
North Carolina Trauma Registry

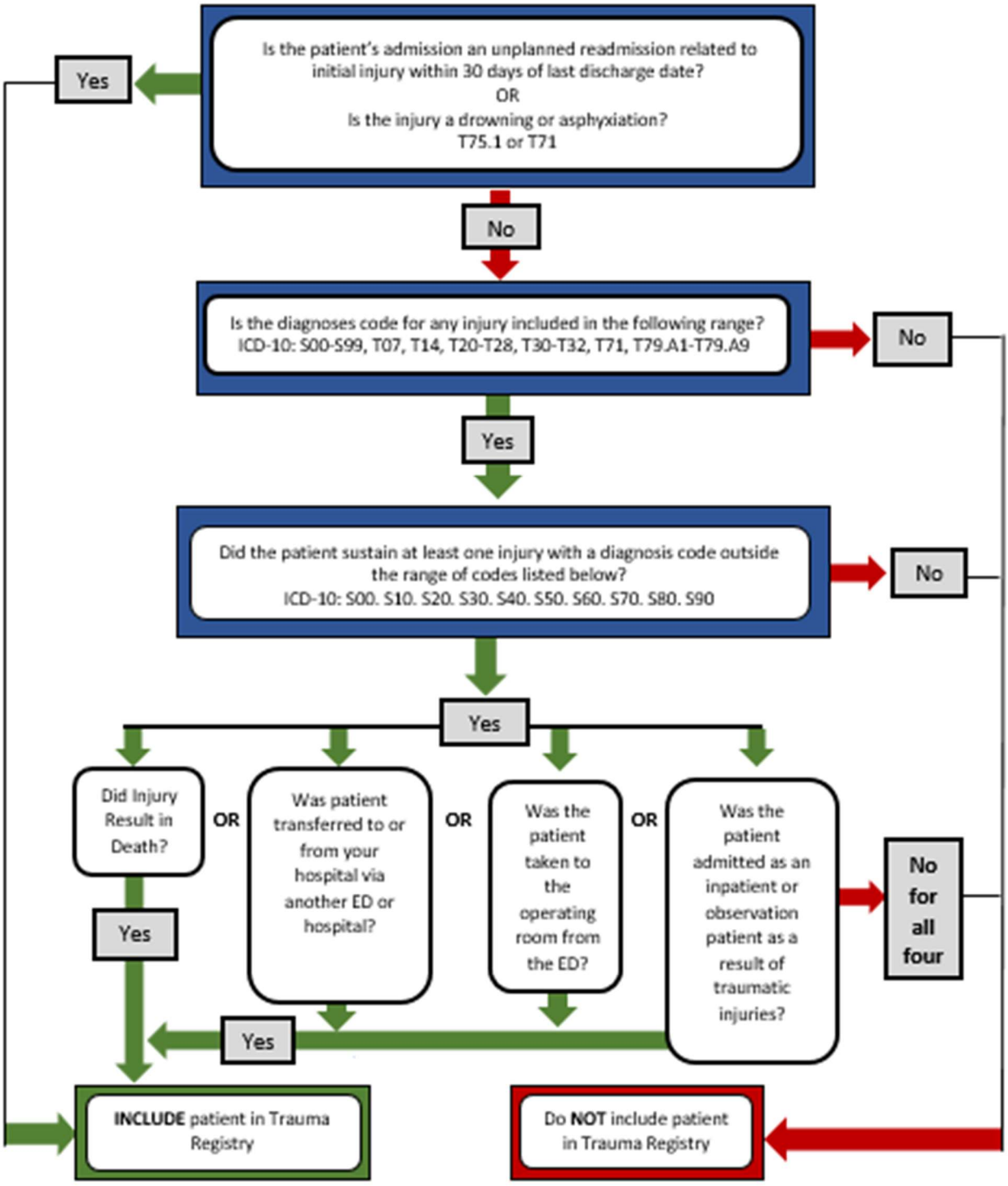
(NCTR)

Data Dictionary

Effective 1 Jan 2021

# *Table of Contents*

## *Inclusion Criteria for NCTR*




Injuries from medical "misadventures" do not need to be included in the NCTR. Injuries occurring in the hospital other than from medical "misadventures" should be included (e.g., falls in the hospital).

## *Summary Table*

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Demographic | Record Info | Record Created | No | No |
| Demographic | Record Info | Record Created By | No | No |
| Demographic | Record Info | Record Complete | Yes | No |
| Demographic | Record Info | Facility | Yes | No |
| Demographic | Record Info | Initial Location | Yes | Yes |
| Demographic | Record Info | Trauma # | Yes | No |
| Demographic | Record Info | Patient Arrival Date, Time | Yes | In interval calculations and as selection criteria |
| Demographic | Record Info | Medical Record # | No | No |
| Demographic | Record Info | Account # | No | No |
| Demographic | Record Info, Patient | Patient Name (Last, First, Middle Initial) | Yes | No |
| Demographic | Record Info | Arrived From | Yes | Yes |
| Demographic | Record Info | Inclusion Source | No | No |
| Demographic | Record Info | Inclusion Information - NTDB | No | No |
| Demographic | Record Info | Inclusion Information - State | Yes | No |
| Demographic | Patient | Alias Name | No | No |
| Demographic | Patient | SSN | No | No |
| Demographic | Patient | Date of Birth | Yes | No |
| Demographic | Patient | Age Value | Removed Jan2018 | Yes |
| Demographic | Patient | Age Units | Removed Jan2018 | Yes |
| Demographic | Patient | Gender | Yes | Yes |
| Demographic | Patient | Race1, Race2 | Yes | Yes |
| Demographic | Patient | Ethnicity | Yes | Yes |
| Demographic | Patient | Zip | Yes | For calculations |
| Demographic | Patient | Homeless | Yes | Yes |
| Demographic | Patient | Street 1 & 2 | No | No |
| Demographic | Patient | City | Yes | No |
| Demographic | Patient | State | Yes | Yes |
| Demographic | Patient | County | Yes | For calculations |
| Demographic | Patient | Country | Yes | Yes |
| Demographic | Patient | Alternate Residence | Yes | If completion rate improves |
| Demographic | Patient | Telephone | No | No |
| Injury | Injury Information | Injury Date/Time | Yes | In interval calculations and as selection criteria |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Injury | Injury Information | Place of Injury (E849) | Yes | Yes |
| Injury | Injury Information | Place of Injury (ICD10) | Yes | Yes |
| Injury | Injury Information | Alcohol Involvement | No | No |
| Injury | Injury Information | Protective Devices-Restraints | Yes | Yes |
| Injury | Injury Information | Protective Devices- Airbags | Yes | Yes |
| Injury | Injury Information | Equipment | Yes | If completion rate improves |
| Injury | Injury Information | Zip (Injury) | Yes | For calculations |
| Injury | Injury Information | Street 1 & 2 | No | No |
| Injury | Injury Information | City (Injury) | Yes | No |
| Injury | Injury Information | State (Injury) | Yes | Yes |
| Injury | Injury Information | County (Injury) | Yes | For calculations |
| Injury | Injury Information | Country (Injury) | Yes | Yes |
| Injury | Injury Information | Work Related | Yes | Yes |
| Injury | Injury Information | Occupation | No | No |
| Injury | Injury Information | Occupational Industry | No | No |
| Injury | Injury Information | Reported Abuse | No | No |
| Injury | Injury Information | Investigation of Physical Abuse | No | No |
| Injury | MOI | ICD9 Primary E-Code | Yes | Yes |
| Injury | MOI | ICD9 Secondary E-Code | Yes | Yes |
| Injury | MOI | ICD10 External Cause Codes | Yes | Yes |
| Injury | MOI | Injury Type | Yes | Yes |
| Injury | MOI | Activity E-Code | No | No |
| Injury | MOI | Specify | No | No |
| Injury | MOI | Complaint (Chief and Secondary) | Yes | Yes |
| Injury | MOI | Specify (For Complaint) | No | No |
| Injury | MOI | Position in Vehicle | No | No |
| Injury | MOI | Impact Location | No | No |
| Injury | MOI | Casualty Type | No | No |
| Injury | MOI | Casualty Event | No | No |
| Prehospital | Scene/Transport | Extrication- Was Patient Extricated? | No | No |
| Prehospital | Scene/Transport | Extrication- Time Required/Minutes | No | No |
| Prehospital | Scene/Transport | Fluid Amount (Total Pre-hospital) | No | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Prehospital | Scene/Transport | Mode | Yes | Yes |
| Prehospital | Scene/Transport | Mode Specify | Yes | No |
| Prehospital | Scene/Transport | Agency | Yes | No |
| Prehospital | Scene/Transport | Role | No | No |
| Prehospital | Scene/Transport | Scene EMS Report | Yes | No |
| Prehospital | Scene/Transport | PCR Number/Incident Number - Run Number/Linkage Number | Yes (as of Jan2021) | No |
| Prehospital | Scene/Transport | Condition | No | No |
| Prehospital | Scene/Transport | Call Received Date and Time | No | No |
| Prehospital | Scene/Transport | Call Dispatch Date and Time | Yes | In interval calculations and as selection criteria |
| Prehospital | Scene/Transport | Enroute Date and Time | No | No |
| Prehospital | Scene/Transport | Rendezvous Location | No | No |
| Prehospital | Scene/Transport | Arrived at Location Date and Time | Yes | No |
| Prehospital | Scene/Transport | Arrived at Patient Date and Time | No | No |
| Prehospital | Scene/Transport | Departed Location Date and Time | Yes | No |
| Prehospital | Scene/Transport | Arrived at Destination Date and Time | Yes | In interval calculations and as selection criteria |
| Prehospital | Scene/Transport | Scene Time Elapsed | Yes | No |
| Prehospital | Scene/Transport | Transport Time Elapsed | Yes | No |
| Prehospital | Scene-Transport | Extrication – Was Patient Extricated? | No | No |
| Prehospital | Scene-Transport | Extrication –Time Required/Minutes | No | No |
| Prehospital | Treatment | Recorded Date and Time | Yes | No |
| Prehospital | Treatment | Agency | Yes | No |
| Prehospital | Treatment | Provider Fluid Amount | No | No |
| Prehospital | Treatment | Paralytic Agents | Yes | No |
| Prehospital | Treatment | Sedated | Yes | No |
| Prehospital | Treatment | Eye Obstruction | Yes | Yes |
| Prehospital | Treatment | Intubated | Yes | Yes |
| Prehospital | Treatment | If Yes, Method (Intubation) | Yes | Yes |
| Prehospital | Treatment | Respiration Assisted | Yes | Yes |
| Prehospital | Treatment | If Yes, Type | Yes | Yes |
| Prehospital | Treatment | Systolic BP | Yes | Yes |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Prehospital | Treatment | Diastolic BP | No | No |
| Prehospital | Treatment | Pulse Rate | Yes | No |
| Prehospital | Treatment | Unassisted Resp Rate | Yes | Yes |
| Prehospital | Treatment | Assisted Resp Rate | Yes | Yes |
| Prehospital | Treatment | 02 Saturation | Yes | If completion rate improves |
| Prehospital | Treatment | Supplemental 02 | Yes | If completion rate improves |
| Prehospital | Treatment | GCS Eye | Yes | Yes |
| Prehospital | Treatment | GCS Verbal | Yes | Yes |
| Prehospital | Treatment | GCS Motor | Yes | Yes |
| Prehospital | Treatment | GCS Total | Yes | Yes |
| Prehospital | Treatment | RTS (Weighted) | Yes | If completion rate improves |
| Prehospital | Treatment | Triage Score (Revised Trauma Score) | Yes | If completion rate improves |
| Prehospital | Treatment | Weight (for Pediatric Trauma Score (PTS)) | No | No |
| Prehospital | Treatment | Cutaneous (Pts) | No | No |
| Prehospital | Treatment | Airway (Pts) | No | No |
| Prehospital | Treatment | CNS (Pts) | No | No |
| Prehospital | Treatment | Skeletal (Pts) | No | No |
| Prehospital | Treatment | Pulse Palp (Pts) | No | No |
| Prehospital | Treatment | Pts Total | No | No |
| Prehospital | Treatment | Prehospital Procedures Agency Number/Description | Yes | No |
| Prehospital | Treatment | Procedure Code/Description | Yes | Yes |
| Prehospital | Treatment | Prehospital Procedures Agency Number/Description | Yes | No |
| Referring Facility | Referral History | Hospital Transfer | Yes | Yes |
| Referring Facility | Referral History | Referring Facility | Yes | No |
| Referring Facility | Referral History | If Other | No | No |
| Referring Facility | Referral History | Referring Physician | No | No |
| Referring Facility | Referral History | Arrival Date and Time | Yes | In interval calculations and as selection criteria |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Referring Facility | Referral History | Departure Date and Time | Yes | In interval calculations and as selection criteria |
| Referring Facility | Referral History | Length of Stay | Yes | Yes |
| Referring Facility | Referral History | Referring Physician | No | No |
| Referring Facility | Referral History | Out of RAC | No | No |
| Referring Facility | Referral History | Late Referral | No | No |
| Referring Facility | Referral History | ICU | Yes | No |
| Referring Facility | Referral History | Medical Record | No | No |
| Referring Facility | Assessments | Temperature: Value/Scale/Route | No | No |
| Referring Facility | Assessments | Paralytic Agents | Yes | If completion rate improves |
| Referring Facility | Assessments | Sedated | Yes | If completion rate improves |
| Referring Facility | Assessments | Eye Obstruction | Yes | If completion rate improves |
| Referring Facility | Assessments | Intubated | Yes | If completion rate improves |
| Referring Facility | Assessments | If Yes, Method (Intubation) | Yes | Contingent on “Intubated” completion rate |
| Referring Facility | Assessments | Respiration Assisted | Yes | If completion rate improves |
| Referring Facility | Assessments | If Yes, Type | Yes | Contingent on “Respiration Assisted” completion rate |
| Referring Facility | Assessments | Systolic BP | Yes | If completion rate improves |
| Referring Facility | Assessments | Diastolic BP | No | No |
| Referring Facility | Assessments | Pulse Rate | Yes | If completion rate improves |
| Referring Facility | Assessments | Unassisted Resp Rate | Yes | If completion rate improves |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Referring Facility | Assessments | Assisted Resp Rate | Yes | If completion rate improves |
| Referring Facility | Assessments | O2 Saturation | Yes | If completion rate improves |
| Referring Facility | Assessments | Supplemental O2 | Yes | If completion rate improves |
| Referring Facility | Assessments | GCS Eye | Yes | If completion rate improves |
| Referring Facility | Assessments | GCS Verbal | Yes | If completion rate improves |
| Referring Facility | Assessments | GCS Motor | Yes | If completion rate improves |
| Referring Facility | Assessments | GCS Total | Yes | If completion rate improves |
| Referring Facility | Assessments | RTS (Weighted) | Yes | If completion rate improves |
| Referring Facility | Assessments | Triage Score (Revised Trauma Score) | Yes | If completion rate improves |
| Referring Facility | Assessments | Weight (PTS) | No | No |
| Referring Facility | Assessments | Cutaneous (Pts) | No | No |
| Referring Facility | Assessments | Airway (Pts) | No | No |
| Referring Facility | Assessments | CNS (Pts) | No | No |
| Referring Facility | Assessments | Skeletal (Pts) | No | No |
| Referring Facility | Assessments | Pulse Palp (Pts) | No | No |
| Referring Facility | Assessments | Pts Total | No | No |
| Referring Facility | Assessments | Alcohol Use Indicator | Removed Jan 2019 | No |
| Referring Facility | Assessments | ETOH/BAC Level | Removed Jan2018 | No |
| Referring Facility | Assessments | Drug Use Indicator(s) | No | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Referring Facility | Assessments | Tox Screen Results | Yes | No |
| Referring Facility | Assessments | Clinician Administered | No (as of Jan2021) | No |
| Referring Facility | Treatment ICD9-ICD10/Procedures | Referring Facility | Yes | No |
| Referring Facility | Treatment ICD9-ICD10/Procedures | Start Date and Time | No | In interval calculations and as selection criteria |
| Referring Facility | Treatment ICD9-ICD10/Procedures | ICD9/ICD10 Code/Description | Yes | Yes |
| Referring Facility | Treatment ICD9-ICD10/Procedures | Diagnostic Results | Yes | If completion rate improves |
| Referring Facility | Interfacility Transport (IFT) Provider | Referring Facility | Yes | No |
| Referring Facility | IFT Provider | Mode | Yes | Yes |
| Referring Facility | IFT Provider | Mode Specify | Yes | No |
| Referring Facility | IFT Provider | Agency | Yes | No |
| Referring Facility | IFT Provider | Role | No | No |
| Referring Facility | IFT Provider | EMS Report | Yes | No |
| Referring Facility | IFT Provider | PCR Number/Incident Number - Run Number/Linkage Number | Yes (as of Jan2021) | No |
| Referring Facility | IFT Provider | Call Received Date and Time | No | No |
| Referring Facility | IFT Provider | Call Dispatch Date and Time | Yes | No |
| Referring Facility | IFT Provider | Enroute Date and Time | No | No |
| Referring Facility | IFT Provider | Rendezvous Location | No | No |
| Referring Facility | IFT Provider | Arrived at Location Date and Time | Yes | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Referring Facility | IFT Provider | Arrived at Patient Date and Time | No | No |
| Referring Facility | IFT Provider | Departed Location Date and Time | Yes | No |
| Referring Facility | IFT Provider | Arrived at Destination Date and Time | Yes | No |
| Referring Facility | IFT Provider | Transport Time Elapsed | Yes | No |
| Referring Facility | IFT Procedures | Referring Facility | Yes | No |
| Referring Facility | IFT Procedures | Agency Number/Description | Yes | No |
| Referring Facility | IFT Procedures | Procedure Description | Yes | Yes |
| Referring Facility | IFT Procedures | IFT Provider Fluid Amount | No | No |
| Referring Facility | Interfacility Transport (IFT) Medications | Referring Facility | No | No |
| Referring Facility | IFT Medications | Agency Number/Description | No | No |
| Referring Facility | IFT Medications | Medication | No | No |
| ED Resuscitation | Arrival/Admission | Arrival/Admit Date and Time | Yes | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | ED Discharge Order Date and Time | Yes (as of Jan2016) | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | Discharge Date and Time | Yes (as of Jan2016) | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | Length of Stay | Yes | Yes |
| ED Resuscitation | Arrival/Admission | Condition | No | No |
| ED Resuscitation | Arrival/Admission | Signs of Life | Yes | Yes |
| ED Resuscitation | Arrival/Admission | Mode of Arrival | Yes | Yes |
| ED Resuscitation | Arrival/Admission | Notification Time | No | No |
| ED Resuscitation | Arrival/Admission | Trauma Activation | Yes | If completion rate improves |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| ED Resuscitation | Arrival/Admission | Response Activation Level Date/Time | Yes | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | Response Activation: Elapsed Time | Yes | No |
| ED Resuscitation | Arrival/Admission | Revised Activation Level | Yes | If completion rate improves |
| ED Resuscitation | Arrival/Admission | Revised Activation Level Date/Time | Yes | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | Revised Activation Level Elapsed Time | Yes | No |
| ED Resuscitation | Arrival/Admission | 2nd Revised Activation Level | Yes | If completion rate improves |
| ED Resuscitation | Arrival/Admission | 2nd Revised Activation Level Date/Time | Yes | In interval calculations and as selection criteria |
| ED Resuscitation | Arrival/Admission | 2nd Revised Activation Level Elapsed Time | Yes | No |
| ED Resuscitation | Arrival/Admission | Post Ed Disposition | Yes | Yes |
| ED Resuscitation | Arrival/Admission | Admitting Service | Yes | Yes |
| ED Resuscitation | Arrival/Admission | Post OR Disposition | Yes | If completion rate improves |
| ED Resuscitation | Arrival/Admission | Admitting Physician | No | No |
| ED Resuscitation | Arrival/Admission | Attending Physician | No | No |
| ED Resuscitation | Arrival/Admission | Medications | No | No |
| ED Resuscitation | Arrival/Admission | CPR | No – as of 15Feb2017 | No |
| ED Resuscitation | Arrival/Admission | CPR Duration | No | No |
| ED Resuscitation | Initial Assessment | Recorded Date and Time | Yes | In interval calculations and as selection criteria |
| ED Resuscitation | Initial Assessment | ED Fluid Amount | Yes | No |
| ED Resuscitation | Initial Assessment | Weight Value/Unit | Yes | Yes |
| ED Resuscitation | Initial Assessment | Height Value/Unit | Yes | If completion rate improves |
| ED Resuscitation | Initial Assessment | Temperature Value/Unit/Route | Yes | Yes |
| ED Resuscitation | Initial Assessment | Paralytic Agents | Yes | Yes |
| ED Resuscitation | Initial Assessment | Sedated | Yes | Yes |
| ED Resuscitation | Initial Assessment | Eye Obstruction | Yes | Yes |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| ED Resuscitation | Initial Assessment | Intubated | Yes | Yes |
| ED Resuscitation | Initial Assessment | If Yes, Method | Yes | Yes |
| ED Resuscitation | Initial Assessment | Respiration Assisted | Yes | Yes |
| ED Resuscitation | Initial Assessment | If yes, Type | Yes | Yes |
| ED Resuscitation | Initial Assessment | Systolic BP | Yes | Yes |
| ED Resuscitation | Initial Assessment | Diastolic BP | No | No |
| ED Resuscitation | Initial Assessment | Pulse Rate | Yes | Yes |
| ED Resuscitation | Initial Assessment | Unassisted Resp Rate | Yes | Yes |
| ED Resuscitation | Initial Assessment | Assisted Resp Rate | Yes | Yes |
| ED Resuscitation | Initial Assessment | O2 Saturation | Yes | Yes |
| ED Resuscitation | Initial Assessment | Supplemental O2 | Yes | Yes |
| ED Resuscitation | Initial Assessment | GCS Eye | Yes | Yes |
| ED Resuscitation | Initial Assessment | GCS Verbal | Yes | Yes |
| ED Resuscitation | Initial Assessment | GCS Motor | Yes | Yes |
| ED Resuscitation | Initial Assessment | GCS Total | Yes | Yes |
| ED Resuscitation | Initial Assessment | RTS (Weighted) | Yes | Yes |
| ED Resuscitation | Initial Assessment | Triage Score (Revised Trauma Score) | Yes | Yes |
| ED Resuscitation | Initial Assessment | Weight (PTS) | No | No |
| ED Resuscitation | Initial Assessment | Cutaneous (Pts) | No | No |
| ED Resuscitation | Initial Assessment | Airway (Pts) | No | No |
| ED Resuscitation | Initial Assessment | CNS (Pts) | No | No |
| ED Resuscitation | Initial Assessment | Skeletal (Pts) | No | No |
| ED Resuscitation | Initial Assessment | Pulse Palp (Pts) | No | No |
| ED Resuscitation | Initial Assessment | Pts Total | No | No |
| ED Resuscitation | Initial Assessment | Blood Gases Drawn | Yes | Yes |
| ED Resuscitation | Initial Assessment | Blood Gas Type | Yes | If completion rate improves |
| ED Resuscitation | Initial Assessment | Base Deficit/Excess | Yes | If completion rate improves |
| ED Resuscitation | Initial Assessment | Hematocrit | Yes | Yes |
| ED Resuscitation | Initial Assessment | INR/PT/PTT | No | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| ED Resuscitation | Initial Assessment | Alcohol Use Indicator | Removed Jan 2019 | For admissions pre-Jan 2018 |
| ED Resuscitation | Initial Assessment | ETOH/BAC Level | Removed Jan2018 | No |
| ED Resuscitation | Initial Assessment | Drug Use Indicator(s) | No | No |
| ED Resuscitation | Initial Assessment | Tox Screen Results | Yes | No |
| ED Resuscitation | Initial Assessment | Clinician Administered | No | No |
| ED Resuscitation | Initial Assessment | If Other | No | No |
| Patient Tracking | Location Code/Service | Location Code | No | No |
| Patient Tracking | Location Code/Service | Arrival Date and Time | No | No |
| Patient Tracking | Location Code/Service | Departure Date and Time | No | No |
| Patient Tracking | Location Code/Service | Elapsed Time | No | No |
| Patient Tracking | Location Code/Service | Detail | No | No |
| Patient Tracking | Location Code/Service | Total ICU Days | No | No |
| Patient Tracking | Location Code/Service | Stepdown/IMC | No | No |
| Patient Tracking | Location Code/Service | Service Code | No | No |
| Patient Tracking | Location Code/Service | Start Date and Time | No | No |
| Patient Tracking | Location Code/Service | Stop Date and Time | No | No |
| Patient Tracking | Location Code/Service | Elapsed Time | No | No |
| Patient Tracking | Location Code/Service | Detail | No | No |
| Ventilator | Blood | Start Date and Time (Ventilator) | No | No |
| Ventilator | Blood | Stop Date and Time (Ventilator) | No | No |
| Ventilator | Blood | Elapsed Time (Ventilator) | No | No |
| Ventilator | Blood | Total Ventilator Days | Yes | If completion rate improves |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Ventilator | Blood | Blood Product | Yes | Yes |
| Ventilator | Blood | Volume | Yes | Yes |
| Ventilator | Blood | Unit | Yes | Yes |
| Ventilator | Blood | Location | No | No |
| Ventilator | Blood | Time Period | Yes | Yes |
| Provider | Resus Team | Provider- Trauma | Yes | No |
| Provider | Resus Team | Called Date and Time- Trauma | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Trauma | Yes | No |
| Provider | Resus Team | Timeliness- Trauma | Yes | No |
| Provider | Resus Team | Elapsed Time - Trauma | Yes | |
| Provider | Resus Team | Provider- Surgical Senior Resident | Yes | No |
| Provider | Resus Team | Called Date and Time- Surgical Senior Resident | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Surgical Senior Resident | Yes | No |
| Provider | Resus Team | Timeliness- Surgical Senior Resident | Yes | No |
| Provider | Resus Team | Provider- Orthopedics | Yes | No |
| Provider | Resus Team | Called Date and Time- Orthopedics | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Orthopedics | Yes | No |
| Provider | Resus Team | Timeliness- Orthopedics | Yes | No |
| Provider | Resus Team | Provider- Neurosurgery | Yes | No |
| Provider | Resus Team | Called Date and Time- Neurosurgery | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Neurosurgery | Yes | No |
| Provider | Resus Team | Timeliness- Neurosurgery | Yes | No |
| Provider | Resus Team | Provider- Emergency Medicine | Yes | No |
| Provider | Resus Team | Called Date and Time- Emergency Medicine | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Emergency Medicine | Yes | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Provider | Resus Team | Timeliness- Emergency Medicine | Yes | No |
| Provider | Resus Team | Type | Yes | No |
| Provider | Resus Team | Called Date and Time - Other | Yes | In interval calculations and as selection criteria |
| Provider | Resus Team | Arrived Date and Time - Other | Yes | No |
| Provider | Resus Team | Timeliness - Other | Yes | No |
| Provider | Resus Team | Provider- Anesthesia | Yes | No |
| Provider | Resus Team | Called Date and Time- Anesthesia | Yes | No |
| Provider | Resus Team | Arrived Date and Time- Anesthesia | Yes | No |
| Provider | Resus Team | Timeliness- Anesthesia | Yes | No |
| Provider | In-House Consult | Type | Yes – as of 01Jan2019 | No |
| Provider | In-House Consult | Provider | No | No |
| Provider | In-House Consult | Called Date and Time | Yes – as of 01Jan2019 | No |
| Provider | In-House Consult | Arrived Date and Time | Yes – as of 01Jan2019 | No |
| Provider | In-House Consult | Timeliness | No | No |
| Provider | Procedures | Procedure Code/Description | Yes | Yes |
| Provider | Procedures | Location | Yes | Noes |
| Provider | Procedures | OR Visit # | Yes | If completion rate improves |
| Provider | Procedures | Start Date and Time | Yes | In interval calculations and as selection criteria |
| Provider | Procedures | Stop Date and Time | No | No |
| Provider | Procedures | Results (for diagnostic studies) | Yes | If completion rate improves |
| Provider | Procedures | Service | No | No |
| Provider | Procedures | Procedure Code/Description (ICD10) | Yes | Yes |
| Provider | Procedures | Location (ICD10) | Yes | Yes |
| Provider | Procedures | OR Visit # (ICD10) | Yes | If completion rate improves |
| Provider | Procedures | Start Date and Time (ICD10) | Yes | If completion rate improves |
| Provider | Procedures | Stop Date and Time (ICD10) | No | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Provider | Procedures | Results (ICD10) | Yes | If completion rate improves |
| Provider | Procedures | Service (ICD10) | No | No |
| Diagnosis | Injury Coding | AIS Version | Yes | No |
| Diagnosis | Injury Coding | ISS | Yes | Yes |
| Diagnosis | Injury Coding | NISS | Yes | Yes |
| Diagnosis | Injury Coding | TRISS | Yes | Yes |
| Diagnosis | Injury Coding | ICD9/ICD10 Code/Description | Yes | Yes |
| Diagnosis | Injury Coding | Predot/Description | Yes | Yes |
| Diagnosis | Injury Coding | Severity (AIS) | Yes | Yes |
| Diagnosis | Injury Coding | AIS Body Region | Yes | Yes |
| Diagnosis | Injury Coding | OIS Code/Description | Yes | If completion rate improves |
| Diagnosis | Non-Trauma Diagnoses | ICD9/ICD10 Code/Description (Non-trauma dx) | Yes | Yes |
| Diagnosis | Non-Trauma Diagnoses | Type (Non-trauma dx) | Yes | If completion rate improves |
| Diagnosis | Comorbidity | Comorbidity | Yes | Yes |
| Outcome | Initial Discharge | Discharge Status | Yes | Yes |
| Outcome | Initial Discharge | Patient Directive Applied | No | No |
| Outcome | Initial Discharge | Discharge Order Date and Time | Yes | No |
| Outcome | Initial Discharge | Discharge/Death Date and Time | Yes | In interval calculations and as selection criteria |
| Outcome | Initial Discharge | Total Days ICU | Yes | If completion rate improves |
| Outcome | Initial Discharge | Total Days Ventilator | Yes | If completion rate improves |
| Outcome | Initial Discharge | Total Days Hospital | Yes | Yes |
| Outcome | Initial Discharge | Discharge Service | Yes | Yes |
| Outcome | Initial Discharge | Discharged To | Yes | Yes |
| Outcome | Initial Discharge | If Transferred, Facility | Yes | No |
| Outcome | Initial Discharge | Impediments to Discharge Code/Description | No | No |
| Outcome | Initial Discharge | Ready for Discharge | No | No |
| Outcome | Initial Discharge | Delay Days | No | No |
| Outcome | Initial Discharge | Inclusion Information- NTDB | No | No |
| Outcome | Initial Discharge | Inclusion Information- State | Yes | No |
| Outcome | If Death | Location | Yes | Yes |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Outcome | If Death | Circumstance of Death | No | No |
| Outcome | If Death | Autopsy Type and Number | Yes | Type: If completion rate improves |
| Outcome | If Death | Was Organ Donation Requested/Granted | Yes | Yes |
| Outcome | If Death | Organs Procured ( | Yes (as of Jan2014) | Yes |
| Outcome | If Death | If Other, Specify | Yes (as of Jan2014) | Yes |
| Outcome | If Death | If None, Reason | Yes (as of Jan2014) | Yes |
| Outcome | If Death | Donor Status | Yes (as of Jan2014) | Yes |
| Outcome | If Death | Organs Procured Date and Time | Yes (as of Jan2014) | No |
| Outcome | Billing | Account Number | No | No |
| Outcome | Billing | Charges Billed | No | No |
| Outcome | Billing | Total Hospital Cost | No | No |
| Outcome | Billing | DRG | No | No |
| Outcome | Billing | MS-DRG | No | No |
| Outcome | Billing | Primary Payor | Yes | Yes |
| Outcome | Billing | Collected | No | No |
| Outcome | Billing | Date | No | No |
| Outcome | Billing | Additional Payor | Yes | Yes |
| Outcome | Billing | Collected | No | No |
| Outcome | Billing | Date | No | No |
| Outcome | Billing | Total Charges Collected | No | No |
| Outcome | Billing | Last Date Collected | No | No |
| Outcome | Related Admission | Admission Date/Time | Yes | In interval calculations and as selection criteria |
| Outcome | Related Admission | Admitting Service | Yes | If completion rate improves |
| Outcome | Related Admission | Type of Admission | Yes | If completion rate improves |
| Outcome | Related Admission | If Unplanned-Reason | Yes | If completion rate improves |
| Outcome | Related Admission | Account Number | No | No |
| Outcome | Related Admission | Total Charges | No | No |
| Outcome | Related Admission | Discharge Date | Yes | In interval calculations and as selection criteria |
| Outcome | Related Admission | Discharged To | Yes | No |

| Section | Subsection | Variable | Required by State | Available for Research |
|---|---|---|---|---|
| Outcome | Related Admission | ICU Days | Yes | If completion rate improves |
| Outcome | Related Admission | Vent Days | Yes | If completion rate improves |
| Outcome | Related Admission | Hospital Days | Yes | If completion rate improves |
| Outcome | Related Admission | Arrived From | Yes | If completion rate improves |
| Outcome | Related Admission | Mode | Yes | If completion rate improves |
| Outcome | Related Admission | ED Discharge Date and Time | Yes | If completion rate improves |
| Outcome | Related Admission | ED Length of Stay | Yes | If completion rate improves |
| Outcome | Related Admission | ED Disposition | Yes | If completion rate improves |
| Outcome | Related Admission | Final Discharge Status | No | No |
| Outcome | Related Admission | Total Re-Admission Days | Yes | If completion rate improves |
| Outcome | Related Admission | Final Discharge Date | Yes | No |
| PI | QA | Complications | Yes | No |

# *Demographic*

## Record Info

### *RECORD COMPLETE*

**Definition:** Indicates the completeness status of record.

| **Field Values** | |
|---|---|
| <Y> Yes | |
| <N> No | |
| Blank | |

**Additional Information:**

- Change flag to 'Y' once all pertinent data fields have been entered and validated.
- Note: DI has been asked to move this field to the Outcome screen.

**Default: <**N>

## *FACILITY*

---

**Definition:** Displays the unique hospital identifier code and description for your facility.

**Field Values:** Auto-populated

**Additional Information:**

- None.

**Default:**

- Auto-populated. Grayed out, unable to modify.

## *INITIAL LOCATION*

**Definition:** Indicates the initial location the patient was admitted at your facility.

| **Field Values** | |
|---|---|
| <2> Emergency Department | |
| <3> Operating Room | |
| <4> Intensive Care | |
| <5> Step-Down Unit | |
| <7> Telemetry Unit | |
| <8> Floor | |
| <9> Observation Unit | |
| <10> Radiology | |
| <11> Post Anesthesia Care Unit | |
| <12> Special Procedure Room | |
| <13> Labor and Delivery | |
| <14> Pediatric ICU | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- DI's NCv5 links this field to the Patient Arrival Date/Time fields located on the Demographic Record screen to determine if patient is a direct admission or seen in the ED.

**Default:** Blank

## *TRAUMA #*

**Definition:** Displays the unique identifier assigned to a particular record.

| **Field Values** | |
|---|---|
| Auto-assigned by software | |

**Additional Information:**

- This field is auto-generated by the software displayed in sequential numbering. However, the software does allow for the ability to modify the registry number interrupting the sequential numbering. It will not allow the user to duplicate registry numbers through a validation check.

**Default:**

- Auto-generated once record initiated. Grayed out, unable to modify.

## *PATIENT ARRIVAL DATE/TIME*

**Definition:** The date and time the patient arrived to the ED/Hospital.

| **Field Values** | |
|---|---|
| Date/time value | |

**Additional Information:**

- If the patient was brought to the ED, enter the time the patient arrived at the ED. If a direct admission, enter the time the patient was admitted to the hospital.
- In the DI software, this field will auto-populate patient date and time on ED Resuscitation screen provided the initial location field choice selected is <2> Emergency Department or if the initial location field is not used and left blank.
- Time (HH:MM) should be collected in military time.
- Used to auto-calculate the total ED LOS and Hospital LOS.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *PATIENT NAME (LAST/FIRST/MIDDLE INITIAL)*

**Definition:** The last name, first name, and middle initial of the patient.

| **Field Values** | |
|---|---|
| Free text | |
| <?> = Unknown | |

**Additional Information:**

- No restriction as to whether the names should be entered in UPPER CASE, lower case, or Proper Case.
- </> N/A: used if no middle initial.
- In the DI software, the name fields will auto-populate the name fields within the Demographic/Patient screen. Conversely, these name fields will auto-populate should the patient's name be entered initially within the Demographic/Patient Screen.
- Jr/Sr should follow last name with no commas.

**Default:** Blank

## *ARRIVED FROM*

**Definition:** The location from which the patient arrived. Only use "Scene" if patient arrives from place they were injured.

| Field Values | Definition / Notes |
|---|---|
| <1> Clinic | Outpatient clinic. Includes free-standing diagnostic facility (such as radiology), "minute clinic". Assumes Clinic is not the scene. |
| <2> EMS Station | Includes fire stations, law enforcement buildings. Assumes EMS station is not the scene. |
| <3> MD Office | Any private physician's office. Assumes MD Office is not the scene. |
| <4> Home | Use if patient leaves the scene to go home then arrives at the ED, i.e., there is a delay between time of injury and when patient chooses to seek definitive care. Home includes foster care, group home, assisted living facilities, independent living facilities at independent living continuous care retirement communities. Assumes Home is not the Scene. |
| <5> Nursing Home | Skilled Nursing Facility (SNF), nursing home, or long term care facility where patient resides. Does not include LTAC. Assumes Nursing Home is not the scene. |
| <6> Referring hospital / facility | Referring hospital (including ED) that patient was treated at prior to arrival at your facility. Assumes referring hospital is not the scene. |
| <7> Scene | Use if patient arrives at your facility directly from scene of injury. Includes LTACs (Long Term Acute Care facilities) if patient was injured at LTAC. Also includes patient injured at home who arrives from home. |
| <8> Urgent Care | Facility that identifies itself as an urgent care facility. Assumes the Urgent Care facility is not the scene. |
| <9> Other Acute Facility | Free-standing ED. |
| <10> Correctional Facility | Jail, prison, or other place of incarceration. Assumes the Correctional Facility is not the scene. |
| <11> Other | |
| <?> Unknown | |

**Additional Information:**

**Default:** Blank

**History:** For patients arriving from LTACs, changed value for Arrived From <5> to <9> on 2/15/2017, since an LTAC is a free-standing facility.

## *INCLUSION INFORMATION - STATE*

**Definition:** Indicates that the record meets NC Trauma Registry criteria and should be submitted to the State through the weekly data transfer process.

| **Field Values** | |
|---|---|
| <Y> Yes | |
| <N> No | |

**Additional Information:** None.
**Default:** Blank

# Patient

## *PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)*

**Definition:** The last, first and middle name of the patient.

| **Field Values** | |
|---|---|
| Free text | |
| <?> = Unknown | |

**Additional Information:**

- No restriction as to whether the names should be entered in UPPER CASE, lower case, or Proper Case
- </> N/A – used if no middle initial.

**Default:** Blank

**History:**

## *DATE OF BIRTH*

**Definition:** The month, day, and year of the patient's birth.

| **Field Values** | |
|---|---|
| Date value | |
| <?>: Use for unknown DOB. | |

**Additional Information:**

- Use mm/dd/yyyy format.
- If don't know DOB, enter "?".

**Default:** Blank

## *GENDER*

**Definition:** The gender of the patient based upon report by patient or a family member.

| **Field Values** | |
|---|---|
| <1> Male | <3> Non-binary (Added Jan2021) |
| <2> Female | |
| <?> Unknown | |

**Additional Information:**

- If patient is transgender, enter the gender stated by the patient

**Default:** Blank

## *RACE1 – RACE4*

**Definition:** The race of the patient based upon self-report or by a family member.

| **Field Values** | |
|---|---|
| <1> Asian | <5> White |
| <2> Black | <6> Other Race |
| <3> American Indian | <?> Unknown |
| <4> Native Hawaiian or Other Pacific Islander | </> n/a (for Race2 through Race4 only) |

**Additional Information:**

- If no second-fourth race, use </> or blank.
- Use current census definitions for field values.
- Race should be recorded for all patients. Do not follow NTDB instructions to record race as "n/a" for out-of-country residents. The NTDB edit check is in reference only to patients admitted to non-US hospitals where race is not collected.
- N/A is not a valid option for the Race1 field. N/A is valid for fields Race2-Race4 if the person identifies only as one race.
- If multiple, different races are reported through different sources (e.g., MD, EMS run sheet, patient/family), choose the patient/family report as the first option. Go with the value reported by hospital registration if it's not documented what the patient or family reports.

**Default:**

- Race1: Blank
- Race2-Race4: </>

**History:**

- Race3 and Race4 added in Jan2017 by DI.
- 01 Jan 2018: Changed race definitions to say that census definitions should be followed. Prior to 01Jan2018, dictionary said to map Middle Eastern to <1> Asian.

## *ETHNICITY*

**Definition:** The ethnicity of the patient based on self-report or by a family member.

| **Field Values** | |
|---|---|
| <1> Hispanic or Latino | |
| <2> Not Hispanic or Latino | |
| <?> Unknown | |

**Additional Information:**

- The maximum number of ethnicities that can be reported is 1.
- Use <?> for records where ethnicity is not recorded in medical record, or patient or family declined to provide ethnicity.
- Use current census definitions for field values.
- Do not follow NTDB instructions to record race as “n/a” for out-of-country residents.
- N/A is not a valid option for the Ethnicity field.

**Default:** Blank

## *ZIP*

**Definition:** The patient's home zip code of primary residence.

**Field Values:**

| | |
|---|---|
| </> Homeless (including living in a homeless shelter) or primary address is out of the country | <?> Unknown |

**Additional Information:**

- If zipcode is unknown, complete as many related fields as possible, e.g., Residence State, Residence County, Residence City, and Residence Country.

**Default:** Blank

## *HOMELESS*

**Definition:** Indicates the housing status of the patient at the time they present to your facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Homeless - A person who lacks housing. The definition also includes a person living in transitional housing or in a supervised public or private facility providing temporary living quarters.
- When a zip code is entered into the zip field, the Homeless field defaults to <N>.

**Default:** <N>

## *CITY*

**Definition:** The city of patient's primary residence.

**Field Values:**

| | |
|---|---|
| <?> = Unknown | </> Patient is from country other than US or homeless |

**Additional Information:**

- Auto-populates by the software, based on the zip code.
- If zip code is unknown but city known, manually enter. The DI software NCv5 is currently not set up to search for city/FIPS code within the database. You will have to use the search option within the NTDB module to populate this field correctly. Reported to DI.

**Default:** Blank

## *STATE*

**Definition:** The state, territory, province, or District of Columbia of the patient's primary residence.

**Field Values:**

| | |
|---|---|
| Two-letter initials for states | </> Patient is from country other than US or homeless |
| <?> Unknown | |

**Additional Information:**

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but State is known, manually enter state. If zipcode and state are unknown, enter <?>.

**Default:** Blank

## *COUNTY*

**Definition:** The county of the patient's primary residence.

**Field Values:**

| | |
|---|---|
| Choose NC county from field menu. | </> Patient is from country other than US or homeless |
| <?> Unknown | |

**Additional Information:**

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but county is known, enter the county name. If county and zipcode are unknown, enter <?> for county.
- Do not guess or approximate.

**Default:** Blank

## *COUNTRY*

**Definition:** The country of the patient's primary residence.

**Field Values:**

| | |
|---|---|
| <?> Unknown | |

**Additional Information:**

- Auto-populated by the software, based on the zip code
- If zip code is unknown but country is known then choose country value from picklist. If country also is unknown, enter <?> for country.
- Do not guess or approximate.

**Default:** Blank

## *ALTERNATE RESIDENCE*

**Definition:** Documentation of the patient type for patients without a zip code

**Field Values:**

| | |
|---|---|
| <1> Undocumented citizen | </> Not Applicable |
| <2> Migrant Worker | <?> Unknown |
| <3> Foreign Visitor (Retired Jan 2016) | |

**Additional Information:**

- Completed only when the residence zip code is "</> Not Applicable"
- <Undocumented citizen> - Defined as a national of another country who has entered or stayed in another country without permission.
- <Migrant Worker> - Defined as a person who temporarily leaves his/her personal place of residence within a country in order to accept seasonal employment in the same or different country.
- Prior to January 2016, <Foreign Visitor> -was defined as any person legally visiting a country other than his/her usual place of residence for any reason.
- Use </> for this field if residence zip code field contains a valid value.
- Use </> for a patient who is homeless.

**Default:** Blank

# *Injury*

## Injury Information

### *INJURY DATE/TIME*

**Definition:** The date (MM/DD/YYYY) and time (HH:MM) in which the injury occurred.

**Field Values:**

| | |
|---|---|
| Date/time value | <?> Unknown |

**Additional Information:**

- Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g. 911 called time) should not be used.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- <?> 'Unknown' can be used in this field if injury date/time is unknown
- "Not applicable" is not a valid value.

**Default:** Blank

## *PLACE OF INJURY (OCCURRENCE) /E849*

**Definition:** Location where the injury occurred as described by a series of designated E-Codes

**Field Values: ICD-9 values are listed below.**

| | |
|---|---|
| <0> Home | |
| <1> Farm | |
| <2> Mine | |
| <3> Industry | |
| <4> Recreation | |
| <5> Street | |
| <6> Public Building | |
| <7> Residential Institution | |
| <8> Other | |
| <9> Unspecified | |

**Additional Information:**

- Refer to ICD-9 manual to assign appropriate E-codes.

**Default:** Blank

**History:** Retired for patients admitted on 01 Oct 2015 or later.

## *PLACE OF INJURY (OCCURRENCE) /ICD10*

**Definition:** Location where injury occurred as described by a series of designated ICD-10 codes.

**Field Values:**

| |
|---|
| Too numerous to list. See https://www.icd10data.com/ICD10CM/Codes/V00-Y99/Y90-Y99/Y92- for a list of values. |

**Additional Information:**

- Refer to the ICD-10 CM manual to assign appropriate place of injury code.
- "Not applicable" is not a valid option for patients admitted on or after 01 Oct 2015.

**Default:** Blank

## *PROTECTIVE DEVICES - RESTRAINTS*

**Definition:** Safety restraints in use or worn by the patient at the time of the injury.

| Field values | Definitions |
|---|---|
| ~~<1> None~~ Retired 1/1/2017 | |
| <2> Seatbelt-Lap and Shoulder | Same as 3-point restraint |
| <3> Seatbelt-Lap Only | |
| <4> Seatbelt-Shoulder Only | |
| <5> Seatbelt-NFS | Should be used to include those patients that are restrained but not further specified |
| <6> Child Booster Seat | |
| <7> Child Car Seat | |
| <8> Infant Car Seat | |
| <9> Child Seat Not Secure | Covers any instance where child seat in use, but not used appropriately |
| <10> Not Belted | Use only if it is known that no seatbelt was used |
| </> Not Applicable | This value may not be used when patient involved in MVC, but may be used for MCCs. |
| <?> Unknown | |

**Additional Information:**

- ~~None- Use only if it is known that no safety equipment was used or deployed~~. RETIRED 1/1/2017. Use <Not Belted> instead.
- Evidence of child restraint may be reported or observed.
- For research/data analysis purposes, 6, 7, and 8 are combined since Registrars generally don't have the information required to distinguish between these options.
- <11> Truck bed restraint: Do not use.

**Default:**

- Blank

**History:** <Not belted> said "used when not belted but airbag deployed". Changed 1/1/ 2017.

## *PROTECTIVE DEVICES - AIRBAGS*

**Definition:** Indication of an airbag deployment during a motor vehicle crash

**Field Values:**

| | |
|---|---|
| <1> Airbag Did Not Deploy | <5> Airbag Type Unknown (Deployed) |
| <2> Front (Deployed) | <6> No Airbag in Vehicle |
| <3> Side (Deployed) | </> Not Applicable |
| <4> Airbag Deployed Other (knee, airbelt, curtain, etc.) | <?> Unknown |

**Additional Information:**

- Evidence of the use of airbag deployment may be reported or observed.
- <Airbag Type Unknown (Deployed)> should be used for patients with documented airbag deployments, for whom the airbag type is not further specified.
- Multiple entry field, choose all that apply. May choose up to four.

**Default:** Blank

## *PROTECTIVE DEVICES - EQUIPMENT*

**Definition:** Protective devices (safety equipment) in use or worn by the patient at the time of injury.

| Field values | Definitions |
|---|---|
| <1> None | |
| <2> Helmet | Examples: for bicycling, skiing, riding motorcycle |
| <3> Eye Protection | |
| <4> Protective Clothing | |
| <5> Protective Non-Clothing Gear | Examples: shin-guard, padding |
| <6> Hard Hat | |
| <7> Safety Harness | |
| <8> Other | |
| <9> No Helmet | Examples: for motorcycle, ATV, skateboard, and bicycle |
| <10> Personal Flotation Device | |
| </> Not Applicable | Do not use for MCC, ATV, or bicycle events. |
| <?> Unknown | |

**Additional Information:**

- <1> 'None' – Use this value only if it is documented that the patient was wearing no safety or protective equipment. If this information was not documented, use <Unknown>.
- <4> 'Protective Clothing' – includes any type of clothing used for protection during an activity, skateboarding, etc., as well as bullet-proof vests, steel-toed shoes, etc.
- Multiple entry field, choose all that apply.

**Default:** Blank

## *ZIP (INJURY)*

**Definition:** The zip code of the incident location.

**Field Values:**

| | |
|---|---|
| Five-digit zipcode | <?> Unknown |

**Additional Information:**

- Enter <?> if zip is unknown, then complete as many of the location variables as possible: Incident State, Incident County, Incident City, and Incident Country.
- "Not applicable" is not a valid option for this field.

**Default:** Blank

## *CITY (INJURY)*

**Definition:** The city or township where the patient was found or to which the unit responded.

**Field Values:**

| | |
|---|---|
| Auto-populated, based on zipcode | |
| <?> Unknown | </> Patient is from country other than US |

**Additional Information:**

- Auto-populates by the software, based on the zip code
- Use <?> 'Unknown' city where injury occurred is unknown.
- If zip code is unknown but city known, manually enter. The DI software NCv5 is currently not set up to search for city/FIPS code within the database. You will have to use the search option within the NTDB module to populate this field correctly. Reported to DI.
- If incident country is not "US", then enter "Not Applicable" for Incident State, Incident County, and Incident City.

**Default:** Blank

## *STATE (INJURY)*

**Definition:** The state, territory, province, or District of Columbia where the injury occurred

**Field Values:**

| | |
|---|---|
| Two-letter initials for states | |
| <?> Unknown | </> Patient is from country other than US |

**Additional Information:**

- Auto-populated by the software, based on the zip code
- If known but no zip code, manually enter.
- If unknown, enter <?>. Do not approximate.

**Default:** Blank

## *COUNTY (INJURY)*

**Definition:** The county or parish where the patient was found or to which the unit responded.

**Field Values:**

| | |
|---|---|
| Choose NC county from field menu. | |
| <?> Unknown | </> Patient is from country other than US |

**Additional Information:**

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but county is known, use the search option for the field.
- If unknown, enter <?>.
- If out of country, use </>.

**Default:** Blank

## *COUNTRY (INJURY)*

**Definition:** The country where the patient was injured.

**Field Values:**

| | |
|---|---|
| <?> Unknown | |

**Additional Information:**

- Auto-populated by the software, based on the zip code
- If zip code is unknown but country is known then manually enter value.
- If incident country is not “US”, then enter “Not Applicable” for Incident State, Incident County, and Incident City.

**Default:** Blank

## *WORK RELATED*

**Definition:** Indication of whether the injury occurred during paid employment.

**Field Values:**

| | |
|---|---|
| <Y> Yes | </> Not Applicable *Do not use |
| <N> No | <?> Unknown |

**Additional Information:**

- If injury is work related, Patient's Occupation Industry and Patient's Occupation fields must be completed.
- "Not Applicable" is not a valid value.

**Default:** Blank

# MOI

## *ICD-9 E-CODE - PRIMARY and SECONDARY*

**Definition:** E-code used to describe the mechanism (or external factor) that caused the injury event.

**Field Values:**

| |
|---|
| Too numerous to list. http://www.icd9data.com/2009/Volume1/E800-E999/default.htm |

**Additional Information:**

- The Primary E-code should describe the main reason a patient is admitted to the hospital.
- Refer to the CDC Hierarchy Matrix to determine primary and secondary E-codes when more than one ecode applies.
- The primary E-code is used to auto-generate two calculated fields: Injury Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix). The intentionality field is not present within the registry. It is a field within the NTDB module.
- If you change the primary E-Code, double-check the Injury Type field. Changing the primary E-Code does not automatically update the Injury Type field.
- The first E-code will auto-fill the data item <Position in Vehicle> if related to MVC.
- The secondary E-Code will not impact the auto-fill of the <Position in Vehicle>
- Secondary E-code cannot equal primary E-code.
- If using ICD10, use “Not Applicable” for this field.

**Default:** Blank

**History:** Retired for patients admitted on 01 Oct 2015 or later.

## *ICD-10 External cause codes – Primary and Secondary*

**Definition:** Code to describe the primary and secondary external factor and mechanism that caused the injury.

**Field values**

| |
|---|
| Too numerous to list. Resource for ecode definitions: https://www.icd10data.com/ICD10CM/Codes/V00-Y99 |
| </> Not Applicable (Not to be used for patients admitted after 01 Oct 2015). |

**Additional Information: None**

- The Primary E-code should describe the main reason a patient is admitted to the hospital.
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
    - Refer to the CDC Hierarchy Matrix to determine primary and secondary E-codes when more than one ecode applies.
    - External cause codes for child and adult abuse take priority over all other external cause codes.
    - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse. Use codes T74* (confirmed) and T76* (suspected) - adult/child abuse, as the primary MOI for non-accidental trauma and abuse cases. Use codes X92-Y09 (assault codes) as the secondary MOI.
    - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
    - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
    - The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.
    - Secondary E-code may not equal primary E-code.

**Default:** Blank

## *INJURY TYPE*

**Definition:** Mechanism of injury force type, i.e., the physical forces involved in the trauma that caused the injury.

**Field Values**

| | |
|---|---|
| <1> Blunt | <4> Other |
| <2> Penetrating | <?> Unknown *Do not use. |
| <3> Burn | |

**Additional Information:**

- Auto-generated based on ECode, but can change value. Auto-generated value does not automatically change if you change the ECode. Please be sure that this value matches the appropriate mapping based on the CDC Injury Mechanism/Intentionality Matrix.
- Blunt: Non-penetrating injury, from an external force causing injury.
- Burn injury: Exposure to chemical, thermal, electrical or radioactive agents
- Penetrating injury: Injury resulting from a projectile force, piercing instrument of impalement entering into the body
- Other: Chosen for drowning/submersions, over-exertions, suffocations, hanging, and asphyxiations.
- Based upon the CDC intentionality matrix.

**Default:** Blunt

## *COMPLAINT (Primary (chief) and Secondary)*

**Definition:** Most severe chief complaints verbalized by the patient. If the patient is unable to verbalize, use the most appropriate broad category describing the injury mechanism.

| Field Values | Definitions |
|---|---|
| <2> Aircraft | |
| <3> Animal | Injured by animal |
| <4> Assault | Includes suicide, rape |
| <5> ATV | Includes 3 & 4 wheelers and go-carts |
| <6> Bicycle | Includes non-motorized bikes such as mountain or trail bikes. |
| <7> Burn | |
| <8> Dirt bike | Motorized bike used off-road (includes motor-cross). |
| <9> Electrical | |
| <10> Fall | Includes falls from non-moving motor vehicles. |
| <11> Golf cart | Be sure to document intended use through E-code as off-road recreation or on street for public use. |
| <12> GSW | |
| <13> Machine: | Farming equipment, heavy-duty machinery (i.e. construction, manufacturing, industrial, etc.). Any item that has its own power source. Includes hand-held power tools. Machine's primary purpose should not be human transport. Includes rolling over foot with lawnmower. |
| <14> Moped | |
| <15> Motorcycle crash | |
| <16> MVC | Includes patients who fall from moving vehicle (i.e. car, van, bus, etc.). Includes rider on riding lawn mower that is hit by car. |
| <17> Pedestrian | Includes pedestrian hit by a motor vehicle, person on skates, person changing a tire or working on a parked car. |
| <18> Sports | Injury occurred while engaged in an organized sporting activity. |
| <19> Stab | |
| <20> Struck | Struck by an object – non motor vehicle related. Use for object thrown out from under a lawnmower. Includes putting your hand through a window. |
| <21> Asphyxiation | |
| <22> Drowning | |
| <23> Other | Replaces <'Accident> in early versions. |
| <24> Skin disorder | |
| <25> E-Scooter | (Added Jan2021) Includes Segways. |
| <26> Skateboard | (Added Jan2021) |
| <27> Fall from deer-stand | (Added Jan2021) – Any stand/structure that elevates a hunter. Aka tripod stand. |
| <28> Watercraft | Includes boat, jet-ski. Added-Jan2021) |
| </> Not applicable | |
| <?> Unknown | |

**Additional Information:**

- Enter primary reason for admission to your facility as first field. Enter any secondary complaint in second field or, if there is no secondary complaint, either enter </>.
- **<NAT>:** Choose Assault for primary complaint. Use mechanism for secondary complaint field.

**Default:** Blank

## *SPECIFY (for Complaint)*

**Definition:** Free text box to further specify the patient's chief complaint.

| **Field Values** | |
|---|---|
| Free text | |

**Additional Information:** None

**Default:** Blank

# *Pre-hospital*

## Scene/Transport

### *Pre-hospital Provider*

### *MODE*

---

**Definition:** Mode of transport for each event from scene to your facility.

**Field Values:**

| | |
|---|---|
| <1> Ground Ambulance | <5> Police |
| <2> Helicopter Ambulance | <6> Other |
| <3> Fixed-Wing Ambulance | </> Not applicable (Not a valid option) |
| <4> Private/Public Vehicle/Walk-In | <?> Unknown |

**Additional Information:**

- If <4>, <5>, or <6> options are applicable, no other pre-hospital fields should be filled in (since all are not applicable).

**Default:** Blank

**History:** N/A changed to an invalid option for NTDS starting with patients admitted 01Jan2017.

## *MODE-SPECIFY*

**Definition:** Mode of transport for each event from scene to your facility. This field should be completed if "Other" is selected for Mode of Transport.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:** None

**Default:** Blank

## *AGENCY*

**Definition:** The provider number and name of the EMS agency used to transport the patient to your facility

**Field Values:**

| | |
|---|---|
| All NC EMS agencies | |

**Additional Information:**

- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist.

**Default:** Blank

## *PRE-HOSPITAL PCR NUMBER*

**Definition:** Pre-hospital patient care report number.

**Field Values: Free text**

**Additional Information:** Will be used to link NCTR and NTDB records to pre-hospital records (Continuum, NEMSIS).

**Default:** Blank

## *SCENE EMS REPORT*

**Definition:** Presence and completeness of EMS responder's report

**Field Values:**

| | |
|---|---|
| <1> Complete: There is an EMS report and all NCTR required data is present | <3> Missing: There is no EMS report and all NCTR required data is missing or mode of arrival is unknown. |
| <2> Incomplete: There is an EMS report, but not all NCTR required data is present or legible | <4> Unreadable: |

**Additional Information:** None

**Default:** Blank

## *CALL DISPATCH DATE AND TIME*

**Definition:** The date and time the 911 call was dispatched.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from the Injury Date field. Be sure to verify date.
- Used to auto-generate the calculated field: Transport Time Elapsed
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *ARRIVED AT LOCATION DATE AND TIME*

**Definition:** The date the transporting unit arrived at the scene. Arrival is defined as the date/time when the vehicle stopped moving.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Scene Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *DEPARTED LOCATION DATE AND TIME*

**Definition:** The date and time the transporting unit departed the scene. Departure is defined as the date/time when the vehicle started moving.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Scene Time Elapsed and Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *ARRIVED AT DESTINATION DATE AND TIME*

**Definition:** The date the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Transport Time Elapsed.

**Default:** Blank

## *SCENE TIME ELAPSED*

**Definition:** Auto-calculated field reporting total time spent at scene.

**Field Values**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is automatically calculated by the software by subtracting the arrival date and time from the departure date and time.
- The calculation result is reported in hours and minutes (HH:MM)
- Check to be sure that value is greater than 0.

**Default:** Blank

## *TRANSPORT TIME ELAPSED*

**Definition:** Auto-calculated field reporting total time spent during transport from scene to your facility.

**Field Values**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is automatically calculated by the software by subtracting the Departed Location date and time from Arrived at Destination date and time. .
- The calculation result is reported in hours and minutes (HH:MM)
- Check to be sure that value is greater than 0.

**Default:** Blank

## Treatment

### *RECORDED DATE AND TIME*

**Definition:** The recorded date and time of the initial vital signs by the prehospital provider.

**Field Values:**

| | |
|---|---|
| Date/time values | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *AGENCY*

**Definition:** The scene/ rendezvous EMS agency number and name transporting the patient.

**Field Values:**

| | |
|---|---|
| All NC EMS agencies | |

**Additional Information:**

- Can gray out the agency number and select by name only, or user can click on the button above the field to auto fill the data element.

**Default:** Blank

## *PARALYTIC AGENTS*

**Definition:** Indicates the use of paralytic drugs at the time pre-hospital GCS was obtained.

| **Field Values:** | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).
- Refer to drug list in Appendix A for further information regarding paralytics.
- Do not use </>.

**Default:** Blank

## *SEDATED*

**Definition:** Indicates that use of sedation drugs at the time pre-hospital GCS was obtained.

**Field Values:**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Qualifier for GCS.
- Because TQIP reclassifies GCS as ≤8 for any patient flagged as sedated, NC will no longer flag patients as sedated if they have a GCS of 8 or greater. If GCS is > 8: don't flag patients as sedated, regardless of any medication given. (Added 01Jan2021)
- For patients with a GCS≤8, patients will be flagged as sedated if they have been given any drug on the approved NCCOT sedation list (see Appendix A) within 6 hours of when GCS was measured. No consideration of half-life, dose, or intent of the medication will be used. (Added 01Jan2021)
- Do not use </>.

**Changes:**

- Removed as of 01Jan2021: ~~If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).~~

**Default:** Blank

## *EYE OBSTRUCTION*

**Definition:** Indicates if the patient did or did not have an obstruction to both eyes at the time pre-hospital GCS was obtained. An obstruction is a physical reason that prevents the patient from opening their eyes.

**Field Values**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.

**Default:** Blank

## *INTUBATED*

**Definition:** Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time pre-hospital vitals were taken.

**Field Values:**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Qualifier for GCS.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered airway management.
- Base response on most active airway adjunct in use at time of GCS assessment.
- Do not use **</>,**

**Default:** Blank

## *IF YES, METHOD (Intubation)*

**Definition:** The method used for intubation of the patient during pre-hospital care.

**Field Values:**

| | |
|---|---|
| <1> Blind Insertion Airway Device(Combitube, King Airway, Laryngeal Mask Airway) | <5> Endotracheal Tube – Oral |
| <2> Cricothyrotomy – Open | <6> Endotracheal Tube – Route NFS |
| <3> Cricothyrotomy - Needle | <?> Unknown |
| <4> Endotracheal Tube – Nasal | |

**Additional Information:**

- Must select "intubated" to open field.
- Record the most invasive airway adjunct used by the pre-hospital EMS unit/provider.

**Default:** Blank

## *RESPIRATION ASSISTED*

**Definition:** Indicates whether the patient required respiration assistance at the time pre-hospital vitals were taken.

**Field Values:**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

**Default:** Blank

## *IF YES, TYPE (for Respiratory Assistance)*

**Definition:** The type of device used for respiratory assistance during pre-hospital care

**Field Values:**

| | |
|---|---|
| <1> Bag Valve Mask | <4> Ventilator |
| <2> Nasal Airway | <?> Unknown |
| <3> Oral Airway | |

**Additional Information:**

- Must select “yes” in “Respiration Assisted” field to open “Type” field

**Default:** Blank

## *SYSTOLIC BP*

**Definition:** The first recorded systolic blood pressure measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:** All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *PULSE RATE*

**Definition:** The first recorded pulse measured during pre-hospital care

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- The pulse rate can be palpated or auscultated, expressed as a number per minute.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *UNASSISTED RESP RATE*

**Definition:** First recorded unassisted respiratory rate measured during pre-hospital care

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as number per minute.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *ASSISTED RESP RATE*

**Definition:** The first recorded assisted respiratory rate measured during pre-hospital care

**Field Values**

| | |
|---|---|
| Free text field | |

**Additional Information:** All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *O2 SATURATION*

**Definition:** The first recorded oxygen saturation during pre-hospital care.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as percentage
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *SUPPLEMENTAL O2*

**Definition:** Indicates if supplemental oxygen was administered during pre-hospital care

**Field Values:**

| | |
|---|---|
| <Y> Yes | <?> Unknown |
| <N> No | |

**Additional Information:**

- Qualifier for O2 Saturation field
- In DI software, this field only opens if there is a value in the O2 Saturation field
- Do not use </>.

**Default:** Blank

## *GCS EYE*

**Definition:** The first recorded Glasgow Coma Score (Eye) measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| <1> No Eye Movement when Assessed | <4> Opens Eyes Spontaneously |
| <2> Opens Eyes in Response to Painful Stimulation | <?> Unknown |
| <3> Opens Eyes in Response to Verbal Stimulation | |

**Additional Information:**

- Used to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g., the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- Do not use </>.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals - if the vital signs didn't fit NTDS definition of "scene vitals",

**Default:** Blank

## *GCS VERBAL*

**Definition:** The first recorded Glasgow Coma Score (Verbal) measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| <1> No Vocal Response | <4> Confused (adult) or Irritable/Cries |
| <2> Incomprehensible (adult) or Moans to Pain (infant/child) | <5> Oriented (adult) or Coos/Babbles (infant/child) |
| <3> Inappropriate (adult) or Cries to Pain (infant/child) | <?> Unknown |

**Additional Information:**

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. For example, the chart indicates: “the patient responds verbally and appropriately when spoken to”, a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- Do not use </>.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional “scene” vitals - if the vital signs didn’t fit NTDS definition of “scene vitals”,

**Default:** Blank

## *GCS MOTOR*

**Definition:** The first recorded Glasgow Coma Score (Motor) measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| <1> No Motor Response | <5> Localizing Pain (adult) or Withdraws to Touch (infant/child) |
| <2> Extension to Pain | <6> Obeys Command (adult) or Spontaneous Movements (infant/child) |
| <3> Flexion to Pain | <?> Unknown |
| <4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | |

**Additional Information:**

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- Do not use </>.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. For example, the chart indicates: “the patient withdraws from a painful stimulus”, a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury.
- Prior to 2021, NTDS had a different requirement for EMS vital signs than the NCTR. To meet the needs of NTDS, we asked Registrars, for sites participating in NTDS to put question marks in the first vital sign position, then add the EMS vital signs as additional “scene” vitals - if the vital signs didn’t fit NTDS definition of “scene vitals”,
-

**Default:** Blank

## *GCS TOTAL*

**Definition:** The first recorded Glasgow Coma Scale calculated total measure during pre-hospital care.

**Field Values:**

| | |
|---|---|
| Auto-calculated | <?> Unknown |

**Additional Information:**

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the GCS will not automatically calculate, but the total GCS can be entered manually ONLY if the documentation states “alert and oriented x 3” or “alert and oriented x 4”.
- The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient.

**Default:** Blank

## *RTS (WEIGHTED)*

**Definition:** The calculated weighted revised trauma score measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: RTS = 0.9368 GCS + 0.7326 SBP + 0.2908 RR
- If any values of the GCS, SBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

**Default:** Blank

## *TRIAGE SCORE (Revised Trauma Score)*

**Definition:** The first recorded revised trauma score measured during pre-hospital care.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if the GCS, Sys BP, and RR are valued.
- If any values of the GCS, Sys BP or respiratory rate are missing, the revised trauma score will not auto-calculate.

**Default:** Blank

## *PREHOSPITAL PROCEDURES AGENCY NUMBER/DESCRIPTION*

**Definition:** The provider number and name of the EMS agency to your facility.

**Field Values:**

| | |
|---|---|
| All NC EMS agencies | |

**Additional Information:**

- You may click on the button above this field to autofill or manually enter by provider number or name.

**Default:** Blank

## *PROCEDURE DESCRIPTION*

**Definition:** Procedures performed by the EMS agency.

**Field Values:**

| | |
|---|---|
| 1=Nasal | 25=Extrication |
| 2=Opened or cleared | 27=Intraosseous access or infusion |
| 3=Oral | 28=IV fluids |
| 5=Assisted ventilation | 29=LMA |
| 6=BVM | 36=RSI |
| 8=Blood glucose analysis | 38=Spinal immob |
| 9=Cardiac monitor | 39=Splinting |
| 10=Chest tube | 40=Thoracostomy - needle |
| 11=Childbirth | 41=Trach |
| 13=Combitube/King airway | 42=Traction |
| 14=CPR | 46=Wound care |
| 15=Cricothyrotomy | 47=Other |
| 16=Cricothyrotomy - needle | 48=Unsuccessful intubation |
| 17=Decontamination | 49=Unsuccessful IV |
| 18=Defibrillation - automated | 50=EKG, 12 lead |
| 19=Defibrillation - manual | 51=NG tube |
| 20=Defibrillation - NFS | 52=Oral gastric tube |
| 21=Endotrach-Nasal | 53=Tourniquet |
| 22=Endotrach-Oral | /=Not applicable |
| 23=Endotrach-Route NR | ?=Unknown |

**Additional Information:**

- In the DI software, the Prehospital Procedure screen and the inter facility transfer screen options do not match. This issue should be resolved in an upcoming upgrade (reported Feb 2015). .

**Default:** Blank

# *Referring Facility*

## Referral History

### *HOSPITAL TRANSFER*

---

**Definition:** Was the patient transferred to your facility from another acute care facility?

**Field Values:**

| | |
|---|---|
| <Y> Yes | </> Not Applicable – do not use. |
| <N> No | <?> Unknown |

**Additional Information:**

- Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.
- Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport are not considered an inter-facility transfer.
- Do not use </>.

**Default:** Blank

## *REFERRING FACILITY*

**Definition:** The name and ID number of the immediate referring facility from which the patient is transferred to your facility.

**Field Values:**

| | |
|---|---|
| All NC hospitals | |

**Additional Information:**

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

**Default:** Blank

## *IF OTHER (Referring facility)*

**Definition:** Free text field to enter the name of the immediate referring facility (when not found in pick list) from which the patient is transferred to your facility.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:**

- Grayed out unless <Other Hospital, NC> or <Other Hospital, OOS> are chosen in the Referring Facility field.

**Default:** Blank

## *ARRIVAL DATE and TIME*

**Definition:** The date and time the patient arrived at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *DEPARTURE DATE and TIME*

**Definition:** The date and time the patient departed from the immediate referring facility. Use Transfer Time from E-form. Don't use EMS departure time. This field represents the time the patient departed from care, but does not necessarily reflect physical departure from the facility.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *LENGTH of STAY*

**Definition:** The total length of stay at the immediate referring facility in HH:MM format.

**Field Values**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated from the arrival date/time fields and the departure date/time fields.
- Please check to ensure value is greater than 0.

**Default:** Blank

## *ICU*

**Definition:** Was patient admitted to an ICU at the immediate referring facility?

**Field Values:**

| | |
|---|---|
| Yes | NA = Not Applicable |
| No | Unknown |

**Additional Information:**

**Default:** Blank

# Assessments

## *PARALYTIC AGENTS*

**Definition:** Indicates the use of paralytic drugs at the time GCS was obtained at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockage such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).
- Refer to the drug list in Appendix A for further information regarding paralytics.
- Do not use </>.

**Default:** Blank

## *SEDATED*

**Definition:** Indicates the use of sedation drugs at the time GCS was obtained at the immediate referring facility

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Because TQIP reclassifies GCS as ≤8 for any patient flagged as sedated, NC will no longer flag patients as sedated if they have a GCS of 8 or greater. If GCS is > 8: don't flag patients as sedated, regardless of any medication given. (Added 01Jan2021)
- For patients with a GCS≤8, patients will be flagged as sedated if they have been given any drug on the approved NCCOT sedation list (see Appendix A) within 6 hours of when GCS was measured. No consideration of half-life, dose, or intent of the medication will be used. (Added 01Jan2021)
- Do not use </>.

**Changes:**

- Removed as of 01Jan2021: ~~If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).~~

**Default:** Blank

## *EYE OBSTRUCTION*

**Definition:** Indicates if the patient did or did not have an obstruction to both eyes at the time GCS was obtained at the immediate referring facility. An obstruction is a physical reason that prevents the patient from opening their eyes.

**Field Values**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.

**Default:** Blank

## *INTUBATED*

**Definition:** Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time the initial vitals were taken at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Enter <Y> for the most active airway adjunct used by the immediate referring facility.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered air management.
- Do not use **</>.**

**Default:** Blank

## *IF YES, METHOD (for Intubated)*

**Definition:** The method used for intubation of the patient performed at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <1> Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway) | |
| <2> Cricothyrotomy - Open | |
| <3> Cricothyrotomy - Needle | |
| <4> Endotracheal Tube - Nasal | |
| <5> Endotracheal Tube - Oral | |
| <6> Endotracheal Tube – Route NFS | |
| <?> Unknown | |

**Additional Information:**

- Must select “intubated” to open field.
- Record the most invasive airway adjunct used by the referring hospital.

**Default:** Blank

## *RESPIRATION ASSISTED*

**Definition:** Indicates whether the patient required respiration assistance at the time pre-hospital vitals were taken.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.

**Default:** Blank

## *IF YES, TYPE*

**Definition:** The type of device used in assisting respiration at the time the vitals were taken at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <1> Bag Valve Mask | |
| <2> Nasal Airway | |
| <3> Oral Airway | |
| <4> Ventilator | |
| <?> Unknown | |

**Additional Information:**

- Must select “yes” in “Respiration Assisted” field to open “Type” field

**Default:** Blank

## *SYSTOLIC BP*

**Definition:** The first recorded systolic blood pressure measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:** None

**Default:** Blank

## *PULSE RATE*

**Definition:** The first recorded pulse measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- The pulse rate can be palpated or auscultated, expressed as a number per minute.

**Default:** Blank

## *UNASSISTED RESP RATE*

**Definition:** First recorded unassisted respiratory rate measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as number per minute.

**Default:** Blank

## *ASSISTED RESP RATE*

**Definition:** The first recorded assisted respiratory rate measured at the immediate referring facility.

**Field Values**

| | |
|---|---|
| Free text field | |

**Additional Information:** None

**Default:** Blank

## *O2 SATURATION*

**Definition:** The first recorded oxygen saturation at the immediate referring facility,

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as percentage,

**Default:** Blank

## *SUPPLEMENTAL O2*

**Definition:** Indicates if supplemental oxygen was administered at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for O2 Saturation field.
- Only opens if there is a value in the O2 Saturation field.
- Do not use </>.
- Use unknown if it is not documented whether patient is on room air or O2.

**Default:** Blank

## *GCS EYE*

**Definition:** The first recorded Glasgow Coma Score (Eye) measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <1> No Eye Movement when Assessed | |
| <2> Opens Eyes in Response to Painful Stimulation | |
| <3> Opens Eyes in Response to Verbal Stimulation | |
| <4> Opens Eyes Spontaneously | |
| <?> Unknown | |

**Additional Information:**

- Use to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

**Default:** Blank

## *GCS VERBAL*

**Definition:** The first recorded Glasgow Coma Score (Verbal) measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <1> No Vocal Response | |
| <2> Incomprehensible (adult) or Moans to Pain (infant/child) | |
| <3> Inappropriate (adult) or Cries to Pain (infant/child) | |
| <4> Confused (adult) or Irritable/Cries | |
| <5> Oriented (adult) or Coos/Babbles (infant/child) | |
| <?> Unknown | |

**Additional Information:**

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

**Default:** Blank

## *GCS MOTOR*

**Definition:** The first recorded Glasgow Coma Score (Motor) measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <1> No Motor Response | |
| <2> Extension to Pain | |
| <3> Flexion to Pain | |
| <4> Withdraws from Pain (adult)<br>or Withdraws to Pain (infant/child) | |
| <5> Localizing Pain (adult) or<br>Withdraws to Touch (infant/child) | |
| <6> Obeys Command (adult) or<br>Spontaneous Movements (infant/child) | |
| <?> Unknown | |

**Additional Information:**

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

**Default:** Blank

## *GCS TOTAL*

**Definition:** The first recorded total Glasgow Coma Scale (GCS) at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| <3> - <15> | |
| <?> Unknown | |

**Additional Information:**

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the GCS will not automatically calculate, but the total GCS can be entered manually ONLY if the documentation states “alert and oriented x 3” or “alert and oriented x 4”.
- The GCS is a scale used to determine a score based on the total of 3 components involving an assessment of eye, motor, verbal responses of the patient.

**Default:** Blank

## *RTS (WEIGHTED)*

**Definition:** The total calculated weighted revised trauma score at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: RTS = 0.9368 GCS + 0.7326 SBP + 0.2908 RR
- If any values of the GCS, SBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

**Default:** Blank

## *TRIAGE SCORE (Revised Trauma Score)*

**Definition:** The first calculated RTS measured at the immediate referring facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if the GCS, SBP, and RR are valued.
- If any values of the GCS, SBP or respiratory rate are missing, the revised trauma score will not auto-calculate.

**Default:** Blank

# Treatment ICD9/ICD10 Procedures

## *REFERRING FACILITY*

**Definition:** The name and ID number of the particular referring facility where procedures performed.

**Field Values:**

| | |
|---|---|
| Refer to field menu for options | |

**Additional Information:**

- Choose the button with the appropriate referring facility that performed the procedure or you can manually enter the facility from the picklist.
- Enter the procedures from the immediate facility first if patient required multiple transfers.

**Default:** Blank

## *ICD9/ICD10 CODE/DESCRIPTION*

**Definition:** The ICD9 & ICD10 codes and descriptions of procedure(s) perform at a particular referring facility.

**Field Values:**

| | |
|---|---|
| Refer to ICD-9 and ICD-10 references for field options. | |

**Additional Information:**

- Enter the procedures from the immediate facility first if patient required multiple transfers.

**Default:** Blank

## *DIAGNOSTIC RESULTS*

**Definition:** The diagnostic results of the procedures done at a particular referring facility.

**Required by North Carolina**: Yes, unless procedure is not a diagnostic study.
Not required for CTs and plain films as of 01 Jan 2017.

**Field Values:**

| | |
|---|---|
| <1> Positive | |
| <2> Negative | |
| <3> Indeterminate | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- Positive results in a FAST exam include free fluid in the abdomen
- Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc
- Positive Aortogram: the aorta has identifiable injuries as a result of trauma
- Positive Arteriogram/Angiogram: report states "positive for acute changes"
- Negative plain film: no injuries identified.
- Indeterminate: report indicates exam results are inconclusive.

**Default:** Blank

**History:** Prior to July 2016, the definition for CTs was:

- Pregnancy is **not** considered a positive result.
- Positive CT results represent organ injury only. **DO NOT** include injury to bony structures.
- If CT is done for bony structure injury, then use "Not Applicable" for diagnostic results.
- Negative CT: no organ injuries identified.
- Indeterminate: report indicates exam results are inconclusive.
- Pre-2017: A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result. (New definition of positive CT effective 1 July 2016)

# *Interfacility Transport (IFT) Provider*

## *REFERRING FACILITY*

**Definition:** The name and ID number of the immediate referring facility transferring the patient to your facility.

**Field Values:**

| | |
|---|---|
| All facilities referring / transferring patients to NC trauma centers. | |

**Additional Information:**

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

**Default:** Blank

## *MODE*

**Definition:** The mode of transport delivering the patient to your facility.

**Field Values:**

| | |
|---|---|
| <1> Ground Ambulance | |
| <2> Helicopter Ambulance | |
| <3> Fixed-wing Ambulance | |
| <4> Private Vehicle or Walk-in | |
| <5> Police | |
| <6> Other | |
| <?> Unknown | |
| </> Not Applicable – Do not use. | |

**Additional Information:** None.

**Default:** Blank

## *MODE-SPECIFY*

**Definition:** Mode of transport for each event from referring hospital to your facility. This field opens when "Other" is chosen for Mode.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:** None

**Default:** Blank

## *AGENCY*

**Definition:** The provider number and name of the EMS agency used to transfer the patient to your facility.

**Field Values:**

| | |
|---|---|
| All NC EMS agencies | |

**Additional Information:**

- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist.

**Default:** Blank

## *IFT PCR Number*

**Definition:** Interfacility transport patient care report number.

**Field Values: Free text**

**Additional Information:** Will be used to link NCTR and NTDB records to pre-hospital records (Continuum, NEMSIS).

**Default:** Blank

## *EMS REPORT*

**Definition:** Is interfacility transport provider's report complete?

| Field Values: | Definitions |
|---|---|
| <1> Complete | There is an EMS report and all NCTR required data is present |
| <2> Incomplete | There is an EMS report, but not all NCTR required data is present or legible |
| <3> Missing | There is no EMS report and all NCTR required data is missing or mode of arrival is unknown. |
| <4> Unreadable | |

**Additional Information:** None

**Default:** Blank

## *CALL DISPATCH DATE AND TIME*

**Definition:** The date and time the EMS agency was dispatched.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- For the inter facility transfer patient, this is the date and time on which the unit transporting the patient to your facility was notified or assigned to this transport.
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *ARRIVED AT LOCATION DATE AND TIME*

**Definition:** The date and time the transporting unit arrived at the referring facility. Arrival is defined as the date/time when the vehicle stopped moving.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *DEPARTED LOCATION DATE AND TIME*

**Definition:** The date and time the transporting unit departed the referring facility. Departure is defined as the date/time when the vehicle started moving.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Used to auto-generate calculated Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *ARRIVED AT DESTINATION DATE AND TIME*

**Definition:** The date and time the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Used to auto-generate calculated field: Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

**Default:** Blank

## *TRANSPORT TIME ELAPSED*

**Definition:** Auto-calculated field reporting total time spent during transport from one facility to another.

**Field Values**

| | |
|---|---|
| Auto calculated | |

**Additional Information:**

- This field is automatically calculated by the software by subtracting the Departed Location date and time from Arrived at Destination date and time. .
- The calculation result is reported in hours and minutes (HH:MM)

**Default:** Blank

# IFT Procedures

## *AGENCY NUMBER/DESCRIPTION*

**Definition:** The provider number and name of the inter-facility transport agency/unit.

**Field Values:**

| | |
|---|---|
| All NC EMS agencies | |

**Additional Information:**

- Record IFT (inter-facility transports) in reverse chronological order.
- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist

**Default:** Blank

## *PROCEDURE DESCRIPTION*

**Definition:** Procedures performed by the inter-facility EMS agency/provider.

**Field Values:**

| | |
|---|---|
| 1=Nasal | 25=Extrication |
| 2=Opened or cleared | 27=Intraosseous access or infusion |
| 3=Oral | 28=IV fluids |
| 5=Assisted ventilation | 29=LMA |
| 6=BVM | 36=RSI |
| 8=Blood glucose analysis | 38=Spinal immob |
| 9=Cardiac monitor | 39=Splinting |
| 10=Chest tube | 40=Thoracostomy - needle |
| 11=Childbirth | 41=Trach |
| 13=Combitube/King airway | 42=Traction |
| 14=CPR | 46=Wound care |
| 15=Cricothyrotomy | 47=Other |
| 16=Cricothyrotomy - needle | 48=Unsuccessful intubation |
| 17=Decontamination | 49=Unsuccessful IV |
| 18=Defibrillation - automated | 50=EKG, 12 lead |
| 19=Defibrillation - manual | 51=NG tube |
| 20=Defibrillation - NFS | 52=Oral gastric tube |
| 21=Endotrach-Nasal | 53=Tourniquet |
| 22=Endotrach-Oral | /=Not applicable |
| 23=Endotrach-Route NR | ?=Unknown |

**Additional Information:** None.

**Default:** Blank

**History:**

- As of Sep 2014, the Prehospital Procedure screen and the inter facility transfer screen options do not match in the DI software. A request was sent to DI to resolve this mismatch in the Dec 2014 upgrade.

# *ED Resuscitation*

## Arrival/Admission

### *ARRIVAL/ADMIT DATE AND TIME*

**Definition:** The date and time the patient arrives at your facility's ED.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If patient is a direct admission, enter </> for both ED arrival date and time. The patient facility arrival date and time for the actual admit date and time.

**Default:** Blank

## *DISCHARGE DATE AND TIME*

**Definition:** The date and time the patient was discharged from your Emergency Department.

| **Field Values** | |
|---|---|
| Date/time value | |

**Additional Information:**

- If the patient was a direct admit, enter </> for "Not Applicable".
- Used to auto-calculated Total ED LOS.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If death, report the date and time the patient pronounced dead. Use the time when the patient is declared brain dead. From a clinical/legal standpoint the time of death is the time when patient is declared brain dead. All of the tracking should end at that point as far as vent and ICU days. Death certificates always reflect, if completed correctly, the time of death as the time declared brain dead.

**Default:** Blank

## *DISCHARGE ORDER DATE AND TIME*

**Definition:** Date and time that discharge order for discharge from your Emergency Department was written.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- If the patient was a direct admit enter </> for "Not Applicable".
- If patient dies in ED, enter date/time from death certificate.
- Used to auto-calculated Total ED LOS.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank
**History:** Field added July 2016.

## *LENGTH OF STAY*

**Definition:** The total time the patient was in your Emergency Department.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated when arrival date/time and discharge date/time are entered.
- The field is blank if patient is a direct admit.
- Check values to ensure that the value is greater than 0.

**Default:** Blank

## *SIGNS OF LIFE*

**Definition:** Indication of whether patient arrived at ED/Hospital with signs of life.

**Field Values:**

| | |
|---|---|
| <1> Arrived with no signs of life | |
| <2> Arrived with signs of life | |
| </> Not applicable> Do not use! | |
| <?> Unknown | |

**Additional Information:**

- A patient with no signs of life is defined as having **none** of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress. PEA is considered to be organized EKG activity, and, thus, is a sign of life.
- Do not use </>.

**Default:** Blank

## MODE *OF ARRIVAL*

**Definition:** The mode of transport delivering the patient to your facility.

**Field Values:**

| | |
|---|---|
| <1> Ground Ambulance | |
| <2> Helicopter Ambulance | |
| <3> Fixed-wing Ambulance | |
| <4> Private Vehicle or Walk-in | |
| <5> Police | |
| <6> Other | |
| <?> Unknown | |

**Additional Information:** None

**Default:** Blank

## *TRAUMA ACTIVATION*

**Definition:** The initial trauma team activation level prior to the patient's arrival or on arrival to your ED.

**Field Values:**

| | |
|---|---|
| <1> Level 1 | |
| <2> Level 2 | |
| <3> Level 3 | |
| <4> or </> No trauma activation | |

**Additional Information:**

- Your facility determines if Level 3 has been defined and is to be used.

**Default:** Blank

## *RESPONSE ACTIVATION LEVEL DATE/TIME*

**Definition:** The date and time the trauma team was notified of the initial activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If not an activation, <4> no trauma activation, enter </> Not applicable.

**Default:** Blank

## *RESPONSE ACTIVATION: ELAPSED TIME*

**Definition:** The time between patient's arrival at your facility and initial trauma team activation notification time.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- Only calculates if patient's initial trauma activation is not <4> No Trauma Activation. Otherwise the field will be blank.
- Calculated in HH:MM

**Default:** Blank

## *REVISED ACTIVATION LEVEL*

**Definition:** Identifies if the patient's activation level was modified prior to patient's arrival to the ED or any time during the patient's ED stay.

**Field Values:**

| | |
|---|---|
| <1> Level 1 | |
| <2> Level 2 | |
| <3> Level 3 | |
| <4> No Trauma Activation | |
| </> Not Applicable | |

**Additional Information:**

- Your facility determines if Level 3 has been defined and to be used.
- <4> No Trauma Activation - is used if patient downgraded to non-activation,
- </> Not Applicable – used if not downgraded.

**Default:** Blank

## *REVISED ACTIVATION LEVEL DATE/TIME*

**Definition:** The date and time of the revised trauma team activation level.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- If activation level not modified, these data elements will be grayed out and not editable.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *REVISED ACTIVATION LEVEL ELAPSED TIME*

**Definition:** Calculated time between patient's arrival at your facility and the revised trauma team activation notification time.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- Auto-generated calculation in HH:MM format.

**Default:** Blank

## *2ND REVISED ACTIVATION LEVEL*

**Definition:** The second revised trauma team activation level prior to the patient's arrival or at any time during the patient's ED stay.

**Field Values**

| | |
|---|---|
| <1> Level 1 | |
| <2> Level 2 | |
| <3> Level 3 | |
| <4> No Trauma Activation | |
| </> Not Applicable | |

**Additional Information:**

- Your facility determines if Level 3 has been defined and to be used.
- <4> No Trauma Activation - is used if patient downgraded to non-activation,
- </> Not Applicable – used if not downgraded

**Default:** Blank

## *2ND REVISED ACTIVATION LEVEL DATE/TIME*

**Definition:** The date and time of the second revised trauma team activation level.

**Field Values**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- If revised activation level not modified, these data elements will be grayed out and not editable.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *2ND REVISED ACTIVATION LEVEL ELAPSED TIME*

**Definition:** Calculated time between patient's arrival at your facility and the second revised trauma team activation notification time.

**Field Values:**

| | |
|---|---|
| Auto-calculated field | |

**Additional Information:**

- Auto-generated calculation if 2$^{nd}$P revised activation level was modified.

**Default:** Blank

## *POST ED DISPOSITION*

**Definition:** The disposition of the patient at the time of discharge from the ED.

**Field Values:**

| | |
|---|---|
| <3> OR | <43> Home |
| <4> ICU | <44> Home with services |
| <5> Step down unit | <70> Acute Care Facility: (retired 01 Jan 2019) |
| <7> Telemetry | <72> SNF: usually temporary, to solve a specific medical need or to allow recovery outside a hospital |
| <8> Floor | <73> Hospice: includes home hospice |
| <9> Observation unit | <75> Mental health |
| <12> Special procedure room | <76> Rehab |
| <13> Labor & delivery | <77> Nursing home: permanent custodial assistance |
| <14> PICU | <78> Burn center |
| <40> Morgue: ED death | <79> Trauma center |
| <41> AMA | <99> Transferred: Transfer to Acute Care Facility. Discharged/transferred to non-trauma center or non-burn center hospital |
| <42> Correctional facility | </> Not applicable (n/a) |

**Additional Information:**

- If patient is directly admitted to the hospital, code as </> Not Applicable.
- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.

**Default:** Blank

**History:**

- Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.
- <70> retired as of 01Jan2019. The values <70> and <99> were duplicative. Though <70> was more specific, it does not show up on the picklist for most sites, so the decision was made to use <99> for transfer to acute care facility.

## *ADMITTING SERVICE*

**Definition:** The name of the service responsible for admitting the patient to your facility.

**Field Values:**

| | |
|---|---|
| <1> Trauma | <36> Nephrology |
| <2> Neurosurgery | <37> Neurology |
| <3> Orthopedics | <39> Not Admitted |
| <4> General Surgery | <43> OB-GYN |
| <5> Pediatric Surgery | <45> Ophthalmology |
| <6> Cardiothoracic Surgery | <46> Oral Surgery |
| <7> Burn Services | <53> Pediatric Critical Care |
| <9> Pediatrics | <58> Plastic Surgery |
| <11> Cardiology | <59> Psychiatry |
| <16> Dental | <63> Rehab |
| <23> ENT | <76> Urology |
| <25> Medicine | <77> Vascular Surgery |
| <28> Hand | <98> Other Surgical |
| <31> Hospitalist | <99> Other Non-Surgical |
| <33> Internal Medicine | </> Not Applicable |

**Additional Information:**
<39> Not Admitted: Use for patients discharged to home from the ED.

**Default:** Blank

**History:**

- Oct 2014: Request made to DI to change field values so they match those of Discharge Service.

## *POST OR DISPOSITION*

**Definition:** The disposition of the patient from the OR at your facility.

| **Field Values** | |
|---|---|
| <4> ICU | |
| <5> Step-down unit | |
| <7> Telemetry unit | |
| <8> Floor | |
| <9> Observation unit | |
| <13> Labor and delivery | |
| <14> PICU | |
| <40> Morgue | |
| <41> AMA | |
| <42> Correctional facility | |
| <43> Home | |
| <77> Nursing home | |
| <78> Burn Center | Patient transferred from OR to Burn Center |
| <79> Trauma center | |
| <99> Transferred | Use only for patients transferred to a Non-Trauma Center from the OR |
| </> Not applicable | Patient not taken to OR |
| <?> Unknown | |

**Additional Information:**

- If the patient lives in a nursing home and returns to a nursing home from the OR, use Home as the OR Disposition (per NTDB mandate).
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the OR use <43> Home or <44> Home with Services as appropriate.
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If patient is discharged from OR to PACU then home, enter “Home” as Post-OR Disposition.
- In DI V5 software: For direct admits to OR, enter “OR” in Post-ED disposition field so that OR disposition opens up. After entering OR disposition, go back to Post-ED disposition and enter </> so that Post-ED disposition is not populated with a value. This information is provided as a work-around to a DI software problem.

**Default:** Blank

**History:**

- Oct 2014: Request made to DI to change field values so they match those of Post-ED Disposition.

## Initial Assessment

### *RECORDED DATE AND TIME*

**Definition:** The recorded date and time of the initial vital signs taken at your facility.

**Field Values:**

| | |
|---|---|
| Date/time values | </> = Not applicable (only to be used in first vital sign record to indicate that vital signs weren't obtained within 30 minutes) |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with </>
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *WEIGHT VALUE/UNIT*

**Definition:** The baseline weight and unit of measure documented for the patient at your facility.

**Field Values:**

| | |
|---|---|
| kg | |
| lbs | |

**Additional Information:**

- May be measured or estimated.
- May be based on patient or family report.
- May record in either lbs. or kg. Software will convert to other unit of measurement.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *HEIGHT VALUE/UNIT*

**Definition:** The first recorded height upon ED/Hospital arrival at your facility

**Field Values:**

| | |
|---|---|
| Value: Free text | |
| Unit: | |
| cm | |
| in | |

**Additional Information:**

- If recorded in centimeters, software auto calculates to inches and vice versa.
- May be based on family or self-report.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *TEMPERATURE VALUE/UNIT/ROUTE*

**Definition:** The value, scale, and route of temperature taken in the ED/hospital

| Field Values | Definitions/Notes |
|---|---|
| Value: Free text | |
| Scale: F, C | |
| Route: | |
| Oral | |
| Tympanic | |
| Rectal | |
| Axillary | |
| Core | Includes bladder, esophageal. |
| Other | |
| Temporal | |
| ? Unknown | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- If recorded in Fahrenheit, software auto converts to Celsius and vice versa.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *PARALYTIC AGENTS*

**Definition:** Indicates the use of paralytic drugs at the time GCS was obtained at your facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).
- Refer to drug list in Appendix A for further information regarding paralytics.
- Do not use </>.

**Default:** Blank

## *SEDATED*

**Definition:** Indicates that use of sedation drugs at the time GCS was obtained at your facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Because TQIP reclassifies GCS as ≤8 for any patient flagged as sedated, NC will no longer flag patients as sedated if they have a GCS of 8 or greater. If GCS is > 8: don't flag patients as sedated, regardless of any medication given. (Added 01Jan2021)
- For patients with a GCS≤8, patients will be flagged as sedated if they have been given any drug on the approved NCCOT sedation list (see Appendix A) within 6 hours of when GCS was measured. No consideration of half-life, dose, or intent of the medication will be used. (Added 01Jan2021)
- Do not use </>.

**Changes:**

- Removed as of 01Jan2021: ~~If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. These agents do not include those administered by the patient (e.g., alcohol, prescription).~~

**Default:** Blank

## *EYE OBSTRUCTION*

**Definition:** Indicates if the patient did or did not have an obstruction to both eyes that affected the GCS at the time GCS was obtained at your facility. An obstruction is a physical reason that prevents the patient from opening their eyes.

**Field Values**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.

**Default:** Blank

## *INTUBATED*

**Definition:** Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time GCS was obtained at your facility

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered air management.
- Base response on most active airway adjunct in use at time of GCS assessment.
- Do not use **</>.**

**Default:** Blank

## *IF YES, METHOD*

**Definition:** The method used for intubation of the patient at the time the initial vitals were taken at your facility.

**Field Values:**

| | |
|---|---|
| <1> Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway | |
| <2> Cricothyrotomy – Open | |
| <3> Cricothyrotomy - Needle | |
| <4> Endotracheal Tube – Nasal | |
| <5> Endotracheal Tube – Oral | |
| <6> Endotracheal Tube – Route NFS | NFS = Not further specified |
| <?> Unknown | |

**Additional Information:**

- Record the most invasive airway adjunct in use.
- Must select “intubated” to open field.

**Default:** Blank

## *RESPIRATION ASSISTED*

**Definition:** Indicates whether the patient required respiration assistance at the time the initial vitals were taken at your facility.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |

**Additional Information:**

- Qualifier for GCS.
- Do not use </>.

**Default:** Blank

## *IF YES, TYPE (for Respiration Assisted)*

**Definition:** The type of device used for respiratory assistance at the time the initial vitals were taken at your facility.

**Field Values:**

| | |
|---|---|
| <1> Bag Valve Mask | |
| <2> Nasal Airway | |
| <3> Oral Airway | |
| <4> Ventilator | |
| <?> Unknown | |

**Additional Information:**

- Must select "yes" in "Respiration Assisted" field to open "Type" field

**Default:** Blank

## *SYSTOLIC BP*

**Definition:** The first recorded systolic blood pressure measured within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *PULSE RATE*

**Definition:** The first recorded pulse in the ED/hospital within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- The pulse rate can be palpated or auscultated, expressed as a number per minute.
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>)
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *UNASSISTED RESP RATE*

**Definition:** First recorded unassisted respiratory rate taken within 30 minutes of arrival at your facility. Copy info on non-initial vital signs.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as number per minute.
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).

**Default:** Blank

## *ASSISTED RESP RATE*

**Definition:** The first recorded assisted respiratory rate measured within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).

**Default:** Blank

## *O2 SATURATION*

**Definition:** First recorded oxygen saturation in within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Expressed as percentage
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *SUPPLEMENTAL O2*

**Definition:** Determination of the presence of supplemental oxygen during the initial assessment within 30 minutes of arrival at your facility

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |

**Additional Information:**

- Qualifier for O2 Saturation field
- Only opens if there is a value in the O2 Saturation field
- Do not use </>.

**Default:** Blank

## *GCS EYE*

**Definition:** The first recorded Glasgow Coma Score (Eye) measured within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| <1> No Eye Movement when Assessed | |
| <2> Opens Eyes in Response to Painful Stimulation | |
| <3> Opens Eyes in Response to Verbal Stimulation | |
| <4> Opens Eyes Spontaneously | |
| <?> Unknown | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- Use to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. For example, the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *GCS VERBAL*

**Definition:** The first recorded Glasgow Coma Score (Verbal) measured within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| <1> No Vocal Response | |
| <2> Incomprehensible (adult) or Moans to Pain (infant/child) | |
| <3> Inappropriate (adult) or Cries to Pain (infant/child) | |
| <4> Confused (adult) or Irritable/Cries | |
| <5> Oriented (adult) or Coos/Babbles (infant/child) | |
| <?> Unknown | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. For example, if the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *GCS MOTOR*

**Definition:** The first recorded Glasgow Coma Score (Motor) measured within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| <1> No Motor Response | |
| <2> Extension to Pain | |
| <3> Flexion to Pain | |
| <4> Withdraws from Pain (adult)<br>or Withdraws to Pain (infant/child) | |
| <5> Localizing Pain (adult) or<br>Withdraws to Touch (infant/child) | |
| <6> Obeys Command (adult) or<br>Spontaneous Movements (infant/child) | |
| <?> Unknown | |

**Additional Information:**

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g., the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *GCS TOTAL*

**Definition:** The first recorded Glasgow Coma Scale calculated total measure within 30 minutes of arrival at your facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the GCS will not automatically calculate, but the total GCS can be entered manually ONLY if the documentation states “alert and oriented x 3” or “alert and oriented x 4”.
- The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient.

**Default:** Blank

## *RTS (WEIGHTED)*

**Definition:** The calculated weighted revised trauma score measured at your facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: RTS = 0.9368 GCS + 0.7326 SBP + 0.2908 RR
- If any values of the GCS, SBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

**Default:** Blank

## *TRIAGE SCORE (Revised Trauma Score)*

**Definition:** The first recorded revised trauma score measured at your facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software if the GCS, SBP, and RR are valued.
- If any values of the GCS, SBP or respiratory rate are missing, the revised trauma score will not auto-calculate.

**Default:** Blank

## *BLOOD GASES DRAWN*

**Definition:** Indicates whether blood gas laboratory studies were drawn on the patient at your facility. First recorded in ED within 30 minutes of arrival for patients who come in through ED (non-direct-admits). For direct admits, use first drawn within 30 minutes of arrival.

**Field Values:**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| </> Not applicable> - Do not use this value. | |
| <?> Unknown | |

**Additional Information:**

- Must select <Y> to enter additional Lab fields.

**Default:** Blank

## *BLOOD GASES TYPE*

**Definition:** Indicates the type of blood gas laboratory studies drawn on the patient at your facility

**Field Values:**

| | |
|---|---|
| <1> ABG (Arterial Blood Gas) | |
| <2> VBG (Venous Blood Gas) | |
| </> Not applicable> | |
| <?> Unknown | |

**Additional Information:** None

**Default:** Blank

## *BASE DEFICIT/EXCESS*

**Definition:** The initial Base Deficit/Excess measured at your facility drawn within 30 minutes of patient arrival.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:**

- A negative base (base deficit) is equivalent to an acid excess.
- A positive base (base excess) indicates an insufficient level of bicarbonate in the system.

**Default:** Blank

## *HEMATOCRIT*

**Definition:** The patient's initial hematocrit value obtained at your facility drawn within 30 minutes of patient arrival.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Hct- Packed cell volume. The percentage of red blood cells in the blood.

**Default:** Blank

## *ED FLUID AMOUNT*

**Definition:** IV fluid given in ED

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information: None**

**Default:** Blank

# *Patient Tracking*

## *BLOOD PRODUCT - Type*

**Definition:** The type of blood product given to the patient during the initial visit at your facility.

**Field Values:**

| | |
|---|---|
| <1> Packed Red Blood Cells (PRBCs) | |
| <2> Plasma/FFP | |
| <3> Platelets | |
| <4> Cryo | |
| <5> Other Blood Substitute | |
| <6> Whole blood | Added Jan2021 |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- Enter PRBC option for each separate timeframe. Timeframe options include, but are not exclusive to, pre-hospital, referring facility, and within 1 hour of arrival.
- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- If no PRBC's given enter </> Not Applicable.

**Default:** Blank

## *VOLUME/NUMBER OF UNITS*

**Definition:** The total number of units given per event to the patient within the first 24 hours

**Field Values**

| | |
|---|---|
| Free text | |

**Additional Information:**

- Separate events for each episode within the 1st 24 hours.
- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.

**Default:** Blank

**History:** Field name changed to "Number of Units", per NCTR Data Dictionary committee. Oct 2014.

## *UNIT*

**Definition:** The unit of measure of the product per event within the first 24 hours.

**Field Values:**

| | |
|---|---|
| <1> L DO NOT USE | |
| <2> mL | |
| <3> Units | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- The volume measurement type for packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- Separate event for each episode within the 1st 24 hours.

**Default:** Blank

## *TIME PERIOD*

**Definition:** The time range during which the blood products were given per event within the 1st 24 hours.

**Field Values:**

| | |
|---|---|
| <0> Referring facility prior to arrival | |
| <1> Transport prior to facility arrival | |
| <2> Within 1st hour after facility arrival | |
| <3> Between 1 and 4 hours after facility arrival | |
| <4> Between 5 and 24 hours after facility arrival | |
| <5> Between 24 and 48 hours after facility arrival | |
| <6> Between 48 and 72 hours after facility arrival | |
| <7> More than 72 hours after facility arrival | |
| <8> Within first 24 hours of facility arrival – NFS | |
| <?> Unknown | |

**Additional Information:**

- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- Separate episode for each event within the 1st 24 hours.
- Option <1> refers to blood given during any transport
- Vidant uses option 3 to include patients meeting options 2 or 3.
- If a unit blood was given during transfer between facilities, use the value that represents where that unit of blood was started. For example, if a patient started receiving blood at a referring hospital, but was transported by EMS to a trauma center while the blood was being given, use option <0>.

**Default:** Blank

# *Provider*

## *CALLED DATE and TIME - TRAUMA*

**Definition:** The date and time the Trauma Attending was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – TRAUMA*

**Definition:** The date and time the Trauma Attending arrived at the patient's bedside.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the Trauma Attending arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS - TRAUMA*

**Definition:** The timeliness of the Trauma Attending's arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

**Default:** Blank

## *ELAPSED TIME - TRAUMA*

**Definition:** The time elapsed between the time the patient arrived and the time of the Trauma Attending's arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| Auto-calculated by software | |

**Additional Information: None**

**Default:** Blank

History:
4/13/2015: Changed from "between the time team was called".

## *CALLED DATE and TIME - SURGICAL SENIOR RESIDENT*

**Definition:** The date and time the surgical resident/midlevel was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – SURGICAL SENIOR RESIDENT*

**Definition:** The date and time the surgical resident/midlevel arrived at the patient's bedside,

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the surgical resident/midlevel arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS – SURGICAL SENIOR RESIDENT*

**Definition:** The timeliness of the surgical resident's/midlevel's arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

**Default:** Blank

## *CALLED DATE and TIME - ORTHOPEDICS*

**Definition:** The date and time the Orthopedic Attending/Resident/Midlevel was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of Orthopedic notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – ORTHOPEDICS*

**Definition:** The date and time the Orthopedic Attending/Resident/Midlevel arrived at the patient's bedside.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the Orthopedic Attending/Resident/Midlevel arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS – ORTHOPEDICS*

**Definition:** The timeliness of the Orthopedic Attending/Resident/Midlevel arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.
- Calculated time now uses patient arrival time for calculation – not time called (March 2016).

**Default:** Blank

## *CALLED DATE and TIME – NEUROSURGERY*

**Definition:** The date and time the Neurosurgeon was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of Neurosurgery notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – NEUROSURGERY*

**Definition:** The date and time the Neurosurgeon/Resident/Midlevel arrived at the patient's bedside,

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the Neurosurgeon/Resident/Midlevel arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS – NEUROSURGERY*

**Definition:** The timeliness of the Neurosurgeon/Resident/Midlevel arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.
- Elapsed time calculated based on patient arrival, not on time called (March 2016).

**Default:** Blank

## *CALLED DATE and TIME – EMERGENCY MEDICINE*

**Definition:** The date and time the ED Attending was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – EMERGENCY MEDICINE*

**Definition:** The date and time the ED Attending arrived at the patient's bedside.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the ED Attending arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS – EMERGENCY MEDICINE*

**Definition:** The timeliness of the ED Attending's arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

**Default:** Blank

## *TYPE*

**Definition:** Additional Service (e.g., Anesthesia) requested during resuscitation portion of the trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Trauma | <43> OB/Gyn |
| <2> Neurosurgery | <45> Opthalmology |
| <3> Orthopedics | <46> Oral surgery |
| <4> General surgery | <47> Organ donation |
| <5> Pediatric surgery | <49> Spine |
| <6> Cardiothoracic surgery | <50> SCI (spinal cord injury) |
| <7> Burn services | <51> Pain management |
| <8> Emergency medicine | <52> Palliative care |
| <9> Pediatrics | <53> Pediatric critical care |
| <10> Anesthesiology | <54> Pharmacy |
| <11> Cardiology | <55> Physiatry |
| <14> Child protective team | <56> Physical therapy |
| <15> Critical care | <58> Plastic surgery |
| <16> Dental | <59> Psychiatry |
| <17> Dermatology | <60> Pulmonary |
| <20> Drug/alcohol counselor | <61> Radiology |
| <22> Endocrinology | <62> Recreation therapy |
| <23> ENT | <63> Rehab |
| <24> Ethics committee | <64> Respiratory therapy |
| <25> Medicine | <65> Risk management |
| <26> Gerontology | <66> Social services |
| <27> GI | <67> Social work |
| <28> Hand | <68> Speech therapy |
| <29> Hematology/Oncology | <72> TBI |
| <31> Hospitalist | <73> Thoracic surgery |
| <32> Infectious disease | <76> Urology |
| <33> Internal medicine | <77> Vascular surgery |
| <34> Interventional radiology | <78> Wound care |
| <36> Nephrology | <79> Hyperbarics |
| <37> Neurology | <80> Intensivist |
| <38> Neuro-psych | <98> Other surgical service |
| <42> Nutrition | <99> Other non-surgical service |

**Additional Information:**

- If a service sees the patient outside of ED, document in the In-house consult field.
- Not all trauma activations require Anesthesia assistance.
- Anesthesia should be the 6$^{th}$ service recorded, if Anesthesia is going to be in the list.

**Default:** Blank

## *CALLED DATE and TIME – OTHER*

**Definition:** The date and time the Other Provider was notified of trauma activation.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ARRIVED DATE and TIME – OTHER*

**Definition:** The date and time the Other Provider arrived at the patient's bedside.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The earliest documented date/time the Anesthesiologist arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *TIMELINESS – OTHER*

**Definition:** The timeliness of the Other Provider's arrival at the patient's bedside for a trauma activation.

**Field Values:**

| | |
|---|---|
| <1> Timely | |
| <2> Not timely | |
| <3> Absent | |
| <?> Unknown | |
| </> Do not use this value. | |

**Additional Information:**

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

**Default:** Blank

## *IN-HOUSE CONSULT: TYPE*

**Field Values:**

| | |
|---|---|
| <1> Trauma | <43> OB/Gyn |
| <2> Neurosurgery | <44> Occupational therapy |
| <3> Orthopedics | <45> Ophthalmology |
| <4> General surgery | <46> Oral surgery |
| <5> Pediatric surgery | <47> Organ donation |
| <6> Cardiothoracic surgery | <49> Spine |
| <7> Burn services | <50> SCI (spinal cord injury) |
| <8> Emergency medicine | <51> Pain management |
| <9> Pediatrics | <52> Palliative care |
| <10> Anesthesiology | <53> Pediatric critical care |
| <11> Cardiology | <54> Pharmacy |
| <13> Child life | <55> Physiatry |
| <14> Child protective team | <56> Physical therapy |
| <15> Critical care | <58> Plastic surgery |
| <16> Dental | <59> Psychiatry |
| <17> Dermatology | <60> Pulmonary |
| <20> Drug/alcohol counselor | <61> Radiology |
| <22> Endocrinology | <62> Recreation therapy |
| <23> ENT | <63> Rehab |
| <24> Ethics committee | <64> Respiratory therapy |
| <25> Medicine | <65> Risk management |
| <26> Gerontology | <66> Social services |
| <27> GI | <67> Social work |
| <28> Hand | <68> Speech therapy |
| <29> Hematology/Oncology | <72> TBI |
| <31> Hospitalist | <73> Thoracic surgery |
| <32> Infectious disease | <76> Urology |
| <33> Internal medicine | <77> Vascular surgery |
| <34> Interventional radiology | <78> Wound care |
| <36> Nephrology | <79> Hyperbarics |
| <37> Neurology | <80> Intensivist |
| <38> Neuro-psych | <98> Other surgical service |
| <42> Nutrition | <99> Other non-surgical service |

**Additional Information:**

- Do not include admitting service as a consult.

**Default:** Blank

## *IN-HOUSE CONSULT: CALLED DATE & TIME*

**Definition:** The date and time the consulting service was notified.

**Field Values:**

| | |
|---|---|
| Date/time values | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *IN-HOUSE CONSULT: ARRIVED DATE & TIME*

**Definition:** The earliest (first) date and time the consulting service saw the patient

**Field Values:**

| | |
|---|---|
| Date/time values | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

# *Procedures*

## *PROCEDURE CODE/DESCRIPTION*

**Definition:** The ICD9 & ICD10 code numbers and descriptions of operative and essential procedures performed at your facility.

| **Field Values** | |
|---|---|
| Too many values to list. See https://www.icd10data.com/ICD10PCS/Codes. | |

**Additional Information:**

- Major and minor procedures performed at your facility, including CPR for all locations.
- In DI V5 software, the maximum number of procedures that may be recorded for a patient is 200.
- Capture all procedures performed in the operating room except for intubation solely for the operation. Ignore NTDB instructions to capture only first incidence of certain procedures.
- Diagnostic and supplemental (non-operative) procedures have the potential to be performed multiple times during one hospitalization event. In this case, capture only the first event.
- </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later.

**Default:** Blank

**History:**

- Use code 99.01 (transfusion exchange) on patients that receive > 10 units of blood products over the first 24 hours following hospital arrival.
- ICD-9 codes retired for patients arriving on 01Oct2015 or later.

## *LOCATION*

**Definition:** The location where the procedure was performed while the patient is at your facility.

**Field Values:**

| | |
|---|---|
| <2> Emergency department | |
| <3> Operating room | |
| <4> Intensive care unit | |
| <5> Step-down unit | |
| <8> Floor | |
| <10> Radiology | |
| <12> Special procedure room | |
| <14> Pediatric ICU | |
| <15> Interventional radiology | |
| <?> Unknown | |

**Additional Information:** None

**Default:** Blank

## *OR VISIT #*

**Definition:** A sequential number given to each visit to the operating room.

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Start the count at your facility. Whether or not the patient has had procedures at another facility, the first procedure at your facility is OR Visit #1.
- If multiple procedures are performed during the one trip to the OR, those procedures will share the same OR visit number.
- If a procedure is performed anywhere other than the OR, the OR visit number can be left as the default value <blank> or </> Not Applicable.
- First visit to OR should be recorded as #1.

**Default:** Blank

## *START DATE and TIME*

**Definition:** The start date and time the procedure was performed.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Operative procedure start time is defined as the time the incision was made.
- All other procedures (those without incisions) start times are defined as the time the procedures starts.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *RESULTS*

**Definition:** The results of diagnostic studies performed.

**Required by North Carolina**: Yes, unless procedure is not a diagnostic study.
Not required for CTs or plain films as of 01 Jan 2017.
Not required for ECHO (as of 01 Jan 2021).

**Field Values:**

| | |
|---|---|
| <1> Positive | |
| <2> Negative | |
| <3> Indeterminate | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- Positive results in a FAST exam include free fluid in the abdomen
- Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc
- Positive Aortogram: the aorta has identifiable injuries as a result of trauma. Positive for extravasation.
- Positive Arteriogram/Angiogram: report states "positive for acute changes". Positive for extravasation.
- Indeterminate: report indicates exam results are inconclusive.

**Default:** Blank

**History:**
Results for CTs and plain films no longer required as of 01Jan2017. Prior to 01Jan2017, a negative plain film was defined as "no injuries identified".

July 2016 – Dec 2016: A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result.

Prior to July 2016, the definition for CTs was:

- Pregnancy is **not** considered a positive result.
- Positive CT results represent organ injury only. **DO NOT** include injury to bony structures.
- If CT is done for bony structure injury, then use "Not Applicable" for diagnostic results.
- Negative CT: no organ injuries identified.
- Indeterminate: report indicates exam results are inconclusive.

# *Diagnosis*

## Injury Coding

### *AIS VERSION*

**Definition:** The software version used to calculate the AIS (Abbreviated Injury Scale) severity codes.

**Field Values:**

| | |
|---|---|
| AIS 2005 | |

**Additional Information:**

- All facilities submitting data to the State of NC trauma registry are required to use the AIS 2005 version. Starting in 2016, NTDS will accept AIS2005. NTDS used to accept AIS 80, 85, 90, 95, 98 and AIS2005.

**Default:**

- AIS2005
- </> (Not applicable) is not a valid option for this field.

## *ISS*

**Definition:** The Injury Severity Score (ISS) is the sum of the squares of highest AIS in each of the three most severely injured AIS body regions. ISS is used to predict a patient's mortality and morbidity.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- Sum of squares of highest AIS code in each of the three most severely injured AIS body regions.
- This field auto calculates based on injury coding.

**Default:** Blank

## *NISS*

**Definition:** The New Injury Severity Score is the sum of the squares of the three highest AIS in any ISS body region. This score is used as a predictor of mortality.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- Sum of squares of 3 highest AIS scores, regardless of body region.
- This field auto calculates based on injury coding.

**Default:** Blank

## *TRISS*

**Definition:** Trauma and Injury Severity Score determines the probability of survival of a patient. TRISS is based upon the ISS, RTS (Revised Trauma Score), age, and injury type (blunt/penetrating).

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field auto calculates based upon ISS, RTS, age and type of injury (blunt/penetrating).

**Default:** Blank

## *ICD 9/ICD10 CODE and DESCRIPTION*

**Definition:** Diagnoses related to all injuries.

**Field Values:**

| | |
|---|---|
| Refer to ICD-9 and ICD-10 reference texts. | |

**Additional Information:**

- Refer to inclusion criteria.
- For ICD-9: for drowning – use 994.1. For asphyxia/suffocation use 994.7.
- For ICD-10: for drowning: use T75.1. For asphyxia/suffocation, use a variant of T71.
- Maximum number of diagnoses that may be reported for an individual patient is 50. Max number changed to 27 in 2013. Reported to DI in 2013.
- ICD-9 codes retired for patients arriving on 01Oct2015 or later.
- </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later.
- Values required for diagnoses from your facility, but not from referring facilities. Referring facility diagnosis code requirement removed Jan2021.

**Default:** Blank

## *PREDOT/DESCRIPTION*

**Definition:** The Abbreviated Injury Scale (AIS) Predot codes that reflect the patient's injuries.

**Field Values:**

| | |
|---|---|
| Auto-generated | |

**Additional Information:**

- The predot code is the 6 digits preceding the decimal point in an associated AIS Code.
- Each 6-digit predot is a unique identifier.
- Refer to most recent AIS coding book for further coding detail
- </> (Not applicable) is not a valid option for this field.

**Default:** Blank

## *SEVERITY*

**Definition:** The AIS single digit severity number indicates the relative severity of injury in an "average patient" who sustains the coded injury as his only injury. Based on AIS 6-digit predot.

**Field Values:**

| | |
|---|---|
| Auto-generated | |

**Additional Information:**

- Auto populates based on AIS 6-digit predot.

**Default:** Blank

## *AIS BODY REGION*

**Definition:** The body regions used for generation of the injury severity scores.

**Field Values:**

| | |
|---|---|
| Auto-generated | |

**Additional Information:**

- This field is auto populated based on AIS 6-digit predot.
- The six body regions are:
    - Head or neck injuries include the brain, skull, cervical cord, and cervical spine. Also includes asphyxia.
    - Facial injuries include those involving the mouth, ears, eyes, and facial bones.
    - Chest injuries include drowning, and injuries to internal organs of the chest cavity, diaphragm, rib cage, thoracic cord, and thoracic spine.
    - Abdominal or pelvic contents includes internal organs in the abdominal and pelvic region, lumbar cord, and lumbar spine.
    - Injuries to extremities include sprains, fractures, dislocations, and amputations to arms, legs, shoulder and pelvic girdles.
    - External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface. Also includes hypothermia, electrical injury, and whole body injury.

**Default:** Blank

## *OIS CODE/DESCRIPTION*

**Definition:** The Organ Injury Scale (OIS).

**Field Values:**

| | |
|---|---|
| <1> Grade 1 | |
| <2> Grade 2 | |
| <3> Grade 3 | |
| <4> Grade 4 | |
| <5> Grade 5 | |
| <6> Grade 6 | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- The OIS is for organs only. Organs include all organs in the thoracic and abdominal cavities as well as thoracic vascular and abdominal vascular.

**Default:** Blank

## Non-Trauma Diagnoses

### *ICD 9/ICD-10 CODE/DESCRIPTION (Non-trauma dx)*

**Definition:** ICD-9 and ICD-10 codes identified during the patient's stay for non-trauma diagnoses not coded elsewhere.

**Field Values:**

| | |
|---|---|
| Refer to ICD-9 and ICD-10 reference texts. | |

**Additional Information:** Any diagnosis that is hospital acquired should go into the non-trauma diagnosis (NTD) list. If you have a NTD that is present on admission (POA) and is listed in the comorbidity list, then you can enter it in the comorbidity list. If you have NTDs that are POA and are not listed in the comorbidity list (or don't meet the NTDB's strict definitions), then enter them in the NTD section. Comorbidities that are entered in to the "Comorbidity" field do not need to also be entered in to the NTD field.

**Default:** Blank

## *TYPE (Non-trauma diagnosis)*

**Definition:** Indicates whether comorbidity or complication was present on arrival (POA).

**Required by North Carolina**: Yes if non-trauma diagnosis field is used for recording comorbidities.

**Field Values:**

| | |
|---|---|
| <1> Present on Arrival | |
| <2> Hospital Acquired | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- Obtained from medical records coding.
- Not required for ED discharges

**Default:** Blank

## Comorbidity

**Definition:** Pre-existing co-morbid factors present before patient arrival at the ED/Hospital.

**Field Values: Values will be updated to alphanumeric codes. Current numbers are irrelevant to pick list.**

| North Carolina (in addition to NTDS) use | NTDS |
|---|---|
| <0> = None | <2> = Alcohol use disorder (aka Alcoholism) |
| <131> = Acquired coagulopathy | ~~<3> = Ascites within 30 Day~~s (retired Jan2015) |
| <132> = Alzheimer's disease | <4> = Bleeding disorder |
| <133> = Asthma | <5> = Currently receiving chemotherapy for cancer |
| <134> = Bilirubin>2mg% (on admission) | <6> = Congenital anomalies |
| <135> = CVA | <7> = Congestive heart failure |
| <136> = Chemotherapy, active | <8> = Current smoker |
| <137> = Chronic demyelinating disease | <9> = Chronic renal failure |
| <138> = Chronic pulmonary condition | <10> = CVA (Prior to Jan2015 value was CVA / Residual neurological deficit) |
| <139> = Coronary artery disease | <11> = Diabetes Mellitus, NFS |
| <140> = Cor Pulmonale | <12> = Disseminated cancer |
| <141> = Coumadin therapy | <13> = Advanced directive limiting care |
| <142> = Diabetes mellitus, Insulin-dependent | ~~<14> = Esophageal varices~~ (Retired Jul2014) |
| <143> = Diabetes mellitus, Non-insulin-dependent | <15> = Functionally dependent health status |
| <144> = Dialysis, non-transplant | ~~<16> = History of angina within 30 days~~ (retired Jan 2017) |
| <145> = Hemophilia | ~~<17> = History of myocardial infarction~~ (retired Jan 2017) |
| <146> = Hx of cardiac surgery | ~~<18> = History of PVD~~ (retired Jan 2017) |
| <147> = HIV/AIDS | <19> = Hypertension ~~requiring medication~~ (changed Jan 2017) |
| <148> = Inflammatory bowel disease | <21> = Prematurity |
| <149> = Metastasis, Concurrent or Existence of | ~~<22> = Obesity~~ (retired Jan 2015) |
| <150> = Multiple sclerosis | <23> = COPD (prior to Jan2015 was labeled Respiratory disease) |
| <151> = Organic brain syndrome | <24> = Steroid use |
| <152> = Pancreatitis | <25> = Cirrhosis |
| <153> = Parkinson's disease | <26> = Dementia |
| <154> = Peptic ulcer disease | ~~<27> = Major psychiatric illness~~ (retired Jan 2017) |
| <155> = Pre-existing anemia | ~~<28> = Drug abuse or dependence~~ (retired Jan 2017) |
| <156> = Pregnancy | <29> = ~~Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider~~ (retired Jan2015) |
| <157> = COPD | <1> = Other |
| <158> = Pulmonary disease with ongoing active treatment | ~~<20> Impaired sensorium~~ (retired in 2012) |
| <159> = Rheumatoid arthritis | <30> ADHD (added Jan2019) |
| <160> = Seizures | <31> Anticoagulant therapy (added Jan 2017) |
| <161> = Serum Creatinine >2mg% (on admission) | <32> Angina pectoris (added Jan 2017) |
| <162> = Spinal cord injury | <33> Mental/personality disorder (added Jan 2017) |

| | |
|---|---|
| <163> = Systemic lupus erythematous | <34> Myocardial infarction (MI) (added Jan 2017) |
| <164> = Transplant | <35> Peripheral arterial disease (PAD) (added Jan 2017) |
| <165> = Undergoing current therapy | <36> Substance abuse disorder |

**Additional Information:**

- Use the NTDS options as the primary options.
- If the co-morbidity is not identified in the NTDS options, review the standard options.
- If your facility desires to collect co-morbidity(ies) not already defined, you may create user defined co-morbidities. User defined co-morbidities should not be sent to the State trauma registry or the NTDS
- If comorbidities are entered on this screen and non-trauma dx screen, then reports will count the comorbidity twice.
- See NTDB data dictionary for field value definitions.
- If no comorbidities are reported, choose <0> (None).

**Default:** Blank

# *Outcome*

## Initial Discharge

### *DISCHARGE STATUS*

**Definition:** Indicates the status of the patient at the time of discharge from your facility.

**Field Values:**

| | |
|---|---|
| <1> Alive | |
| <2> Dead | |

**Additional Information:**

- None

**Default:** Blank

## *DISCHARGE ORDER DATE/TIME*

**Definition:** Date and time that discharge order for discharge from your facility was written.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- If death, enter n/a.

**Default:** Blank

## *DISCHARGE/DEATH DATE and TIME*

**Definition:** The date and time the patient was discharged or died at your facility

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Used to auto-generate an additional calculated field: Total Length of Hospital Stay.
- Time is collected in military time.
- Time should be collected in military time (HH:MM)
- If death, report the date and time the patient pronounced dead. Use the time when the patient is declared brain dead. From a clinical/legal standpoint the time of death is the time when patient is declared brain dead. All of the tracking should end at that point as far as vent and ICU days. Death certificates always reflect, if completed correctly, the time of death as the time declared brain dead.

**Default:** Blank

## *TOTAL DAYS ICU*

**Definition:** Total cumulative days the patient spent in the ICU at your facility

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- If no ICU days, <0> should be entered into the field. Change (Feb 2018): Used to allow </> for patient did not stay in ICU.
- ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day.
- Auto calculates from patient tracking if used.
- Please check that value is not less than 0.

**Default:** Blank

## *TOTAL DAYS VENTILATOR*

**Definition:** Total cumulative days the patient spent on the ventilator at your facility

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- Excludes mechanical ventilation time associated with OR procedures.
- Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
- If no vent days, </> should be entered into the field. (because required by NTDB)
- At no time should the Total Vent Days exceed the ICU LOS.
- Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day.
- Auto calculates from patient tracking
- Please check that value is not less than 0.

**Default:** Blank

## *TOTAL DAYS HOSPITAL*

**Definition:** The total cumulative number of days the patient spent in your facility.

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software from the arrival date/time and the Hospital discharge date/time.

**Default:** Blank

## *DISCHARGE SERVICE*

**Definition:** The service which handled the discharge from your facility

**Field Values:**

| | |
|---|---|
| <1> Trauma | |
| <2> Neurosurgery | |
| <3> Orthopedics | |
| <4> General Surgery | |
| <5> Pediatric Surgery | |
| <6> Cardiothoracic Surgery | |
| <7> Burn Services | |
| <9> Pediatrics | |
| <11> Cardiology | |
| <23> ENT | |
| <25> Medicine | |
| <28> Hand | |
| <36> Nephrology | |
| <37> Neurology | |
| <39> Not Admitted | |
| <43> OB-GYN | |
| <45> Ophthalmology | |
| <46> Oral Surgery | |
| <53> Pediatric Critical Care | |
| <58> Plastic Surgery | |
| <59> Psychiatry | |
| <63> Rehab | |
| <76> Urology | |
| <77> Vascular Surgery | |
| <98> Other Surgical | |
| <99> Other Nonsurgical | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- If patient is discharged from ED, use “Not Admitted”
- List still does not match admitting service list. Requested of DI in approx. 2014.

**Default:** None

## *DISCHARGED TO*

**Definition:** The disposition of the patient when discharged from your facility

**Field values:**

| | |
|---|---|
| <40> Morgue | <74> Long-term care: includes assisted living, and nursing home. Use this value when it is unclear what level of care a patient is discharged to. |
| <41> Left AMA | <75> Mental Health Facility |
| <42> Correctional Facility | <76> Rehab |
| <43> Home | <77> Nursing Home: permanent custodial assistance |
| <44> Home with Services | <78> Burn Center: Transferred to Burn Center |
| <72> Skilled Nursing Facility (SNF): usually temporary, to solve a specific medical need or to allow recovery outside a hospital | <79> Trauma Center: Transferred to Trauma Center |
| <73> Hospice: includes home hospice | <99> Transferred: Discharged/transferred to non-trauma center or non-burn center hospital. Includes LTAC. |

**Additional Information:**

- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.

**Default:** Blank

**History:**

- Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that “Home” be entered.
- <70> Acute Care Facility: Value retired Feb2019 because the distinction between this value and <99> was unclear. Though <70> had a clearer label, this value is not available on the DI ED Disposition menu. So, for consistency, the decision was made to keep <99> and retire <70>. The definition of ACF has become the definition of <99>.

## *TRANSFERRED FACILITY*

**Definition:** The code and description of the facility receiving the patient from your facility

**Field Values:**

| | |
|---|---|
| All NC hospitals and some non-NC hospitals | |

**Additional Information:**

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

**Default:** Blank

## *INCLUSION INFORMATION - STATE*

**Definition:** Indicates the record meets NC Trauma Registry criteria and should be submitted to the State through the weekly data transfer process.

**Field Values:**

| | |
|---|---|
| <Y> Yes | <N> No |

**Additional Information:** None

**Default:** Blank

# If Death

## *LOCATION*

**Definition:** The location where the patient was pronounced.

| Field value | Definition |
|---|---|
| <2> Emergency Department | |
| <3> Operating Room | |
| <4> Intensive Care Unit | |
| <5> Step-down Unit | |
| <7> Telemetry | |
| <8> Floor | |
| <14> Pediatric ICU | |
| <15> Interventional Radiology | |
| <45> DOA | Minimal resuscitative effort. Arrives pulseless, no signs of life. No invasive procedures, such as intubation, central line, or REBOA. ED LOS less than 30 minutes. |

**Additional Information:**

- Place or site in which patients vital functions ceased permanently.

**Default:** Blank

**History:**

- Instruction not to use "**<45>** DOA" field value removed in January 2019, because ACS has requested that this value be used.

## *AUTOPSY TYPE and NUMBER*

**Definition:** The type of autopsy performed on the patient and the number of the autopsy report

**Field Values**

| | |
|---|---|
| <1> Full | |
| <2> Partial | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:**

- <Full> - The ME does a complete exam, both external and internal. Incisions are made into the body as part of the examination process.
- <Partial> - The ME conducts an outside examination of the body only, no incision was made.
- Autopsy Number is a free-text field for the Autopsy ID Number.

**Default:** Blank

## *WAS ORGAN DONATION REQUESTED/GRANTED*

**Definition:** Indicates if organ donation was requested and/or granted.
Two fields – "Granted" is required only if "Requested" = Y

**Field Values**

| | |
|---|---|
| <Y> Yes | |
| <N> No | |
| <?> Unknown | |
| </> Not Applicable | |

**Additional Information:**

- For "Requested" field, use <Y> if family is approached. Does not include phone call to organ donor services, unless family is contacted.

**Default:** Blank

## *ORGANS PROCURED*

**Definition:** Indicates which organs were donated.

**Field Values:**

| | |
|---|---|
| <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> Intestines | |
| <11> Kidney | |
| <12> Liver | |
| <13> Lungs | |
| <14> Nerves | |
| <15> Pancreas | |
| <16> Skin | |
| <17> Stomach | |
| <18> Tendons | |
| <19> Whole Eyes | |
| <20> Tissue | |
| <21> Other | |
| <?> Unknown | |

**Additional Information:**

- Field opens when <Y> is selected in the “Was Organ Donation Requested” and “Was Request Granted” fields.

**Default:** Blank

## *IF OTHER, SPECIFY*

**Definition:** A free text field to include an organ/organ site not included in the current organ donation picklist.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:** None

**Default:** Blank

## *IF NONE, REASON*

**Definition:** The reason no organs were harvested at your facility if family agreed to organ donation.

**Field Values:**

| | |
|---|---|
| <1> Not Brain Dead | <4> Medically Unsuitable, Clinical Condition |
| <2> No Legal Brain Death Documentation Noted | <5> Medically Unsuitable, Social History |
| <3> No ME Consent | <?> Unknown |

**Additional Information:**

- Field opens when <0> None is selected in the "Organ Procured" field

**Default:** Blank

## *DONOR STATUS*

**Definition:** The status of the patient at the time the organs were donated at your facility

**Field Values:**

| | |
|---|---|
| <1> Brain Death | |
| <2> Non-beating heart<br>Donor after Cardiac Death | |
| <?> Unknown | |

**Additional Information:**

- Field opens when the "Organs Procured" is filled in.

**Default:** Blank

## *ORGANS PROCURED DATE and TIME*

**Definition:** The date the organs were donated at your facility

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

# Billing

## *PRIMARY PAYOR*

**Definition:** The primary source of payment for hospital care at your facility.

| Field Values | Definitions |
|---|---|
| <1> Medicaid | |
| <2> Not Billed for Any Reason | |
| <3> Self Pay | Patients with no primary insurance |
| <5> Commercial | Includes automobile/liability, worker's compensation, BCBS, HMO, PPO, State Employee, and Managed Care |
| <4> Medicare | Use this value for any type of Medicare, including 3rd party payors (e.g., United Healthcare Medicare). |
| <7> Government | Includes Military, Champus, TriCare, Veteran's insurance (Mar2016) |
| <10> Other | Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance |
| <?> Unknown | |
| | |
| Retired values | |
| <6> Automobile/Liability | Code as Commercial (2014) |
| <8> Workers Compensation | Code as Commercial (2014) |
| <9> BCBS | Code as Commercial (2014) |
| <11> HMO | Code as Commercial (2014) |
| <12> PPO | Code as Commercial (2014) |
| <13> Military/Champus | Should be coded as <Government> (Mar2016) |
| <14> State Employee | Code as Commercial (2014) |
| <15> Charity | |
| <16> Managed Care | Code as Commercial (2014) |

**Additional Information:**

- </> (Not applicable) is not a valid option for this field.
- Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014).
- An effort was made in Mar 2016 to have NC's list match the NTDB list.

**Default:** Blank

## *ADDITIONAL PAYOR*

**Definition:** Additional sources of payment for the patients care at your facility

**Field Values:**

| | |
|---|---|
| <1> Medicaid | |
| <2> Not Billed for Any Reason | |
| <3> Self Pay | |
| <5> Commercial | |
| <4> Medicare | Use this value for any type of Medicare, including 3rd party payors (e.g., United Healthcare Medicare). |
| <7> Government | |
| <10> Other | |
| <?> Unknown | |
| | |
| Retired values | |
| <6> Automobile/Liability (use <5> Commercial) | |
| <8> Workers Compensation (use <5> Commercial) | |
| <9> BCBS (use <5> Commercial) | |
| <11> HMO (use <5> Commercial) | |
| <12> PPO (use <5> Commercial) | |
| <13> Military/Champus (use <7> Government) | |
| <14> State Employee (use <5> Commercial) | |
| <15> Charity | |
| <16> Managed Care (use <5> Commercial) | |

**Additional Information:**

- <Other> - Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance
- If the patient has no primary insurance, use <Self Pay>.
- Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014).
- An effort was made in Mar 2016 to have NC's list match the NTDB list.
- Veterans insurance (e.g., Tricare) and Champus should be coded as <Other Government> (Mar2016).

**Default:** Blank

## Related Admission

### *ADMISSION DATE/TIME*

**Definition:** The date and time the patient was re-admitted to your facility

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

**Default:** Blank

## *ADMITTING SERVICE*

**Definition:** The code and description of the service admitting the patient to your facility

**Field Values:**

| | |
|---|---|
| <1> Trauma | |
| <2> Neurosurgery | |
| <3> Orthopedics | |
| <4> General Surgery | |
| <5> Pediatric Surgery | |
| <6> Cardiothoracic Surgery | |
| <7> Burn Services | |
| <9> Pediatrics | |
| <11> Cardiology | |
| <16> Dental | |
| <23> ENT | |
| <25> Medicine | |
| <28> Hand | |
| <31> Hospitalist | |
| <33> Internal Medicine | |
| <36> Nephrology | |
| <37> Neurology | |
| <39> Not Admitted | |
| <43> OB-GYN | |
| <45> Ophthalmology | |
| <46> Oral Surgery | |
| <53> Pediatric Critical Care | |
| <58> Plastic Surgery | |
| <59> Psychiatry | |
| <63> Rehab | |
| <76> Urology | |
| <77> Vascular Surgery | |
| <98> Other Surgical | |
| <99> Other Non-Surgical | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:** None **Default:** Blank

## *TYPE OF ADMISSION*

**Definition:** Type of related admission.

**Field Values:**

| | |
|---|---|
| <1> Planned | |
| <2> Unplanned | |
| </> Not Applicable | |
| <?> Unknown | |

**Additional Information:** Planned readmissions are optional. If entered, be sure to indicate that they are planned.

**Default:** Blank

## *IF UNPLANNED – REASON*

**Definition:** The reason for the unplanned re-admission of the patient to your facility

**Field Values:**

| | |
|---|---|
| <1> Infection | |
| <2> Diagnosis Missed | |
| <3> Pain | |
| <4> Progression of Disease | |
| <5> Other | |
| <6> Complication | |
| </> Not applicable | |
| <?> Unknown | |

**Additional Information:** None

**Default:** Blank

## *DISCHARGE DATE*

**Definition:** The date the patient was discharged from the readmission at your facility

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If death, report the date and time the patient pronounced dead. Use the time when the patient is declared brain dead. From a clinical/legal standpoint the time of death is the time when patient is declared brain dead. All of the tracking should end at that point as far as vent and ICU days. Death certificates always reflect, if completed correctly, the time of death as the time declared brain dead.

**Default:** Blank

## *DISCHARGED TO*

**Definition:** The disposition of the patient when discharged from your facility following the readmission.

| Field values | Definitions for researchers |
|---|---|
| <40> Morgue | |
| <41> Left AMA | |
| <42> Correctional Facility | |
| <43> Home | |
| <44> Home with Services | |
| <70> Acute Care Facility | Discontinued as of 19 Feb 2019. |
| <72> Skilled Nursing Facility (SNF) | To provide a specific medical need or to allow recovery outside a hospital. |
| <73> Hospice | Includes home hospice |
| <74> Long term care | Includes assisted living, and nursing home. Use this value when it is unclear what level of care a patient is discharged to. |
| <75> Mental Health Facility | |
| <76> Rehab | If patient goes to SNF for rehab, use rehab. |
| <77> Nursing Home | Retired February 2019. |
| <78> Burn Center | |
| <79> Trauma Center | |
| <99> Transferred | Equivalent of "Acute Care Facility". Discharged/transferred to non-trauma center or non-burn center hospital |

**Additional Information:**

- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.
- Ignore instructions from DI to complete details on the If Death screen if "Morgue" is chosen

**Default:** Blank

**History:** Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.

## *ICU DAYS*

**Definition:** The total cumulative days the patient spent in the ICU at your facility during the readmission.

**Field Values:**

| | |
|---|---|
| Free text | |

**Additional Information:**

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- If no ICU days, </> or <0> should be entered into the field
- ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day.

**Default:** Blank

## *VENT DAYS*

**Definition:** The total cumulative days the patient spent on the ventilator at your facility the readmission,

**Field Values:**

| | |
|---|---|
| Free text field | |

**Additional Information:**

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- Excludes mechanical ventilation time associated with OR procedures.
- Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
- If no vent days, </> should be entered into the field.
- Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day.

**Default:**

- Blank

## *HOSP DAYS*

**Definition:** The total cumulative days the patient was admitted at your facility during the readmission.

**Field Values:**

| | |
|---|---|
| Auto-populates | |

**Additional Information:**

- This field is auto-calculated by the software from the patient arrival date/time and the hospital discharge date/time.

**Default:** Blank

## *ARRIVED FROM*

**Definition:** The location from which the patient arrived

**Field Values:**

| | |
|---|---|
| <1> Clinic | Includes diagnostic centers, dialysis centers. |
| <2> EMS Station | Includes fire stations, law enforcement agencies. |
| <3> MD Office | |
| <4> Home | Home includes foster care, group home, assisted living facilities, independent living facilities at independent living continuous care retirement communities. |
| <5> Nursing Home | |
| <6> Refer Hospital | |
| <8> Urgent Care | |
| <9> Other Acute Facility | Includes free-standing EDs. |
| <10> Correctional Facility | |
| <11> Other | |
| <?> Unknown | |

**Additional Information:**

- <9> Other Acute Facility – Outlying facilities that provide emergency care services are considered acute care facilities, i.e., free standing ED
- Patients arriving from an LTAC: Use <9> for other acute facility.

**Default:** Blank

**Change history:**
Jan 2018: Added instructions for patients arriving from LTAC (use <9>).

## *MODE*

**Definition:** The mode of transport delivering the patient to your facility

**Field Values:**

| | |
|---|---|
| <1> Ground Ambulance | |
| <2> Helicopter Ambulance | |
| <3> Fixed-wing Ambulance | |
| <4> Private Vehicle or Walk-in | |
| <5> Police | |
| <6> Other | |
| <7> Not Applicable | |
| <?> Unknown | |

**Additional Information:** None

**Default:** Blank

## *ED DISCHARGE DATE/TIME*

**Definition:** The date and time the readmitted patient was discharged from the ED at your facility

**Field Values:**

| | |
|---|---|
| Date/time field | |
| </> Not Applicable | |

**Additional Information**

- If the patient was a direct admit, enter </> Not Applicable
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If death, report the date and time the patient pronounced dead. Use the time when the patient is declared brain dead. From a clinical/legal standpoint the time of death is the time when patient is declared brain dead. All of the tracking should end at that point as far as vent and ICU days. Death certificates always reflect, if completed correctly, the time of death as the time declared brain dead.

**Default:** Blank

## *ED LENGTH OF STAY*

**Definition:** The total time the patient was in the ED at your facility

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information**

- This is a calculated field in V5 in hours and tenths of an hour.
- If the patient was a direct admit and the dates and times have been entered as previously outlined, the ED LOS will **NOT** calculate.

**Default:** Blank

## *ED DISPOSITION*

**Definition:** The disposition of the patient at the time of discharge from the ED

**Field Values:**

| | |
|---|---|
| <3> OR | <43> Home |
| <4> ICU | <44> Home with services |
| <5> Step down unit | <70> Acute Care Facility: (retired 01 Jan 2019) |
| <7> Telemetry | <72> SNF: usually temporary, to solve a specific medical need or to allow recovery outside a hospital |
| <8> Floor | <73> Hospice: Includes home hospice |
| <9> Observation unit | <75> Mental health |
| <12> Special procedure room | <76> Rehab |
| <13> Labor & delivery | <77> Nursing home: permanent custodial assistance |
| <14> PICU | <78> Burn center |
| <40> Morgue: ED death | <79> Trauma center |
| <41> AMA | <99> Transferred: Transfer to Acute Care Facility. Discharged/transferred to non-trauma center or non-burn center hospital |
| <42> Correctional facility | </> Not applicable (n/a) |

**Additional Information:**

- If patient is directly admitted to the hospital, code as </> Not Applicable.
- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.

**Default:** Blank

**History:**

- Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.
- <70> retired as of 01Jan2019. The values <70> and <99> were duplicative. Though <70> was more specific, it does not show up on the picklist for most sites, so the decision was made to use <99> for transfer to acute care facility.

## *TOTAL RE-ADMISSION DAYS*

**Definition:** The total cumulative days the patient admitted at your facility for all readmissions

**Field Values:**

| | |
|---|---|
| Auto-calculated | |

**Additional Information:**

- This field is auto-calculated by the software.

**Default:** Blank

## *FINAL DISCHARGE DATE*

**Definition:** The date the patient was discharged from the last readmission at your facility.

**Field Values:**

| | |
|---|---|
| Date/time value | |

**Additional Information:**

- Auto-populates from last discharge date.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If death, report the date and time the patient pronounced dead. Use the time when the patient is declared brain dead. From a clinical/legal standpoint the time of death is the time when patient is declared brain dead. All of the tracking should end at that point as far as vent and ICU days. Death certificates always reflect, if completed correctly, the time of death as the time declared brain dead.

**Default:** Blank

# *PI*

## Complications

**Definition:**

North Carolina complications are listed below. For information on the NTDS complications, see the NTDS data dictionary at https://www.facs.org/quality-programs/trauma/ntdb/ntds.

**Field values**

| | |
|---|---|
| 1=Other | 25=Unplanned intubation |
| 4= Acute kidney injury | 27=UTI (retired 2016) |
| 5= Acute respiratory distress syndrome (ARDS) | 28=Catheter-related blood stream infection (retired 2016) |
| 8= Cardiac arrest with CPR | 29=Osteomyelitis |
| 11= Decubitus ulcer (retired 2017) | 30=Unplanned return to OR (retired Jan2020) |
| 12= Deep surgical site infection | 40=Unplanned visit to OR (added Jan2020) |
| 13=Drug/alcohol withdrawal (retired 2017) | 31=Unplanned admission to ICU |
| 14=DVT | 32=Severe sepsis |
| 15=Extremity compartment syndrome; | 33=CAUTI |
| 16=Graft/prosthesis/flap failure (retired 2016) | 34=Central line=associated blood stream infection (CLABSI) |
| 18=MI (definition change Jan2020) | 35=Ventilator-associated pneumonia |
| 19=Organ/space surgical site infection | 36=Alcohol withdrawal syndrome |
| 20=Pneumonia (retired 2016) | 37=Pressure ulcer |
| 21=Pulmonary embolism | 38=Superficial incisional surgical site infection |
| 22=Stroke/CVA | Not applicable = no complications |
| 23=Superficial surgical site infection (retired 2017) | 39=Delirium (added Jan2020) |

# *Appendix A: Sedating and paralytic medications*

| **Sedating medications (to be used to classify a patient as sedated when GCS was measured if given within 6-hours of when GCS was measured)** | | **Paralytics** |
|---|---|---|
| Alprazolam (Xanax) | | RSI (procedure) |
| Diphenhydramine (Benadryl) | | Atracurium, cis-Atracurium |
| Cisatracium (Nimbex) | | Cisatracium |
| Demerol | | Rocuronium |
| Diazepam (Valium) | | Succinylcholine |
| Etomidate (Hypnomidate) | | Vecuronium |
| Droperidol | | |
| Fentanyl | | |
| Haloperidol (Haldol) | | |
| Hydromorphone | | |
| Ketamine | | |
| Clonazepam (Klonopin) | | |
| Chlordiazepoxide (Librium) | | |
| Dexmedetomidine | | |
| Lorazepam (Ativan) | | |
| Midazolam (Versed) | | |
| Morphine | | |
| Pentobarbital (Nembutal) | | |
| Phenobarbital | | |
| Propofol (Diprivan) | | |
| Rocuronium | | |
| Succinylcholine (Anectine) | | |
| Vecuronium | | |
| Zydone | | |

# *Appendix B: Record of changes*

## Alcohol use indicator

- Alcohol Use Indicator pages (RF, ED): removed from Data Dictionary and changed to not required because of discrepancy in time interval (30 min for NCTR vs 24 hours for NTDB). (Jan 2019)

## Blood

- "Whole blood" was added as a value for type of blood product. (Jan 2021)

## Chief complaint

- Chief complaint: Changed definition of "Pedestrian": Includes standing motorized and non-motorized scooters, Segways, roller skates, and skateboards. (Jan 2019)
- Added "Watercraft", which will cover "boat" and "jet ski". (Jan 2021)
- Added "Skateboard", "E-scooter", and "Fall from deerstand. (Jan 2021)
- Pedestrian used to include standing motorized and non-motorized scooters, Segways, and skateboards. This part of the definition of this value was eliminated with the addition of Chief Complaint values of "Skateboard" and "E-scooter".

## Comorbidities

- Added instruction to enter "None" if no comorbidities are reported. (08Apr2019)

## Drug screen

- Drug Screen results pages (RF, ED): removed from Data Dictionary and changed to not required because of discrepancy in time interval (30 min for NCTR vs 24 hours for NTDB). (Jan 2019)

## ED discharge order

- Date/time: Added "If patient died, enter date and time from death certificate." (Jan 2019)

## ED disposition

- ED Disposition (original and readmission): Discontinued use of "<70> Acute Care Facility" and changed definition of "<99> Transferred" to "Acute Care Facility". It was unclear how these values were different. (Jan 2019)

## EMS PCR number

- Field added as a required field to match new NTDB requirement. (Jan 2021)

## GCS-sedation

- Due to TQIP's decision to change GCS values to "≤8" if patients are flagged as sedated – regardless of the GCS recorded, NC decided to no longer flag any patient with GCS>8 as being sedated. Only patients with GCS≤8 will be considered for flagging as sedated. (Jan 2021)
- Patients will be flagged as sedated if and only if they've been given one of the drugs on the "Sedating medication" list in Appendix A of the data dictionary within 6 hours prior to when GCS was measured. No consideration of half-life, dose, or intent of the medication will be used. (Jan 2021)
- Sedation list updated, per NCCOT. (Jan 2021)

## Gender

- "Non-binary" was added to match the new NTDB values. (Jan 2021)

## Hospital disposition

- Discontinued use of "<70> Acute Care Facility" and changed definition of "<99> Transferred" to "Acute Care Facility". It was unclear how these values were different. (Jan 2019)

## If Death, Location

- Instruction not to use "**<45>** DOA" field value removed in January 2019, because ACS has requested that this value be used. Added definition of DOA (Jan 2019)

## Inclusion criteria

- In last row of decision points, "Was patient transferred to or from your facility via another ED or hospital using EMS or air ambulance?" was changed to "Was patient transferred to or from your facility via another ED or hospital". Requirement for EMS or air ambulance removed from criteria. Purpose of change: to follow new NTDB requirements. (Feb 2020)

## OR visit number

- Added text to the "Additional information" section to clarify what number to start the OR visit count with. Text added was "Start the count at your facility. Whether or not the patient has had procedures at another facility, the first procedure at your facility is OR Visit #1." (Jan 2019)

## Referring facility

- Several datapoints were changed to "not required" because of the complexity of locating the data. These datapoint include RF diagnoses and "clinician administered". (Jan 2021)

## Summary table

- Patient and injury zipcodes: research availability changed to "Available for calculations" (Jan 2019)
- Definition of "Machine" modified to include rolling over a foot with a lawnmower (Jan 2019)
- In-house consults: Type and called & arrived date/time are required as of Jan 2019.
- "Sent to State" column removed from table. (Jan 2021)