At Destination Date and Time**Data Field Name:** ITP_AD_DATES_L, ITP_AD_TIMES_L (Tab 4.5.1)**Required:** Major**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 patient's documented date and time of arrival at destination.

Transport Time Elapsed**Data Field Name:** ITP_ELAPSEDSC_L (Tab 4.5.1)**Required:** Major**Value Range:** Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Calculated**Definition:** Use standard time format to express the transport time elapsed.

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Arrival/Admission

Direct Admit**Data Field Name:** ED_BYPASS_YN (Tab 5.1)**Required:** Major/Minor**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Indicate whether the patient was admitted directly to your facility.**ED Arrival Date and Time****Data Field Name:** EDA_DATE, EDA_TIME (Tab 5.1)**Required:** Major/Minor**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 of patient's arrival in this facility's emergency department. 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.**ED Departure/Admitted Date and Time****Data Field Name:** EDD_DATE, EDD_TIME (Tab 5.1)**Required:** Major/Minor**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 of patient's discharge from this facility's emergency department.**Time in ED****Data Field Name:** ED_LOS (Tab 5.1)**Required:** Major/Minor**Value Range:** Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Calculated**Definition:** This indicates the time in Emergency Department, which is automatically calculated.**Mode of Arrival****Data Field Name:** PAT_A_MODE (Tab 5.1)**Required:** Major/Minor**Value Range:** 1–8

- 1 = Ground Ambulance
- 2 = Helicopter Ambulance
- 3 = Fixed-Wing Ambulance
- 4 = Private Vehicle or Walk-in
- 5 = Police
- 6 = Public Safety
- 7 = Water Ambulance
- 8 = Other

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

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.

Response Level

Data Field Name: ED_TTA_TYPE01 (Tab 5.1)

Required: Major

Value Range: 1–5

1 = Full

2 = Partial

3 = Consult

4 = No Trauma Activation

5 = Other

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

Definition: Indicate the response level at Emergency Department.

Signs of Life

Data Field Name: LIFE_SIGNS (Tab 5.1)

Required: Major

Value Range: 1–2

1 = Arrived with No Signs of Life

2 = Arrived with Signs of Life

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

Definition: Indicates whether the patient had or did not have signs of life upon arrival.

Trauma Alert Called EMS Date and Time

Data Field Name: PH_TAC_DATE, PH_TAC_TIME (Tab 5.1)

Required: Major

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 of trauma alert called EMS.

Response Activation Date and Time

Data Field Name: ED_TTA_DATE01, ED_TTA_TIME01 (Tab 5.1)

Required: Major

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 of response activation.

Post ED Disposition

Data Field Name: ED_DSP (Tab 5.1)

Required: Major/Minor

Value Range: 3–79

- 3 = Operating Room
- 4 = Intensive Care Unit
- 5 = Step-Down Unit
- 6 = Floor
- 7 = Telemetry Unit
- 8 = Observation Unit
- 9 = Burn Unit
- 13 = Labor & Delivery
- 14 = Neonatal/Pediatric Care Unit
- 40 = Home
- 41 = Home with Services
- 42 = Left AMA
- 43 = Correctional Facility/County/Law Enforcement
- 44 = Morgue
- 45 = Child Protective Agency
- 70 = Acute Care Facility
- 71 = Intermediate Care Facility
- 72 = Skilled Nursing Facility
- 73 = Rehab (Inpatient)
- 74 = Long-Term Care
- 75 = Hospice
- 76 = Mental Health/Psychiatric Hospital (Inpatient)
- 77 = Nursing Home
- 79 = Another Type of Inpatient Facility Not Defined Elsewhere
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered

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

Admitting Service

Data Field Name: ADM_SVC (Tab 5.1)

Required: Major/Minor

Value Range: 1–99

- 1 = Trauma
- 2 = Neurosurgery
- 3 = Orthopedics
- 4 = General Surgery

5 = Pediatric Surgery
6 = Cardiothoracic Surgery
7 = Burn Services
8 = Emergency Medicine
9 = Pediatrics
10 = Anesthesiology
11 = Cardiology
14 = Critical Care
16 = Documentation Recorder
19 = ENT
20 = Family Medicine
21 = GI
23 = Hospitalist
24 = Infectious Disease
25 = Internal Medicine
27 = Nephrology
28 = Neurology
29 = Nurse Practitioner
30 = Nursing
31 = Ob-Gyn
34 = Oncology
35 = Ophthalmology
36 = Oral Surgery
37 = Oromaxillo Facial Service
38 = Ortho-Spine
43 = Plastic Surgery
45 = Pulmonary
46 = Radiology
48 = Respiratory Therapist
52 = Thoracic Surgery
53 = Trauma Resuscitation Nurse
54 = Triage Nurse
55 = Urology
56 = Vascular Surgery
98 = Other Surgical
99 = Other Non-Surgical
? = Unknown

Calculated/Entered: Entered

Definition: Use code assigned by OSDH to indicate patient's admitting service.

Post OR Disposition

Data Field Name: OR_DISP (Tab 5.1)

Required: Major

Value Range:

4 = Intensive Care Unit
5 = Step-Down Unit
6 = Floor
7 = Telemetry Unit
8 = Observation Unit
9 = Burn Unit
11 = Post Anesthesia Care Unit
14 = Neonatal/Pediatric Care Unit
42 = Left AMA
44 = Morgue
/ = Not Applicable
? = Unknown

Calculated/Entered: Entered

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

Initial Assessment

Recorded Date and Time**Data Field Name:** EDAS_DATE, EDAS_TIME (Tab 5.2)**Required:** Major/Minor**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 of initial assessments.**Weight****Data Field Name:** EDAS_WGT (Tab 5.2)**Required:** Major**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:** EDAS_WGT_U (Tab 5.2)**Required:** Major**Value Range:** 1–2

1 = kg

2 = lbs

Calculated/Entered: Entered**Definition:** Enter units for weight using code as designated by the OSDH.**Height****Data Field Name:** EDAS_HGT (Tab 5.2)**Required:** Major**Calculated/Entered:** Entered**Definition:** Enter the patient's height as documented, may be documented as a stated or estimated weight.**Height Units****Data Field Name:** EDAS_HGT_U (Tab 5.2)**Required:** Major**Value Range:** 1–2

1 = cm

2 = in

Calculated/Entered: Entered**Definition:** Enter units for height using code as designated by the OSDH.

Temperature**Data Field Name:** EDAS_TEMP (Tab 5.2)**Required:** Major**Calculated/Entered:** Entered**Definition:** Enter the temperature first documented after arrival.**Temperature Units****Data Field Name:** EDAS_TEMP_UT (Tab 5.2)**Required:** Major**Value Range:** 1–2

1 = F, F

2 = C, C

Calculated/Entered: Entered**Definition:** Enter the code for the correct temperature units.**Temperature Route****Data Field Name:** EDAS_TEMP_R (Tab 5.2)**Required:** Major**Value Range:** 1–6

1 = Oral

2 = Tympanic

3 = Rectal

4 = Axillary

5 = Core

6 = Other

? = Unknown

Calculated/Entered: Entered**Definition:** Enter code assigned by the OSDH to the route used to measure temperature.**Paralytic Agents****Data Field Name:** EDAS_PAR_YN (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**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.

Sedated**Data Field Name:** EDAS_SED_YN (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had been sedated.**Eye Obstruction****Data Field Name:** EDAS_E_OB_YN (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had eye obstruction interfering with eye assessment.**Intubated****Data Field Name:** EDAS_INTUB_YN (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient had been endotracheally intubated at time of the initial ED assessment.**Intubated If Yes, Method****Data Field Name:** EDAS_INTUB_M01 (Tab 5.2)**Required:** Major**Value Range:** 1–10

1 = Combitube

2 = Cricothyrotomy

3 = Cricothyrotomy – Needle

4 = Endotracheal Tube – Nasal

5 = Endotracheal Tube – Oral

6 = Endotracheal Tube – Route NFS

7 = Esophageal Obturator Airway

8 = Laryngeal Mask Airway

9 = LT Blind Insertion Airway Device

10 = Tracheostomy

? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the method used to establish an airway for the patient.**Respiration Assisted****Data Field Name:** EDAS_ARR_YN (Tab 5.2)**Required:** Major/Minor**Value Range:** Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Enter 'Yes' if patient's respiration was assisted.

Respiration Assisted If Yes, Type

Data Field Name: EDAS_ARR_TYPE (Tab 5.2)

Required: Major

Value Range: 1–4

1 = Bag Valve Mask

2 = Nasal Airway

3 = Oral Airway

4 = Ventilator

? = Unknown

Calculated/Entered: Entered

Definition: This indicates the type of assisted respiration used for patient.

Systolic Blood Pressure

Data Field Name: EDAS_SBP (Tab 5.2)

Required: Major/Minor

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: EDAS_DBP (Tab 5.2)

Required: Major

Calculated/Entered: Entered

Definition: The patient's diastolic blood pressure at the time of the initial assessment.

Do not enter values not documented.

Pulse Rate

Data Field Name: EDAS_PULSE (Tab 5.2)

Required: Major/Minor

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: EDAS_URR (Tab 5.2)

Required: Major/Minor

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: EDAS_ARR (Tab 5.2)

Required: Major/Minor

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 Saturation

Data Field Name: EDAS_SAO2 (Tab 5.2)

Required: Major

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.

Supplemental O2

Data Field Name: EDAS_SO2_YN (Tab 5.2)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

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.

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: EDAS_GCS_EO (Tab 5.2)

Required: Major/Minor

Value Range: 1–4

- 1 = No Eye Movement when Assessed
- 2 = Opens Eyes in Responses to Painful Stimulation
- 3 = Opens Eyes in Responses to Verbal Stimulation
- 4 = Opens Eyes Spontaneously
- / = Not Applicable

? = Unknown

Calculated/Entered: Enter

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: EDAS_GCS_VR (Tab 5.2)

Required: Major/Minor

Value Range: 1–5

1 = No Verbal Response (Ped: No Vocal Response)

2 = Incomprehensible Sounds (Ped: Inconsolable, Agitated)

3 = Inappropriate Words (Pet: Inconsistently Consolable, Moaning)

4 = Confused (Ped: Cries but is Consolable, Inappropriate Interactions)

5 = Oriented (Ped: Smiles, Oriented to Sounds, Follow Objects, Interacts)

/ = Not Applicable

? = Unknown

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: EDAS_GCS_MR (Tab 5.2)

Required: Major/Minor

Value Range: 1–6

1 = No Motor Response

2 = Extension to Pain

3 = Flexion to Pain

4 = Withdrawal from Pain

5 = Localizing Pain

6 = Obeys Commands (Ped: Appropriate Response to Stimulation)

/ = Not Applicable

? = Unknown

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: EDAS_GCS (Tab 5.2)

Required: Major/Minor

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.

RTS

Data Field Name: EDAS_RTS_W (Tab 5.2)

Required: Major/Minor

Value Range: 0–7.841

Calculated/Entered: Calculated

Definition: RTS is a score indicator of physiologic status of a patient upon arrival at ED; based on initial Systolic Blood Pressure, Unassisted Respiratory Rate, and Total Glasgow Coma Scale. Score with higher values indicate better vital signs. It is automatically calculated.

Triage RTS

Data Field Name: EDAS_RTS_U (Tab 5.2)

Required: Major

Value Range: 0–12

Calculated/Entered: Calculated

Definition: It is automatically calculated.

Alcohol Use Indicator

Data Field Name: ED_IND_ALC (Tab 5.2)

Required: Major/Minor

Value Range: 1–4

1 = No (Not Tested)

2 = No (Confirmed by Test)

3 = Yes (Confirmed by Test [Trace Levels])

4 = Yes (Confirmed by Test [Beyond Legal Limit])

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

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

ETOH/BAC Level

Data Field Name: ETOH_BAC_LVL (Tab 5.2)

Required: Major/Minor

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., .2 = 20).

Drug Use Indicator**Data Field Name:** ED_IND_DRG01 (Tab 5.2)**Required:** Major/Minor**Value Range:** 1–4

1 = No (Not Tested)

2 = No (Confirmed by Test)

3 = Yes (Confirmed by Test [Prescription Drug])

4 = Yes (Confirmed by Test [Illegal Use Drug])

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered**Definition:** Enter status of drug/toxicology testing using the following assigned OSDH codes.**TOX Screen Results****Data Field Name:** ED_DRG01 (Tab 5.2)**Required:** Major/Minor**Value Range:** Choose up to 6

1 = Amphetamine

2 = Barbiturate

3 = Benzodiazepine

4 = Cannabis

5 = Cocaine

6 = Methamphetamine

7 = Opiates

8 = PCP

9 = Other

? = Unknown

Calculated/Entered: Check**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.**Clinician Administered****Data Field Name:** ED_DCA_YN01 (Tab 5.2)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** This indicates whether a clinician administered the drug test.

TOX Screen Results If Other**Data Field Name:** ED_DRG_S (Tab 5.2)**Required:** Major**Calculated/Entered:** Entered**Definition:** Specify any drugs not listed.

Vitals

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.

Assessment Type**Data Field Name:** EDAS_ATYPES_L (Tab 5.3)**Required:** Major**Value Range:** 1–3

1 = Initial

2 = Subsequent

3 = Final

? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the type of assessment at the Emergency Department.**Recorded Date and Time****Data Field Name:** EDAS_DATES_L, EDAS_TIMES_L (Tab 5.3)**Required:** Major**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 of assessing initial vitals.**Temperature****Data Field Name:** EDAS_TEMPS_L (Tab 5.3)**Required:** Major**Calculated/Entered:** Entered**Definition:** Enter the temperature last documented after arrival.**Temperature Unit****Data Field Name:** EDAS_TEMP_UTS_L (Tab 5.3)**Required:** Major**Value Range:** 1–2

1 = F, F

2 = C, C

Calculated/Entered: Entered**Definition:** Enter code assigned by the OSDH for the correct temperature units.**Temperature Route****Data Field Name:** EDAS_TEMP_RS_L (Tab 5.3)**Required:** Major**Value Range:** 1–6

1 = Oral

2 = Tympanic

- 3 = Rectal
- 4 = Axillary
- 5 = Core
- 6 = Other
- ? = Unknown

Calculated/Entered: Entered

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

Paralytic Agents

Data Field Name: EDAS_PAR_YNS_L (Tab 5.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

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.

Sedated

Data Field Name: EDAS_SED_YNS_L (Tab 5.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Enter 'Yes' if patient had been sedated.

Eye Obstruction

Data Field Name: EDAS_E_OB_YNS_L (Tab 5.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Enter 'Yes' if patient had an eye obstruction interfering with the eye assessment.

Intubated

Data Field Name: EDAS_INTUB_YNS_L (Tab 5.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

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

Intubated If Yes, Method**Data Field Name:** EDAS_INTUB_M01S_L (Tab 5.3)**Required:** Major**Value Range:** 1–10

- 1 = Combitube
- 2 = Cricothyrotomy
- 3 = Cricothyrotomy – Needle
- 4 = Endotracheal Tube – Nasal
- 5 = Endotracheal Tube – Oral
- 6 = Endotracheal Tube - Route NFS
- 7 = Esophageal Obturator Airway
- 8 = Laryngeal Mask Airway
- 9 = LT Blind Insertion Airway Device
- 10 = Tracheostomy
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the method used to establish an airway for the patient.**Respiration Assisted****Data Field Name:** EDAS_ARR_YNS_L (Tab 5.3)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Enter 'Yes' if patient's respiration was assisted.**Respiration Assisted If Yes, Type****Data Field Name:** EDAS_ARR_TYPES_L (Tab 5.3)**Required:** Major**Value Range:** 1–4

- 1 = Bag Valve Mask
- 2 = Nasal Airway
- 3 = Oral Airway
- 4 = Ventilator
- ? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the type of assisted respiration used for patient.**Systolic Blood Pressure****Data Field Name:** EDAS_SBPS_L (Tab 5.3)**Required:** Major**Value Range:** None**Calculated/Entered:** Entered**Definition:** The patient's systolic blood pressure as documented at the time of the final 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: EDAS_DBPS_L (Tab 5.3)

Required: Major

Type of Field: Integer

Calculated/Entered: Entered

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

Pulse Rate

Data Field Name: EDAS_PULSES_L (Tab 5.3)

Required: Major

Type of Field: Integer

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: EDAS_URRS_L (Tab 5.3)

Required: Major

Value Range: None

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.

Assisted Respiratory Rate

Data Field Name: EDAS_ARRS_L (Tab 5.3)

Required: Major

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 Saturation**Data Field Name:** EDAS_SAO2S_L (Tab 5.3)**Required:** Major**Value Range:** 0–100**Calculated/Entered:** Entered**Definition:** Enter patient's oxygen saturation (pulse-ox) at the time of the final assessment. Do not calculate/estimate value.**Supplemental O2****Data Field Name:** EDAS_SO2_YNS_L (Tab 5.3)**Required:** Major**Value Range:** Yes/No/Not Applicable/Unknown**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.**Glasgow 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:** EDAS_GCS_EOS_L (Tab 5.3)**Required:** Major**Value Range:** 1–4

- 1 = No Eye Movement when Assessed
- 2 = Opens Eyes in Responses to Painful Stimulation
- 3 = Opens Eyes in Responses to Verbal Stimulation
- 4 = Opens Eyes Spontaneously
- / = Not Applicable
- ? = Unknown

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:** EDAS_GCS_VRS_L (Tab 5.3)**Required:** Major**Value Range:** 1–5

- 1 = No Verbal Response (Ped: No Vocal Response)
- 2 = Incomprehensible Sounds (Ped: Inconsolable, Agitated)
- 3 = Inappropriate Words (Pet: Inconsistently Consolable, Moaning)
- 4 = Confused (Ped: Cries but is Consolable, Inappropriate Interactions)
- 5 = Oriented (Ped: Smiles, Oriented to Sounds, Follow Objects, Interacts)

/ = Not Applicable

? = Unknown

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: EDAS_GCS_MRS_L (Tab 5.3)

Required: Major

Value Range: 1–6

1 = No Motor Response

2 = Extension to Pain

3 = Flexion to Pain

4 = Withdrawal from Pain

5 = Localizing Pain

6 = Obeys Commands (Ped: Appropriate Response to Stimulation)

/ = Not Applicable

? = Unknown

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: EDAS_GCSSC_L (Tab 5.3)

Required: Major

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.

RTS

Data Field Name: EDAS_RTS_WSC_L (Tab 5.3)

Required: Major

Value Range: 0–7.841

Calculated/Entered: Calculated

Definition: RTS is a score indicator of physiologic status of a patient upon arrival at ED; based on initial Systolic Blood Pressure, Unassisted Respiratory Rate, and Total Glasgow Coma Scale. Score with higher values indicate better vital signs. It is automatically calculated.

Patient Tracking

Location/Service

Total ICU Days* 78

Ventilator/Blood

Total Ventilator Days* 80

Blood Product Code and Description* 80

Blood Product Volume* 80

Blood Product Units* 80

Location/Service

Total ICU Days**Data Field Name:** ICU_DAYS (Tab 6.1)**Required:** Major**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.

Ventilator/Blood

Total Ventilator Days**Data Field Name:** VENT_DAYS (Tab 6.1)**Required:** Major**Value Range:** 0–999**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.**Blood Product Code and Description****Data Field Name:** BLOOD_TYPES_L (Tab 6.1)**Required:** Major**Value Range:** 1–4

1 = Packed Red Blood Cells

2 = Plasma

3 = Platelets

4 = Other Blood Substitute

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered**Definition:** Indicate the blood product used for patient.**Blood Product Volume****Data Field Name:** BLOOD_UNITS_L (Tab 6.1)**Required:** Major**Calculated/Entered:** Entered**Definition:** Indicate the volume of blood product used for patient.**Blood Product Units****Data Field Name:** BLOOD_UNIT_MEASS_L (Tab 6.1)**Required:** Major**Value Range:** 1–3

1 = L

2 = mL

3 = Units

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered**Definition:** Indicate the unit of measurement for the blood product used for patient.

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ICD 9/10

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ICD 9/10

ICD 9 Procedure Code**Data Field Name:** PR_ICD9_S_L (Tab 8.3)**Required:** Major**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 129. 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).

ICD 10 Procedure Code**Data Field Name:** PR_ICD10_S_L (Tab 8.3)**Required:** Major**Value Range:** ICD-10 codes**Calculated/Entered:** Entered**Definition:** ENTER NOT APPLICABLE UNTIL ICD-10 IS IN USE.**ICD 9 Procedure Location****Data Field Name:** PR_LOCS_L (Tab 8.3)**Required:** Major**Value Range:** 1-14

- 1 = Resuscitation Room
- 2 = Emergency Department
- 3 = Operating Room
- 4 = Intensive Care Unit
- 5 = Step-Down Unit
- 6 = Floor
- 7 = Telemetry Unit
- 8 = Observation Unit
- 9 = Burn Unit
- 10 = Radiology
- 11 = Post Anesthesia Care Unit
- 12 = Special Procedure Unit
- 13 = Labor & Delivery
- 14 = Neonatal/Pediatric Care Unit
- / = Not Applicable
- ? = Unknown

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:** PR_OP_NUMS_L (Tab 8.3)**Required:** Major**Value Range:** 1–99**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 Start Date and Time****Data Field Name:** PR_STR_DATES_L, PR_STR_TIMES_L (Tab 8.3)**Required:** Major**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 of procedure start.**Procedure Stop Date and Time****Data Field Name:** PR_STP_DATES_L, PR_STP_TIMES_L (Tab 8.3)**Required:** Major**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 of procedure stop.**Service Code****Data Field Name:** PR_SVCS_L (Tab 8.3)**Required:** Major**Value Range:** See *Admitting Service***Calculated/Entered:** Entered**Definition:** Use code assigned by OSDH to indicate the service conducting the procedure.

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Injury Coding - ICD 9/10

AIS Version

Data Field Name: AIS_VER (Tab 9.1.1, Tab 9.1.2)

Required: Major/Minor

Calculated/Entered: Entered

Definition: This indicates the version used for coding. We recommend setting AIS 2005 as default.

ISS

Data Field Name: ISS (Tab 9.1.1, Tab 9.1.2)

Required: Major/Minor

Value Range: 1–75

Calculated/Entered: Entered

Definition: ISS is a means for combining individual AIS scores into a summary score for a multiply-injured patient.

NISS

Data Field Name: NISS (Tab 9.1.1, Tab 9.1.2)

Required: Major/Minor

Value Range:

Calculated/Entered: Entered

Definition: NISS is new injury severity score.

TRISS

Data Field Name: TRISS (Tab 9.1.1, Tab 9.1.2)

Required: Major/Minor

Value Range: 0–1

Calculated/Entered: Entered

Definition: TRISS is trauma and injury severity score calculated by the patient's age, primary injury type, ISS and RTS. It is used to predict whether a patient is expected to live or die. If it is below 0.5, the patient is expected to die. If it is above 0.5, the patient is expected to live.

Narrative

Data Field Name: INJ_TXT (Tab 9.1.1, Tab 9.1.2)

Required: Major/Minor

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).

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 2005; revision 2008.

Non-Trauma Diagnoses - ICD 9/10

ICD 9 Code and Description**Data Field Name:** NTD_ICD9_S_L (Tab 9.2.3)**Required:** Major**Value Range:** ICD Codes 001.0 to 799.9**Calculated/Entered:** Entered**Definition:** Enter any other diagnoses identified NOT related to the current trauma event. (ex. CHF, Diabetes, COPD, Cancer, etc.).**ICD 10 Code and Description****Data Field Name:** NTD_ICD10_S_L (Tab 9.2.3)**Required:** Major**Value Range:****Calculated/Entered:** Entered**Definition:** Enter any other diagnoses NOT related to the current trauma event. (ex. CHF, Diabetes, COPD, Cancer, etc.). **ENTER NOT APPLICABLE UNTIL ICD-10 IS IN USE.**

Comorbidities

Comorbidity Code and Description**Data Field Name:** PECS_L (Tab 9.3)**Required:** Major**Value Range:** 1–30

- 1 = Other
- 2 = Alcoholism
- 4 = Bleeding Disorder
- 5 = Currently Receiving Chemotherapy for Cancer
- 6 = Congenital Anomalies
- 7 = Congestive Heart Failure
- 8 = Current Smoker
- 9 = Chronic Renal Failure
- 10 = Cerebrovascular Accident (CVA)
- 11 = Diabetes Mellitus
- 12 = Disseminated Cancer
- 13 = Advanced Directive Limiting Care
- 15 = Functionally Dependent Health Status
- 16 = History of Angina within 30 Days
- 17 = History of Myocardial Infarction
- 18 = History of PVD
- 19 = Hypertension Requiring Medication
- 21 = Prematurity
- 23 = Chronic Obstructive Pulmonary Disease (COPD)
- 24 = Steroid Use
- 25 = Cirrhosis
- 26 = Dementia
- 27 = Major Psychiatric Illness
- 28 = Drug Use Disorder
- 30 = Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered; Selected from the NTDB list of Comorbid conditions.**Definition:** Conditions the patient may have in addition to their injuries that may complicate the course of their recovery or demise. The list of choices is located under the heading 'NTDB'.

Outcome

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Initial Discharge

Discharge Status**Data Field Name:** DIS_STATUS (Tab 10.1)**Required:** Major/Minor**Value Range:** 1–2

1 = Alive

2 = Dead

Calculated/Entered: Entered**Definition:** Enter the patient's status at discharge using OSDH assigned codes.**Discharge/Death Date and Time****Data Field Name:** DIS_DATE, DIS_TIME (Tab 10.1)**Required:** Major**Value Range:** Month = 1–12, Day = 1–31, Year = 1980–2099. Hour = 0–23, Minute = 0–59.**Calculated/Entered:** Entered**Definition:** Enter the date and time of hospital discharge/death using standard date and time format. Use the date and time of discharge from the acute care hospital. Discharge to Skilled Nursing beds or Rehabilitation beds within the same facility should not be counted as part of the acute care admission.**Total Hospital Days****Data Field Name:** HOSP_DAYS (Tab 10.1)**Required:** Major**Value Range:** 0–999**Calculated/Entered:** Calculated**Definition:** It is automatically calculated by the admitted and discharge dates.**Discharge To****Data Field Name:** DIS_DEST (Tab 10.1)**Required:** Major/Minor**Value Range:**

40 = Home

41 = Home with Services

42 = Left AMA

43 = Correctional Facility/County/Law Enforcement

44 = Morgue

45 = Child Protective Agency

70 = Acute Care Facility

71 = Intermediate Care Facility

72 = Skilled Nursing Facility

73 = Rehab (Inpatient)

74 = Long-Term Care

75 = Hospice

76 = Mental Health/Psychiatric Hospital (Inpatient)

77 = Nursing Home

79 = Another Type of Inpatient Facility Not Defined Elsewhere

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

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

Specify

Data Field Name: DIS_DEST_S (Tab 10.1)

Required: Major/Minor

Calculated/Entered: Entered

Definition: Specify discharge location with free text.

If Transferred, Facility Code and Description

Data Field Name: DIS_FACLNK (Tab 10.1)

Required: Major/Minor

Calculated/Entered: Entered

Definition: Enter facility code assigned to discharge destination by OSDH.

Transfer Rationale

Data Field Name: DIS_RS (Tab 10.1)

Required: Major/Minor

Value Range: 1–5

1 = Economic

2 = Level of Care

3 = Personal

4 = System Protocol

5 = Other

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

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

Transfer Rationale By

Data Field Name: DIS_RS_BY (Tab 10.1)

Required: Major/Minor

Value Range: 1–3

1 = Physician

2 = Patient

3 = Payor

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered

Definition: Indicates who primarily determined the need to transfer.

Impediment to Discharge Code

Data Field Name: IMP_DIS01 (Tab 10.1)

Required: Major

Value Range: 0–8

0 = None

1 = Delay in Discharge Plan

2 = Financial

3 = Homeless

4 = Legal

5 = Non-Availability of Transfer Facility

6 = Psychiatric

7 = Social

8 = Other

? = Unknown

Calculated/Entered: Entered

Definition: This indicates any impediments to discharge of the patient from acute care.

Ready for Discharge Date

Data Field Name: DIS_READY_DATE (Tab 10.1)

Required: Major

Value Range: Month = 1–12, Day = 1–31, Year = 1980–2099.

Calculated/Entered: Entered

Definition: Use standard date format to enter the documented date ready for discharge.

Delay Days

Data Field Name: DELAY_DAYS (Tab 10.1)

Required: Major

Value Range: 0–999

Calculated/Entered: Entered; only active if a valid impediment to discharge is indicated.

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.)

Rehabilitation Potential**Data Field Name:** REHAB_POT (Tab 10.1)**Required:** Major**Value Range:** 1–4

1 = Discharged with Previous Level of Function

2 = Probable Improvement

3 = Possible Improvement

4 = Improbable Improvement

/ = Not Applicable

? = Unknown

Calculated/Entered: Entered**Definition:** This indicates the potential for rehabilitation.

Initial Discharge 2

TReC Utilized**Data Field Name:** OUTQ_TYPE01 (Tab 10.2)**Required:** Major/Minor**Value Range:** Yes/No/Not Applicable/Unknown**Calculated/Entered:** Entered**Definition:** Indicate whether the TReC was utilized or not.

If Death

Location Code and Description**Data Field Name:** DTH_LOC, DTH_LOC_S (Tab 10.3)**Required:** Major**Value Range:** 1–14

- 1 = Resuscitation Room
- 2 = Emergency Department
- 3 = Operating Room
- 4 = Intensive Care Unit
- 5 = Step-Down Unit
- 6 = Floor
- 7 = Telemetry Unit
- 8 = Observation Unit
- 9 = Burn Unit
- 11 = Post Anesthesia Care Unit
- 12 = Special Procedure Unit
- 13 = Labor and Delivery
- 14 = Neonatal/Pediatric Care Unit
- ? = Unknown

Calculated/Entered: Entered**Definition:** Enter the location in the facility where the patient died.**Circumstance Code and Description****Data Field Name:** DTH_CIRC (Tab 10.3)**Required:** Major/Minor**Value Range:** 1–10

- 1 = Burn Shock
- 2 = Burn Wound
- 3 = Cardiovascular Failure
- 4 = Multiple Organ (Metabolic) Failure
- 5 = Pre-Existing Illness
- 6 = Pulmonary Failure
- 7 = Sepsis
- 8 = Trauma Shock
- 9 = Trauma Wound
- 10 = Other
- / = Not Applicable
- ? = Unknown

Calculated/Entered: Entered**Definition:** Enter circumstances contributing to the patient's death.**Was Autopsy Performed****Data Field Name:** AUT_YN (Tab 10.3)**Required:** Major**Max Length of Field:** 1**Type of Field:** Integer**Value Range:** Yes/No/Not Applicable/Unknown

Calculated/Entered: Entered

Definition: Indicate whether autopsy was performed if the patient died.

Was Organ Donation Requested

Data Field Name: ORG_STAT_YN (Tab 10.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

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.

Was Request Granted

Data Field Name: ORG_GR_YN (Tab 10.3)

Required: Major

Value Range: Yes/No/Not Applicable/Unknown

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.

Organ Procured Code

Data Field Name: ORG_DNR01 (Tab 10.3)

Required: Major

Value Range: Choose up to 20

- 0 = None
- 1 = Adrenal Glands
- 2 = Bone
- 3 = Bone Marrow
- 4 = Cartilage
- 5 = Corneas
- 6 = Dura Mater
- 7 = Fascialata
- 8 = Heart
- 9 = Heart Valves
- 10 = Intestine
- 11 = Kidney
- 12 = Liver
- 13 = Lungs
- 14 = Nerves
- 15 = Pancreas
- 16 = Skin
- 17 = Stomach
- 18 = Tendons
- 19 = Whole Eyes

20 = Other

? = Unknown

Calculated/Entered: Entered

Definition: Indicate organs donated.

If Other, Specify

Data Field Name: ORG_DNR_S (Tab 10.3)

Required: Major

Value Range: Free text

Calculated/Entered: Entered

Definition: Indicate other organs not listed.

If None, Reason Code

Data Field Name: ORG_DEC (Tab 10.3)

Required: Major

Value Range:

1 = 'No ME consent'

2 = 'Medically Unsuitable – Medical condition'

3 = 'Medically Unsuitable – Social History'

? = 'Unknown'

Calculated/Entered: Entered

Definition: Indicate reason no organs were obtained.

Donor Status Code

Data Field Name: DNR_STAT (Tab 10.3)

Required: Major

Value Range: 1–2

1 = Brain Death

2 = Non-Beating Heart

? = Unknown

Calculated/Entered: Entered

Definition: Indicate status of the organ donor at the time organ donation was requested.

Organ Procured Date and Time

Data Field Name: ORG_PROCURE_DATE, ORG_PROCURE_TIME (Tab 10.3)

Required: Major

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 of organ procured.

Billing

Account Number**Data Field Name:** PAT_ACCOUNT (Tab 10.4)**Required:** Major/Minor**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.**Charges Billed****Data Field Name:** BILL_CHG_FAC (Tab 10.4)**Required:** Major/Minor**Calculated/Entered:** Entered**Definition:** Enter the dollar amount of the total charges assigned by the hospital to this account.**Primary Payor Code****Data Field Name:** PAYOR01 (Tab 10.4)**Required:** Major/Minor**Value Range:** 1–15

- 1 = Self Pay
- 2 = HMO
- 3 = PPO
- 5 = Blue Cross Blue Shield
- 6 = Automobile
- 7 = Workers Compensation
- 8 = Medicare
- 9 = Medicaid
- 10 = Military (Tricare)
- 11 = Other Commercial
- 12 = Other Government
- 13 = Not Billed for Any Person
- 14 = Charity
- 15 = Other
- / = Not Applicable
- ? = Unknown

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 800-522-0204 or 405-271-3430.**Additional Payor Code****Data Field Name:** PAYOR02 (Tab 10.4)**Required:** Major/Minor**Value Range:** 1–15**Calculated/Entered:** Entered

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

Specify

Data Field Name: PAYOR_S01 (Tab 10.4)

Required: Major

Calculated/Entered: Entered

Definition: If the payor information is not on the list, please specify it using free text.

Total Charges Collected

Data Field Name: BILL_COL_FAC (Tab 10.4)

Required: Major/Minor

Calculated/Entered: Entered

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

National Trauma Data Bank Complications List**Data Field Name:** COMPN_01 to COMPN_20**Required:** Major**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.

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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
Atoka	Atoka County Medical Center	377196
Owasso	Bailey Medical Center	370218
Beaver	Beaver County Memorial Hospital	377090
Bristow	Bristow Medical Center	377193
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
Boise City	Cimarron Memorial Hospital	377191
Cleveland	Cleveland Area Hospital, Inc.	377078
Lawton	Comanche County Memorial Hospital	376576
Oklahoma City	Community Hospital, LLC	377120
Tulsa	Continuous Care Center of Tulsa	377142
Cordell	Cordell Memorial Hospital	377072
Vinita	Craig General Hospital	377098
Okemah	Creek Nation Community Hospital	377070
Oklahoma City	Deaconess Hospital	376582
Drumright	Drumright Regional Hospital	377190
Duncan	Duncan Regional Hospital	376584
Muskogee	EASTAR Health System	374629
Poteau	Eastern Oklahoma Medical Center	376562
Hobart	Elkview General Hospital	377068
Eufaula	Epic Medical Center	377073
Fairfax	Fairfax Community Hospital	377189
Fairview	Fairview Regional Medical Center	377060
Chickasha	Grady Memorial Hospital	376587
Elk City	Great Plains Regional Medical Center	376579
Hollis	Harmon Memorial Hospital	377173
Buffalo	Harper County Community Hospital	377059
Stigler	Haskell County Hospital	376598
Claremore	Hillcrest Hospital Claremore	376573
Cushing	Hillcrest Hospital Cushing	376580
Henryetta	Hillcrest Hospital Henryetta	376592
Tulsa	Hillcrest Hospital South	377113
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 Hospital	370211
Clinton	INTEGRIS Clinton Regional Hospital	376575
Grove	INTEGRIS Grove Hospital	376590
Edmond	INTEGRIS Health Edmond	370236
Madill	INTEGRIS Marshall County Medical Center	376585
Pryor	INTEGRIS Mayes County Medical Center	376554
Seminole	INTEGRIS Seminole Medical Center	377188
Oklahoma City	INTEGRIS Southwest Medical Center	376545
Altus	Jackson County Memorial Hospital Authority	376595
Bartlesville	Jane Phillips Medical Center	376596
Nowata	Jane Phillips Nowata Health Center	377170
Waurika	Jefferson County Hospital	377187
Oklahoma City	Lakeside Women's Hospital	377107
Wilburton	Latimer County General Hospital	377091
Lindsay	Lindsay Municipal Hospital Authority	370214
Coalgate	Mary Hurley Hospital	377048
McAlester	McAlester Regional Health Center	376550
Oklahoma City	McBride Clinic Orthopedic Hospital	370222
Idabel	McCurtain Memorial Hospital	377143
Durant	Medical Center of Southeastern Oklahoma	376519
Frederick	Memorial Hospital & Physician Group	377035
Stilwell	Memorial Hospital of Stilwell	377032
Guymon	Memorial Hospital of Texas County	377031
Marietta	Mercy Health Love County	377180
Ada	Mercy Hospital Ada	376551
Ardmore	Mercy Hospital Ardmore	376524
El Reno	Mercy Hospital El Reno	376601
Healdton	Mercy Hospital Healdton	377171
Kingfisher	Mercy Hospital Kingfisher	377185
Guthrie	Mercy Hospital Logan County	376555
Oklahoma City	Mercy Hospital Oklahoma City	374636
Tishomingo	Mercy Hospital Tishomingo	377198
Watonga	Mercy Hospital Watonga	377199
Midwest City	Midwest Regional Medical Center	374635
Okmulgee	Muscogee (Creek) Nation Medical Center	374625
Shattuck	Newman Memorial Hospital	377011
Norman	Norman Regional Health System	376588
Oklahoma City	Northwest Surgical Hospital	376591
Okeene	Okeene Municipal Hospital	377005
Oklahoma City	Oklahoma Spine Hospital LLC	377093
Tulsa	OSU Medical Center	377166
Oklahoma City	OU Medical Center	376583
Edmond	OU Medical Center-Edmond	376586
Pauls Valley	Pauls Valley General Hospital	376600
Pawhuska	Pawhuska Hospital, Inc.	377179
Perry	Perry Memorial Hospital	376599
Anadarko	Physicians Hospital in Anadarko	377186

Ponca City	Ponca City Medical Center	376537
Prague	Prague Community Hospital	377177
Purcell	Purcell Municipal Hospital	377122
Antlers	Pushmataha County-Town of Antlers Hospital Authority	377146
Mangum	Quartz Mountain Medical Center	377050
Edmond	Renaissance Women's Center of Edmond	377051
Cheyenne	Roger Mills Memorial Hospital	377174
Broken Arrow	Saint Francis Hospital South	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 Medical Center	377161
Lawton	Southwestern Medical Center	376547
Oklahoma City	St. Anthony Hospital	374624
Shawnee	St. Anthony Shawnee Hospital	376541
Broken Arrow	St. John Broken Arrow	370219
Tulsa	St. John Medical Center, Inc.	376528
Owasso	St. John Owasso	370217
Sapulpa	St. John Sapulpa, Inc.	377195
Enid	St. Mary's Regional Medical Center	376538
Stillwater	Stillwater Medical Center	376548
Stroud	Stroud Regional Medical Center	377149
Oklahoma City	Surgical Hospital of Oklahoma LLC	377137
Tahlequah	Northeastern Health System	376561
Oklahoma City	Kindred Hospital Oklahoma City	376560
Wagoner	Wagoner Community Hospital	377148
Weatherford	Weatherford Regional Hospital	377158
Woodward	Woodward Regional Hospital	376535

Federal Hospitals in Oklahoma (alphabetical listing)

City	Facility Name (Federal Hospitals in Oklahoma)	ID #
Ada	Chickasaw Nation Medical Center	IHS004
Talihina	Choctaw Nation Indian Hospital - Talihina	IHS003
Claremore	Claremore Indian Hospital	IHS001
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 #
Arkansas	Fort Smith	Sparks Regional Med Ctr. -Fort Smith	AR1001
Arkansas	Fort Smith	St. Edwards Mercy Med Ctr. - Fort Smith	AR1002
Arkansas	Little Rock	Children's Hospital - Little Rock	AR1003
Arkansas	Little Rock	University Hospital - Little Rock	AR1004
Arkansas	Fayetteville	Health South Rehab – Fayetteville	AR1005
Arkansas	Rogers	St. Mary's Hospital - Rogers	AR1006
Arkansas	Van Buren	Crawford Memorial Hospital - Van Buren	AR1007
Arkansas	Eureka Springs	Eureka Springs Hospital - Eureka Springs	AR1008
Arkansas	Springdale	Northwest Medical Center - Springdale	AR1009
Arkansas	Fort Smith	Harborview Mercy Psych Hospital - Fort Smith	AR1010
Arkansas	Mountain Home	Baxter County Regional Hospital - Mountain Home	AR1011
Arkansas	Bentonville	Bates Medical Center - Bentonville	AR1012
Arkansas	Ozark	Mercy Hospital Turner Memorial - Ozark	AR1013
Arkansas	Little Rock	VA Hospital - Little Rock	AR1014
Arkansas	Fort Smith	Health South Rehab - Fort Smith	AR1015
Arkansas	Fort Smith	Select Specialty Rehab Hosp. - Fort Smith	AR1016
Arkansas	Siloam Springs	Siloam Springs Memorial, Siloam Springs	AR1017
Arkansas	DeQueen	DeQueen Regional Hospital, DeQueen	AR1018
Arkansas	Fayetteville	Washington, Regional Med Center, Fayetteville	AR1019
Arkansas	Fort Smith	Advance Care Hospital (LTAC), Fort Smith	AR1020
Arkansas	Springdale	NW Arkansas Medical Ctr Rehab, Springdale	AR1021
Arkansas	Batesville	White River Medical Center, Batesville	AR1022
Arkansas	Conway	Conway Regional Health System, Conway	AR1023
Arkansas	Mena	Mena Medical Center, Mena	AR1024
Arkansas	Sherwood	St. Vincent Rehab, Sherwood	AR1025
Arkansas	Van Buren	Golden Living Center - Van Buren	AR1026
Arkansas	Bentonville	Northwest Medical Center - Bentonville	AR1027
Arkansas	Harrison	North Arkansas Regional Medical Center - Harrison	AR1028
Arkansas	Bella Vista	Highland Healthcare Nursing Home - Bella Vista	AR1029
Arkansas	Gravette	Ozarks Community Health Center - Gravette	AR1030
Arizona	Tucson	Carondelet St. Joseph's Hospital, Tucson	AZ1001
Colorado	Englewood	Craig Hospital – Englewood	CO1001
Colorado	Aspen	Aspen Valley Hospital – Aspen	CO1002
Colorado	Del Norte	Rio Grande Hospital, Del Norte	CO1003
Colorado	Denver	St. Anthony Central Hospital, Denver	CO1004
Illinois	Chicago	Shriner's Hospital Chicago, Chicago	IL1001
Illinois	Chicago	Schwab Rehabilitation Hospital, Chicago	IL1002
Kansas	Wichita	Wesley Medical Center- Wichita	KS1001
Kansas	Wichita	Via Christi Rehab – Wichita	KS1002
Kansas	Wichita	St Francis Hospital – Wichita	KS1003
Kansas	Wichita	Riverside Hospital – Wichita	KS1004
Kansas	Kansas City	University of Kansas Medical Center - Kansas City	KS1005
Kansas	Coffeerville	Coffeerville DHS – Coffeerville	KS1006
Kansas	Chanute	Neosho Memorial Hospital – Chanute	KS1007

Kansas	Manhattan	Mercy Regional Health Center, Manhattan	KS1008
Kansas	Coffeerville	Coffeerville Medical Center – Coffeerville	KS1009
Kansas	Sedan	Sedan City – Sedan	KS1010
Kansas	Lawrence	Lawrence Memorial Hospital – Lawrence	KS1011
Kansas	Cedar Vale	Cedar Vale Community Hospital - Cedar Vale	KS1012
Kansas	LaBette	LaBette County Medical Center – LaBette	KS1013
Kansas	Pratt	Pratt Regional Medical Center, Pratt	KS1014
Kansas	Columbus	St. John's Maude Norton Memorial, Columbus	KS1015
Kansas	Coffeyville	Medicalodge Skilled Nursing, Coffeyville	KS1016
Kansas	Pratt	South Central KS Bone & Joint Hospital, Pratt	KS1017
Kansas	Wichita	St. Joseph Hospital, Wichita	KS1018
Kansas	Girard	Hospital District #1, Girard	KS1019
Kansas	Hayes	Hayes Medical Center, Hayes	KS1020
Kansas	Liberal	Southwest Medical Center, Liberal	KS1021
Kansas	Elkhart	Morton Care Center, Elkhart	KS1022
Kansas	Wichita	Via Christi, Wichita	KS1023
Kansas	Salina	Salina Regional Medical Center, Salina	KS1024
Kansas	Fort Scott	Mercy Health Center, Fort Scott	KS1025
Kansas	Caney	Caney Nursing Center, Caney	KS1026
Kansas	Wichita	VA Hospital - Wichita	KS1027
Kansas	Kiowa	Kiowa District Hospital - Kiowa	KS1028
Kansas	Sedan	Pleasant Valley Skilled Nursing Facility - Sedan	KS1029
Kansas	Liberal	Wheatridge Nursing Facility - Liberal	KS1030
Kansas	Chanute	Windsor Place SNF - Chanute	KS1031
Kansas	Coffeyville	Windsor Place SNF - Coffeyville	KS1032
Kansas	Ashland	Ashland Health Center - Ashland	KS1033
Kansas	Kansas City	Kansas City Childrens Hospital - Kansas City	KS1034
Kentucky	Louisville	Jewish Hospital, Louisville	KY1001
Louisiana	Shreveport	Willis-Knighten Hospital, Shreveport	LA1001
Massachusetts	Worcester	University of Mass Medical Center, Worcester	MA1001
Missouri	Joplin	Freeman Hospital, Joplin	MO1001
Missouri	Joplin	St. John's -Joplin	MO1002
Missouri	Branson	Skaggs Community Health Ctr. - Branson	MO1003
Missouri	St Louis	St. John's Mercy Medical Ctr. - St. Louis	MO1004
Missouri	Springfield	Cox Medical Center, Springfield	MO1005
Missouri	Chesterfield	Delmar Gardens Nursing Center, Chesterfield	MO1006
Missouri	Mt Vernon	Missouri Rehab Center, Mt. Vernon	MO1007
Missouri	Springfield	Cox Walnut Lawn Rehab Ctr, Springfield	MO1008

Missouri	Kansas City	Trauma Medical Center, Hospital Hill, Kansas City	MO1009
Missouri	Joplin	Freeman Rehabilitation Hospital	MO1010
Missouri	Kansas City	St. Luke's Hospital	MO1011
Mississippi	Brandon	COPAC Alcohol Treatment Center – Mississippi	MS1001
Nebraska	Norfolk	St. Joseph's Nursing Home, Norfolk	NE1001
Oregon	Portland	Legacy Emanuel Hospital – Portland	OR1001
Tennessee	Memphis	Regional Medical Ctr. - Memphis	TN1001
Tennessee	Nashville	Vanderbilt University Med Center, Nashville	TN1002
Texas	Amarillo	Baptist St. Anthony's - Amarillo	TX1001
Texas	Amarillo	Northwest Texas Hospital - Amarillo	TX1002
Texas	Texarkana	Wadley Regional Medical Center- Texarkana	TX1003
Texas	Texarkana	Christus St. Michael's Hospital- Texarkana	TX1004
Texas	Paris	Christus St. Joseph Hospital (South)- Paris	TX1005
Texas	Paris	McCuiston Hospital (St. Joseph North)- Paris	TX1006
Texas	Dallas	Children's Hospital - Dallas	TX1007
Texas	Dallas	Parkland Hospital - Dallas	TX1008
Texas	Lubbock	Covenant Medical Ctr. - Lubbock	TX1009
Texas	Ft Worth	Harris Methodist Medical Ctr. - Ft. Worth	TX1010
Texas	San Antonio	Baptist Health System. - San Antonio	TX1011
Texas	Denison	Texoma Medical Ctr. - Denison	TX1012
Texas	Dallas	Baylor Institute for Rehab - Dallas	TX1013
Texas	Houston	TX Children's Hospital - Houston	TX1014
Texas	Tyler	East Texas Medical Center, Tyler	TX1015
Texas	Houston	VA Medical Center, Houston	TX1016
Texas	Ft Worth	Health South Rehab - Ft. Worth	TX1017
Texas	Odessa	Medical Center Hospital, Odessa	TX1018
Texas	Dallas	Baylor University Medical Ctr., Dallas	TX1019
Texas	Wichita Falls	United Regional Health Care System, Wichita Falls	TX1020
Texas	Fort Sam Houston	Brooke Army Medical Center, Fort Sam Houston	TX1021
Texas	Paris	Dubois Hospital, Paris	TX1022
Texas	Austin	Brackenridge Hospital, Austin	TX1023
Texas	Shamrock	Shamrock General, Shamrock	TX1024
Texas	Wichita Falls	Shephards Airforce Base Hospital, Wichita Falls	TX1025
Texas	Denton	Presbyterian Hospital, Denton	TX1026
Texas	Temple	Scott and White, Temple	TX1027
Texas	Canadian	Hemphill County Hospital, Canadian	TX1028
Texas	Galveston	Shriner's Hospital for Children, Galveston	TX1029
Texas	San Antonio	Health South Riosa, San Antonio	TX1030
Texas	Denison	Reba McEntire Center for Rehabilitation, Denison	TX1031
Texas	Paris	Paris Nursing and Rehab Center, Paris	TX1032
Texas	Denton	Denton Regional Medical Center, Denton	TX1033
Texas	Dallas	Brookhaven Nursing Home, Dallas	TX1034

Texas	Houston	Institute Rehab & Research, Texas Med Center, Houston	TX1035
Texas	Wheeler	Parkview Hospital, Wheeler	TX1036
Texas	Decatur	Wise Regional Hospital, Decatur	TX1037
Texas	Childress	Childress Regional Medical Center, Childress	TX1038
Texas	Tyler	East Texas Medical Center, Tyler	TX1039
Texas	Sherman	Wilson N. Jones, Sherman	TX1040
Texas	Houston	Houston V.A. Spinal Cord Injury Hospital - Houston	TX1041
Texas	Sulphur Springs	Hopkins County Memorial-CARE Unit - Sulphur Springs	TX1042
Texas	Dallas	Methodist Hospital Rehabilitation - Dallas	TX1043
Texas	Houston	Ben Taub Hospital Harris County - Houston	TX1044
Texas	Irving	Irving/Coppell Surgical Hospital - Irving	TX1045
Texas	Amarillo	Plum Creek Rehab - Amarillo	TX1046
Texas	Dallas	Kindred Hospital - Dallas	TX1047
Texas	McKinney	Medical Center of McKinney - McKinney	TX1048
Texas	Dumas	Moore County Hospital - Dumas	TX1049
Texas	Plano	Plano Medical Center - Plano	TX1050
Texas	McKinney	Medical Center of McKinney - McKinney	TX1051
Texas	Longview	Good Shepard Medical Center - Longview	TX1052
Texas	Dallas	University of Texas Southwestern Medical Center - Dallas	TX1053
Texas	Plano	The Legacy at Willow Bend SNF - Plano	TX1054
Texas	Perryton	Ochiltree General Hospital	TX1055
Texas	Frisco	Prairie Estates Rehabilitation - Frisco	TX1056
Utah	Salt Lake City	Latter-Day-Saints Hospital, Salt Lake City	UT1001
Utah	Price	Castlevue Hospital, Price	UT1002
Washington	Spokane	St. Luke's Rehab Institute - Spokane	WA100 1

Appendix II. EMS Provider Code List

Agency County	Agency City	Agency Name	Agency #	State
Benton	Springdale	AEL 04 - Springdale, AR	400	AR
Pittsburg	McAlester	AEL 06-McAlester(Inactive)	398	OK
Beckham	Elk City	AEL 21-Elk City	412	OK
Logan	Paris	AEL 22-Paris, AR	395	AR
Stephens	Duncan	AEL 25 - Duncan	401	OK
Garvin	Pauls Valley	AEL 26-Pauls Valley	396	OK
Rogers	Claremore	AEL 29-Claremore	397	OK
Wichita	Wichita Falls	AEL 34-Wichita Falls, TX	402	TX
Payne	Cushing	AEL 36-Cushing	399	OK
Grayson	Sherman	AEL 65-67-68, TX	428	TX
Woodward	Woodward	AEL 70-Woodward	429	OK
Sevier	De Queen	AEL 73-Dequeen, AR	430	AR
Muskogee	Muskogee	AEL 83 - Muskogee	433	OK
Jackson	Altus	AEL-Altus	473	OK
CUSTER	Weatherford	AEL-Weatherford	482	OK
Tulsa	Tulsa	Aerocare Medical Transport	290	OK
Oklahoma	Oklahoma City	Air Kids One(Air) sc	451	OK
MAYES	Pryor	Air Methods-TLF	444	OK
Alfalfa	Helena	Alfalfa County EMS Inc.	239	OK
Woods	Alva	Alva Ambulance Service	26	OK
Stephens	Duncan	American Medical Response-Duncan	315	OK
Stephens	Marlow	American Medical Response-Marlow	337	OK
Caddo	Anadarko	Anadarko Fire Dept EMS	88	OK
Caddo	Apache	Apache Ambulance Service	210	OK
Texas	Guymon	Apollo MedFlight-Guymon	466	OK
Randall	Amarillo	Apollo MedFlight-TX	465	TX
Cowley	Arkansas City	Arkansas City Fire - EMS Department	438	KS
Atoka	Atoka	Atoka County Ambulance	28	OK
Washington	Bartlesville	Bartlesville Ambulance Service	77	OK
Beaver	Beaver	Beaver County EMS	29	OK
Kay	Blackwell	Blackwell Fire & EMS	31	OK
Tulsa	Broken Arrow	Broken Arrow Fire Dept EMS, City Of	23	OK
Bryan	Durant	Bryan County EMS	128	OK
Atoka	Durant	Bryan County EMS Critical Care	380	OK
Harper	Buffalo	Buffalo EMS District	255	OK
Washita	Burns Flat	Burns Flat Ambulance Service	84	OK
Custer	Butler	Butler EMS	355	OK
Comanche	Cache	Cache EMS	417	OK
Blaine	Canton	Canton-Longdale EMS District	111	OK
Dallas	Grand Prairie	CareFlite - Dallas	435	TX
Sequoyah	Muldrow	CareOne EMS	454	OK
Caddo	Carnegie	Carnegie EMS	471	OK

Kingfisher	Cashion	Cashion EMS	175	OK
Lincoln	Chandler	Chandler Ambulance Service	32	OK
McIntosh	Checotah	Checotah Emergency Amb Serv	174	OK
Cherokee	Tahlequah	Cherokee Nation EMS	263	OK
Custer	Clinton	Cheyenne & Arapaho EMS	213	OK
Pontotoc	Ada	Chickasaw Nation EMS	300	OK
Grady	Chickasha	Chickasha Fire EMS	7	OK
Choctaw	Hugo	Choctaw County Ambulance Auth	227	OK
Le Flore	Talihina	Choctaw Nation Specialty Transport	352	OK
Cimarron	Boise City	Cimarron County EMS	1	OK
Pushmataha	Antlers	City of Antlers	270	OK
Caddo	Cyril	City of Cyril Ambulance	469	OK
Pushmataha	Clayton	Clayton Ambulance Service	439	OK
Tulsa	Broken Arrow	Cleora EMS District Trust	415	OK
Coal	Coalgate	Coalgate Fire Dept	375	OK
Bryan	Colbert	Colbert EMS	125	OK
Tulsa	Collinsville	Collinsville Fire Department	33	OK
Comanche	Lawton	Comanche Co Mem Hosp EMS	314	OK
Dewey	Seiling	Community Ambulance Service-Seiling	179	OK
Washita	Cordell	Cordell Ambulance	211	OK
Tulsa	Sperry	Country Corner Fire District	462	OK
Wagoner	Coweta	Coweta Fire Dept	131	OK
Creek	Sapulpa	Creek County Emergency Ambulance Service District	83	OK
Okfuskee	Okemah	Creek Nation EMS	219	OK
Logan	Crescent	Crescent Ambulance District	140	OK
Payne	Cushing	Cushing Fire Department	39	OK
Lincoln	Davenport	Davenport Fire Dept/EMS	40	OK
Lincoln	Meeker	Eagle Medical Transport, LLC	455	OK
Carter	Ardmore	Eaglemed - Ardmore RW	423	OK
Canadian	Oklahoma City	Eaglemed - Oklahoma City(Ground SC)	449	OK
Payne	Stillwater	Eaglemed - Stillwater RW	367	OK
Pittsburg	McAlester	Eaglemed FW-PLS(188, McAlester)	188	OK
Choctaw	Hugo	Eaglemed Hugo RW	418	OK
Pittsburg	McAlester	Eaglemed LLC - FW 447(SC)	447	OK
Sedgwick	Wichita	Eaglemed LLC - RW 446	446	KS
Caldwell	San Marcos	EagleMed, LLC - San Marcos	474	TX
Cherokee	Tahlequah	Eaglemed-Tahlequah RW	382	OK
Bryan	Bokchito	Eastern Bryan County Amb Serv	237	OK
Jackson	Eldorado	Eldorado EMS	103	OK
Beckham	Elk City	Elk City Fire Department EMS	383	OK
Ellis	Shattuck	Ellis County EMS	42	OK
Garvin	Elmore City	Elmore City EMS	186	OK
Le Flore	Poteau	EMS of LeFlore County	303	OK
Tulsa	Glenpool	EMS Plus - Glenpool	358	OK
Tulsa	Glenpool	EMS Plus-Glenpool (new)	483	OK
Tulsa	Tulsa	EMSA -East Division-sc	404	OK

Oklahoma	Oklahoma City	EMSA- West Division-sc	403	OK
Tulsa	Tulsa	EMSA-East Division	44	OK
Oklahoma	Oklahoma City	EMSA-West Division	296	OK
Cleveland	Norman	EMSSTAT-Norman Reg Hosp EMS	322	OK
Cleveland	Norman	EMSSTAT-Norman Regional-sc	381	OK
Beckham	Erick	Erick Ambulance Service	34	OK
Woods	Freedom	Freedom Volunteer Amb Serv	15	OK
Garfield	Garber	Garber EMS	424	OK
Texas	Goodwell	Goodwell Ambulance Service	141	OK
Tillman	Grandfield	Grandfield Ambulance Service	30	OK
Osage	Sand Springs	Green Country Fire & Rescue	336	OK
Greer	Mangum	Greer Co Special Amb Serv	107	OK
Delaware	Grove	Grove EMS	136	OK
Oklahoma	Oklahoma City	Guardian EMS	476	OK
Logan	Guthrie	Guthrie EMS	152	OK
Texas	Guymon	Guymon Fire Dept Ambulance	173	OK
Pittsburg	Hartshorne	Hartshorne EMS	47	OK
Osage	Hominy	Hominy Community Medical Trust Authority	421	OK
Texas	Hooker	Hooker Municipal Ambulance	50	OK
Hughes	Holdenville	Hughes County EMS	51	OK
Ottawa	Miami	INTEGRIS Baptist Regional EMS	94	OK
McCurtain	Valliant	International Paper EMS	228	OK
Jackson	Altus	Jackson County EMS	238	OK
Delaware	Jay	Jay EMS	200	OK
Johnston	Tishomingo	Johnston County Ambulance	79	OK
Cimarron	Keyes	Keyes EMS	347	OK
Kingfisher	Kingfisher	Kingfisher Fire & Ambulance Service	147	OK
Kiowa	Mt. Park	Kiowa County District 3 EMS	52	OK
Comanche	Lawton	Kirks Emergency Service	3	OK
Seminole	Konawa	Konawa EMS	11	OK
Harper	Laverne	Laverne EMS	118	OK
Dewey	Leedey	Leedey Amb Serv	113	OK
Garfield	Enid	Life EMS	75	OK
Garfield	Enid	Life EMS - sc	372	OK
Kingfisher	Hennessey	Life EMS of Hennessey	354	OK
Payne	Stillwater	LifeNet, Inc.	458	OK
Harvey	Newton	LifeTeam	369	KS
Garvin	Lindsay	Lindsay EMS	343	OK
Kiowa	Lone Wolf	Lone Wolf Community Ambulance	53	OK
Major	Fairview	Major County Ambulance	54	OK
Creek	Mannford	Mannford Ambulance	93	OK
Marshall	Madill	Marshall County EMS District	127	OK
Logan	Marshall	Marshall Volunteer Ambulance	177	OK
Mayes	Pryor	Mayes Emergency Serv Trust Auth	265	OK
Pittsburg	McAlester	McAlester Army Ammunition Plant	311	OK
Pittsburg	McAlester	McAlester Fire Dept EMS	80	OK

Okfuskee	Blanchard	McClain-Grady County EMS Dist #1	222	OK
McCurtain	Idabel	McCurtain County EMS	124	OK
Grant	Medford	Medford Ambulance (city of)	36	OK
Grady	Chickasha	Medi Flight Air SC-Chickasha	407	OK
Caddo	Hinton	Medic West, LLC	445	OK
Grady	Chickasha	MediFlight-Chickasha	461	OK
Canadian	El Reno	Mercy EMS - El Reno	453	OK
Canadian	El Reno	Mercy EMS - SC - El Reno	452	OK
Love	Marietta	Mercy Health-Love County EMS	312	OK
Pontotoc	Ada	Mercy Hospital EMS - Ada	69	OK
Tulsa	Owasso	Mercy Regional of Oklahoma	422	OK
Oklahoma	Midwest City	Midwest Reg Hosp EMS	55	OK
Grant	Medford	Miller EMS	436	OK
Kiowa	Mountain View	Mountain View Gotebo Ambulance	104	OK
Murray	Sulphur	Murray County EMS	332	OK
Muskogee	Muskogee	Muskogee County EMS	78	OK
Kay	Newkirk	Newkirk Fire Dept EMS	108	OK
Cleveland	Noble	Noble Fire Dept EMS	176	OK
Cherokee	Tahlequah	Northeastern Health System EMS	65	OK
Nowata	Nowata	Nowata Fire & EMS	432	OK
Blaine	Okeene	Okeene Ambulance Service	8	OK
Oklahoma	Oklahoma City	Oklahoma Critical Care Transport	450	OK
Okmulgee	Okmulgee	Okmulgee County EMS	76	OK
Rogers	Oologah	Oologah-Talala EMS District	356	OK
Tulsa	Owasso	Owasso Fire Dept EMS	6	OK
Rogers	Claremore	Pafford EMS of Oklahoma	416	OK
Latimer	Wilburton	Pafford Latimer County EMS-Wilburton	481	OK
Pittsburg	McAlester	Para Med, Inc	132	OK
McIntosh	Eufaula	Para Med- North (Eufaula)	443	OK
Garvin	Pauls Valley	Pauls Valley Ambulance	58	OK
Osage	Pawhuska	Pawhuska EMS	464	OK
Pawnee	Pawnee	Pawnee Ambulance	187	OK
Noble	Perry	Perry Fire Dept EMS	59	OK
Kay	Ponca City	Ponca City Fire Dept Ambulance	160	OK
Grant	Pond Creek	Pond Creek Fire & Ambulance	61	OK
Osage	Pawhuska	Pulse EMS	440	OK
Ottawa	Quapaw	Quapaw Tribe Fire and Ambulance	437	OK
Pottawatomie	Shawnee	React EMS	325	OK
Comanche	Fort Sill	Reynolds Army Community Hospital EMS	457	OK
Mayer	Pryor	Rocky Mountain TLF(SC)	456	OK
Roger Mills	Cheyenne	Roger Mills AMB Serv	63	OK
Grady	Rush Springs	Rush Springs EMS	229	OK
Oklahoma	Tinker AFB	Samaritan EMS- Tinker AFB	480	OK
Lincoln	Stroud	Samaritan EMS-Stroud	468	OK
Adair	Stilwell	Samaritan-Stilwell	478	OK
Seminole	Seminole	Seminole Fire Department	126	OK
Washita	Sentinel	Sentinel City Ambulance	105	OK

Osage	Shidler	Shidler Ambulance	89	OK
Custer	Clinton	Sinor EMS-Clinton	171	OK
Kiowa	Hobart	Sinor EMS-Hobart	145	OK
Beckham	Sayre	Sinor EMS-Sayre	275	OK
Custer	Thomas	Sinor EMS-Thomas	410	OK
Custer	Weatherford	Sinor EMS-Weatherford	109	OK
Osage	Skiatook	Skiatook Fire & EMS	24	OK
Haskell	Stigler	Southeast EMS-Stigler	459	OK
Latimer	Wilburton	Southeast EMS-Wilburton	460	OK
Carter	Ardmore	Southern Oklahoma Ambulance Service	64	OK
Polk	Mena	Southwest EMS-Wilburton	391	AR
Harmon	Hollis	Southwest Oklahoma Amb Auth	117	OK
Oklahoma	Oklahoma City	St. Anthony Healthplex Transport Team	467	OK
Jasper	Joplin	St. John's Med Flight(Arch Air - Joplin, MO)	348	MO
Adair	Stilwell	Stilwell Ambulance Service	95	OK
Garvin	Stratford	Stratford Ambulance	97	OK
Lincoln	Wellston	SW Lincoln County Fire EMS	470	OK
Dewey	Taloga	Taloga Ambulance Service	66	OK
Texas	Texhoma	Texhoma Ambulance Service (city of)	166	OK
Tulsa	Tulsa	The Children's Hospital at Saint Francis Neonatal Specialty Unit	319	OK
Tillman	Frederick	Tillman County EMS District	115	OK
Kay	Tonkawa	Tonkawa Fire Dept Ambulance	161	OK
Mayes	Pryor	Tulsa Life Flight (air)-old	178	OK
Grady	Tuttle	Tuttle EMS	68	OK
Stephens	Velma	Velma Community Ambulance	302	OK
Dewey	Vici	Vici Camargo EMS	441	OK
Osage	Fairfax	Victory Emergency Med Svcs	472	OK
McClain	Purcell	Wadley's EMS, Inc.	384	OK
Wagoner	Wagoner	Wagoner EMS	14	OK
Blaine	Watonga	Watonga EMS	245	OK
Jefferson	Waurika	Waurika Ambulance Service	172	OK
Woods	Waynoka	Waynoka Ambulance	4	OK
Okfuskee	Weleetka	Weleetka Graham EMS	427	OK
Adair	Westville	Westville EMS	434	OK
Seminole	Wewoka	Wewoka Fire Dept/EMS	184	OK

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
Connerville	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)

City	Code
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

City	Code
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
Harrah	1240
Hartshorne	1241
Haskell	1242
Hastings	1243
Haworth	1244

City	Code
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
Indianahoma	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

City	Code
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
McLoud	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
Shamrock	1486
Sharon	1487
Shattuck	1488
Shawnee	1489
Shidler	1490
Skiatook	1491
Slick	1492
Smithville	1493
Snow	1494
Snyder	1495
Soper	1496
Southard	1497
Sparks	1498
Spavinaw	1499
Spencer	1500
Spencerville	1501
Sperry	1502
Spiro	1503
Springer	1504
Sterling	1505
Stidham	1506
Stigler	1507
Stillwater	1508
Stilwell	1509
Stonewall	1510
Strang	1511
Stratford	1512
Stringtown	1513
Strong City	1640
Stroud	1514
Stuart	1515
Sulphur	1516
Summerfield	1641
Sweetwater	1517
Swink	1518
Taft	1519
Tahlequah	1520
Talala	1521
Talihina	1522
Taloga	1523
Tatums	1524
Tecumseh	1525
Temple	1526
Terlton	1527

City	Code
Terral	1528
Texhoma	1529
Texola	1530
Thackerville	1531
TheVillage	1642
Thomas	1532
Tinker AFB	1643
Tipton	1533
Tishomingo	1534
Tom	1644
Tonkawa	1535
Tryon	1536
Tullahassee	1537
Tulsa	1538
Tupelo	1539
Turley	1645
Turpin	1540
Tuskahoma	1541
Tussy	1542
Tuttle	1543
Twin Oaks	1544
Tyrone	1545
Union City	1546
Valliant	1547
Vance AFB	1548
Velma	1549
Vera	1550
Verden	1551
Vernon	1646
Vian	1552
Vici	1553
Vinita	1554
Vinson	1555
Wagoner	1556
Wainwright	1557
Wakita	1558
Walters	1559
Wanette	1560
Wann	1561
Wapanucka	1562
Wardville	1563
Warner	1564
Warr Acres	1647
Washington	1565

City	Code
Washita	1566
Watonga	1567
Watson	1568
Watts	1569
Waukomis	1570
Waurika	1571
Wayne	1572
Waynoka	1573
Weatherford	1574
Webbers Falls	1575
Welch	1576
Weleetka	1577
Welling	1578
Wellston	1579
Welty	1580
Westville	1581
Wetumka	1582
Wewoka	1583
Wheatland	1584
Whitefield	1585
Whitesboro	1586
Whittier	1648
Wilburton	1587
Willow	1588
Wilson	1589
Wister	1590
Woodward	1591
Wright City	1592
Wyandotte	1593
Wynnewood	1594
Wynona	1595
Yale	1596
Yukon	1597
Other	9999

Appendix V. OSDH Cause of Injury Key Terms

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
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
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
Handgun
Shotgun
Rifle
BB gun, pellet gun
Flare gun
Intentional Injury/Violence
Fight, Brawl, Assault
Rape/sexual assault
SSECTION

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. Commonly Used Trauma Registry Procedure Codes

CT	Other Common Procedures
87.03 CT Scan Of Head	38.93 Venous Catheter NEC
87.04 Head Tomography NEC	99.18 Inject/Infuse Electrolytes
87.41 CT Scan Of Thorax	99.21 Inject Antibiotic
87.42 Thoracic Tomography NEC	99.29 Inject/Infuse NEC
87.71 CT Scan Of Kidney	93.56 Pressure Dressing Application
88.01 CT Scan Of Abdomen	93.57 Dressing Wound NEC
88.02 Abdomen Tomography NEC	96.59 Wound Irrigation NEC
88.38 Other CT Scan	93.54 Application Of Splint
X-Rays	93.59 Immobilize/Wound Attention NEC
Head/Face	89.52 Electrocardiogram
87.02 Brain/Skull Contrst X-Ray	34.04 Insert Intercostal Catheter (Chest tube)
87.17 Skull X-Ray NEC	93.52 Neck Support Application (C-collar)
87.16 Facial Bone X-Ray NEC	57.94 Insert Indwelling Catheter (bladder)
87.10 Other X-Ray of Face, Head, and Neck	96.07 Insert Gastric Tube NEC
87.11 Full Mouth X-Ray	90.55 Toxicology Blood
87.14 Contrast X-Ray Orbit	90.59 Micro Exam Blood
Spine	54.11 Exploratory Laparotomy
87.22 Cervical Spine X-Ray NEC	99.38 Tetanus Toxoid Admin
87.23 Thoracic Spine X-Ray NEC	99.39 DPT Admin
87.24 Lumbosac Spine X-Ray NEC	93.53 Cast Application
87.29 Spinal X-Ray NEC	99.60 CPR
Thorax	99.62 Defibrillation
87.43 Rib/Sternum/Clavic X-Ray	89.14 EEG
87.44 Routine Chest X-Ray	38.91 Arterial Catheterization
87.49 Chest X-Ray NEC	89.65 Arterial Blood Gases
Abdomen	38.94 Venous Cutdown
88.09 Abdomen Wall X-Ray NEC	99.15 Parenteral Nutrition
88.19 Abdomen X-Ray NEC	54.25 Dx Peritoneal Lavage
Extremities/Pelvis	Airway/Oxygen/Ventilation
88.21 Skl X-Ray Shoulder/Up Arm	93.96 Oxygen Enrichment
88.22 Skel X-Ray Elbow/Forearm	96.04 Insert Endotracheal Tube (Intubation)
88.23 Skel X-Ray Wrist & Hand	96.01 Insert Nasopharyngeal Airway
88.24 Skel X-Ray Upper Limb NOS	96.02 Insert Oropharyngeal Airway
88.26 Skel X-Ray Pelvis/Hip NEC	96.03 Insert Esoph Obturator Airway
88.27 Skel X-Ray Thigh/Knee/Leg	96.05 Resp Tract Intubation NEC
88.28 Skel X-Ray Ankle & Foot	96.70 Contin Mechan Ventilation NOS
88.29 Skel X-Ray Lower Limb NOS	96.71 Cont Mech Vent <96 hrs
88.31 Skeletal Series X-Ray	96.72 Cont Mech Vent >96 hrs
88.33 Other Skeletal X-Ray	93.90 CPAP

MRI	
88.91	Brain/Stem MRI
88.92	Chest MRI
88.93	Spinal MRI
88.94	Musculoskel MRI
88.95	Pelv/Pros/Blad MRI
88.96	Oth Intraop MRI
88.97	MRI NEC NOS
Ultrasound	
88.71	Dx Ultrasound Head/Neck
88.72	Dx Ultrasound Heart
88.73	Dx Ultrasound Thorax NEC
88.74	Dx Ultrasound Digestive
88.75	Dx Ultrasound Urinary
88.76	Dx Ultrasound Abdomen
88.77	Dx Ultrasound Vascular
88.78	Dx Ultrasound Grav Uter F
88.79	Dx Ultrasound NEC
Orthopedics	
Fracture Procedures	
79.01	Closed Fx Reduction Humerus
79.02	Closed Fx Reduction Radius/Ulna
79.03	Closed Fx Reduction Metacarpal/Carpal
79.04	Closed Fx Reduction Finger
79.05	Closed Fx Reduction Femur
79.06	Closed Fx Reduction Tibia/Fibula
79.07	Closed Fx Reduction Metatarsal/Tarsal
79.08	Closed Fx Reduction Toe
79.09	Closed Fx Reduction NEC
79.00	Closed Fx Reduction NOS
79.21	Open Reduction Humerus Fx
79.22	Open Reduction Radius/Ulna Fx
79.23	Open Reduction Metacarpal/Carpal Fx
79.24	Open Reduction Finger Fx
79.25	Open Reduction Femur Fx
79.26	Open Reduction Tibia/Fibula Fx
79.27	Open Reduction Metatarsal/Tarsal Fx
79.28	Open Reduction Toe Fx
79.29	Open Fx Reduction NEC
79.20	Open Fx Reduction NOS
78.11	External Fixation Scapula/Clavicle/Ribs/Sternum

Blood Products	
99.01	Exchange Transfusion
99.03	Whole Blood Transfusion
99.04	Packed Cell Transfusion
99.05	Platelet Transfusion
99.06	Coag Factor Transfusion
99.07	Serum Transfusion NEC
99.08	Blood Expander Transfusion
99.09	Transfusion NEC
Sutures	
86.59	Skin Suture NEC
18.4	Suture Laceration External Face
21.81	Nasal Laceration Suture
25.51	Suture Tongue Laceration
27.51	Suture Lip Laceration
24.32	Suture Gum Laceration
27.61	Suture Palate Laceration
27.52	Suture Mouth Laceration NEC
34.71	Suture Chest Wall Laceration
34.82	Suture Diaphragm Laceration
42.82	Suture Esophageal Laceration
44.61	Suture Gastric Laceration
46.71	Duodenal Laceration Suture
46.73	Small Bowel Suture NEC
46.75	Suture Lg Bowel Laceration
49.71	Suture Anal Laceration
54.63	Abd Wall Suture NEC
54.64	Peritoneal Suture
55.81	Suture Kidney Laceration
56.82	Suture Ureteral Laceration
57.81	Suture Bladder Laceration
61.41	Suture Scrotal Laceration M
62.61	Suture Testicular Laceration M
63.51	Suture Cord & Epid Laceration
64.41	Suture Penile Laceration
65.71	Simple Suture Of Ovary F
65.74	Lap Simple Suture Ovary
67.61	Suture Cervical Laceration F
70.71	Suture Vagina Laceration
71.71	Suture Vulvar Laceration
85.81	Suture Breast Laceration
Other Repairs Abdomen/Pelvis	

78.12	External Fixation Humerus
78.13	External Fixation Radius/Ulna
78.14	External Fixation Metacarpal/Carpal
78.15	External Fixation Femur
78.16	External Fixation Patella
78.17	External Fixation Tibia/Fibula
78.18	External Fixation Metatarsal/Tarsal
78.19	External Fixation NEC
78.10	External Fixation NOS
78.51	Internal Fixation Chest Cage
78.52	Internal Fixation Humerus
78.53	Internal Fixation Radius/Ulna
78.54	Internal Fixation Metacarpal/Carpal
78.55	Internal Fixation Femur
78.56	Internal Fix Patella
78.57	Internal Fixation Tibia/Fibula
78.58	Internal Fixation Metatarsal/Tarsal
78.59	Internal Fixation No Fx Reduction NEC
78.50	Internal Fixation w/o Fx Reduction NOS
79.11	Closed Reduction Internal Fixation Humerus
79.12	Closed Reduction Internal Fixation Radius/Ulna
79.13	Closed Reduction Internal Fixation Metacarpal/Carpal
79.14	Closed Reduction Internal Fixation Finger
79.15	Closed Reduction Internal Fixation Femur
79.16	Closed Reduction Internal Fixation Tibia/Fibula
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