

SUPPLEMENT ONE
FACILITY ACCESS REQUEST FORM



FACILITY ACCESS REQUEST
(NON STATE EMPLOYEE)

EMPLOYEE RESPONSIBLE FOR INDIVIDUAL REQUIRING FACILITY ACCESS (ODPS / ODOT SUPERVISOR)

NAME OF SUPERVISOR		PHONE NUMBER		EXTENSION	
		() -			
AGENCY (ODPS / ODOT)		DIVISION		SECTION / OFFICE / UNIT	
REQUEST ACCESS BE GRANTED TO (building / location)					
<input type="checkbox"/> ODPS <input type="checkbox"/> ODOT <input type="checkbox"/> CENTRE SCHOOL <input type="checkbox"/> OTHER					
TYPE OF ACCESS		<input type="checkbox"/> PICTURE ID ACCESS CARD WITH ACCESS RIGHTS		START DATE: / /	
		<input type="checkbox"/> SIGN IN / SIGN OUT (VISITOR'S BADGE)		END DATE: / /	

INFORMATION ON INDIVIDUAL REQUIRING FACILITY ACCESS (to be completed by individual requiring facility access)

LAST NAME		FIRST NAME		MIDDLE INITIAL		ALIASES AND / OR MAIDEN NAME	
DATE OF BIRTH		SOCIAL SECURITY #		DRIVER LICENSE # / STATE ID / PASSPORT			
/ /		- -					
PRESENT HOME ADDRESS				CITY		STATE	ZIP CODE
LIST ANY FELONY OR MISDEMEANOR CONVICTIONS IN THE PAST TEN YEARS AND DATE OF CONVICTION							
LIST THE PREVIOUS ADDRESSES YOU HAVE LIVED AT IN THE PAST TEN YEARS							
I _____, CERTIFY THAT ALL OF THE ANSWERS AND STATEMENTS ON THIS FORM ARE COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. I FURTHER UNDERSTAND THAT FALSIFYING INFORMATION ON THIS FORM, OR TAMPERING WITH A RECORD, MAY CONSTITUTE A CRIMINAL OFFENSE.							
SIGNATURE							
X							

COMPANY INFORMATION FOR INDIVIDUAL REQUIRING FACILITY ACCESS

NAME OF COMPANY					
CONTACT NAME		PHONE NUMBER		EXTENSION	
		() -			
COMPANY ADDRESS		CITY		STATE	ZIP CODE

INFORMATION ON PERSON SUBMITTING FORM (if different from employee responsible for individual requiring access)

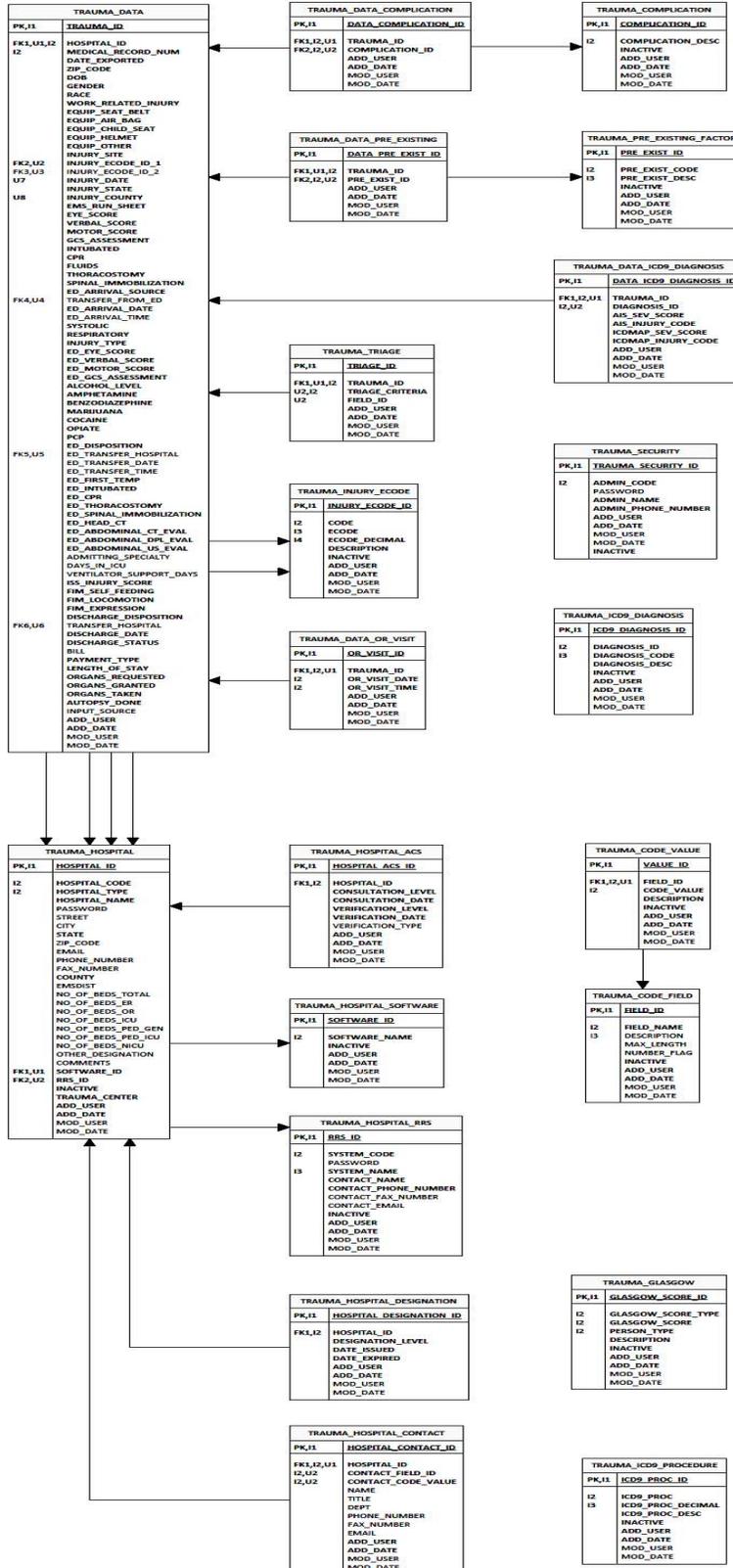
SUBMITTED BY		PHONE NUMBER		DATE	
		() -		/ /	

SUPPLEMENT TWO
GLOSSARY OF TERMS

AG	Attorney General
DAS	Department of Administrative Services
Data Owner	The EMS Agency or Hospital that performed care on the patient
Data Submitter	The person or organization sending data to EMS, such as the Hospital or Regional Trauma Registries for Trauma Registry or EMS Provider or third party agent for EMS Incident Reporting System.
EMS	Emergency Medical Services
EMSIRS	EMS Incident Reporting System
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven
IV&V	Independent Verification and Validation
NEMSIS	National EMS Information System
NTDS	National Trauma Data Standard
OAC	Ohio Administrative Code
OAKS	Ohio Administrative Knowledge System
OBM	Office of Budget and Management
ODPS	Ohio Department of Public Safety
ODT	Ohio Dept. of Taxation
OIT	Office of Information Technology
O.R.C.	Ohio Revised Code
OTR	Ohio Trauma Registry
RFP	Request for Proposal
RxNORM	Standardized Nomenclature for Clinical Drugs and Drug Delivery Devices
SAS	Statistical Analysis Software
SNOMED	Systematized Nomenclature for Human and Veterinary Medicine
SPSS	Statistical Package for the Social Services

SUPPLEMENT THREE

TRAUMA Registry System Database Diagram (EMSP)



**SUPPLEMENT FOUR
OHIO EMS TRAUMA FILE LAYOUT/CONVERSION DATA AND ENTITY RELATIONSHIP DIAGRAMS**

No.	Field Name	Type	Length	Position	Database Column	Value
1.	Hospital Code	N	04	001-004	TRAUMA_HOSPITAL.HOSPITAL_CODE	Your hospital code assigned by the Ohio Department of Health
2.	Unique Patient Admission Number	AN	15	005-019	TRAUMA_DATA.MEDICAL_RECORD_NUM	A number assigned by your hospital to each patient at the time of admission.
3.	Date Exported	N	08	020-027	TRAUMA_DATA.DATE_EXPORTED	Date (MMDDYYYY) this record was submitted to the OTR
4.	Zip Code of Residence	N	05	028-032	TRAUMA_DATA.ZIP_CODE	The patient's five-digit zip code for place of residence. Enter 99999 for patient's that reside outside of the USA
5.	Patient's Date of Birth	N	08	033-040	TRAUMA_DATA.DOB	Date (MMDDYYYY) or 99999999 – ND
6.	Gender	N	01	041-041	TRAUMA_DATA.GENDER	Must be a value between 1 and 3
7.	Race/Ethnicity	N	01	042-042	TRAUMA_DATA.RACE	Must be a value between 1 and 7
8.	Work Relatedness of Injury	N	01	043-043	TRAUMA_DATA.WORK_RELATED_INJURY	Must be a value between 1 and 3
9.	Safety Equipment	N	01 (5 times)	044-048	TRAUMA_DATA.EQUIP_%	Must be a value between 0 and 3 for Seat Belt, Air Bag, Child Seat, Helmet & Other Order : Seat Belt, Air Bag, Child Seat, Helmet, Other
10.	Site at Which Injury Occurred	N	01	049-049	TRAUMA_DATA.INJURY_SITE	Must be a value between 0 and 9
11.	E-Code Description of Injury 1	N	06	050-055	TRAUMA_DATA.INJURY_ECODE_ID_1	See Appendix 2 – E-Codes (0NNN.N)
12.	E-Code Description of Injury 2	N	06	056-061	TRAUMA_DATA.INJURY_ECODE_ID_2	See Appendix 2 – E-Codes (0NNN.N)
13.	Date Injury Occurred	N	08	062-069	TRAUMA_DATA.INJURY_DATE	Date (MMDDYYYY) or 88888888 - ND or 999999999 - Unknown
14.	State in Which Injury Occurred	AN	03	070-072	TRAUMA_DATA.INJURY_STATE	Must be a value in ('IN', 'KY', 'MI', 'OH', 'PA', 'WV', 'OT', 'UNK')
15.	County in Which Injury Occurred	N	02	073-074	TRAUMA_DATA.INJURY_COUNTY	Must be a value between 01 and 89 or 98 or 99

SUPPLEMENT FOUR
OHIO EMS TRAUMA FILE LAYOUT/CONVERSION DATA AND ENTITY RELATIONSHIP DIAGRAMS (CONT'D)

16.	EMS Run Sheet Present	N	01	075-075	TRAUMA_DATA.EMS_RUN_SHEET	Must be a value between 1 and 3
17.	Adult EMS Field Trauma Triage Criteria	N	02 (23 times)	076-121	TRAUMA_TRIAGE.TRIAGE_CRITERIA	Must be a value between 1 and 26
18.	Pediatric EMS Field Trauma Triage Criteria	N	02 (20 times)	122-161	TRAUMA_TRIAGE.TRIAGE_CRITERIA	Must be a value between 1 and 23
19.	Glasgow Eye Component at Scene	N	01	162-162	TRAUMA_DATA.EYE_SCORE	Must be a value between 1 and 6
20.	Glasgow Verbal Component at Scene	N	01	163-163	TRAUMA_DATA.VERBAL_SCORE	Must be a value between 1 and 7
21.	Glasgow Motor Component at Scene	N	01	164-164	TRAUMA_DATA.MOTOR_SCORE	Must be a value between 1 and 8
22.	GCS Assessment Qualifier at Scene	N	01	165-165	TRAUMA_DATA.GCS_ASSESSMENT	Must be a value between 1 and 6
23.	Intubated – Scene	N	01	166-166	TRAUMA_DATA.INTUBATED	Must be a value between 1 and 7
24.	EMS CPR – Scene	N	01	167-167	TRAUMA_DATA.CPR	Must be a value between 1 and 4
25.	Fluids- Scene	N	01	168-168	TRAUMA_DATA.FLUIDS	Must be a value between 1 and 4
26.	Needle or Thoracostomy Chest Decompression – Scene	N	01	169-169	TRAUMA_DATA.THORACOSTOMY	Must be a value between 1 and 4
27.	Spinal Immobilization – Scene	N	01	170-170	TRAUMA_DATA.SPINAL_IMMobilIZATION	Must be a value between 1 and 4
28.	Hospital Arrival Source	N	01	171-171	TRAUMA_DATA.ED_ARRIVAL_SOURCE	Must be a value between 1 and 3
29.	Transfer from Hospital	N	04	172-175	TRAUMA_DATA.TRANSFER_FROM_ED	ODH assigned number
30.	Hospital Arrival Date	N	08	176-183	TRAUMA_DATA.ED_ARRIVAL_DATE	Date (MMDDYYYY)
31.	Hospital Arrival Time	N	04	184-187	TRAUMA_DATA.ED_ARRIVAL_TIME	Time (HHMM) or 9999 – ND
32.	Systolic Blood Pressure (First)	N	03	188-190	TRAUMA_DATA.SYSTOLIC	Must be a value between 0 and 300 or 999 - ND
33.	Respiratory Rate (Unassisted)	N	03	191-193	TRAUMA_DATA.RESPIRATORY	Must be a value between 0 and 100 or 888 - Assisted Breathing or 999 – ND
34.	Injury Type	N	01	194-194	TRAUMA_DATA.INJURY_TYPE	Must be a value between 1 and 4
35.	First Glasgow Eye Component in Hospital	N	01	195-195	TRAUMA_DATA.ED_EYE_SCORE	Must be a value between 1 and 5

SUPPLEMENT FOUR
OHIO EMS TRAUMA FILE LAYOUT/CONVERSION DATA AND ENTITY RELATIONSHIP DIAGRAMS (CONT'D)

36.	First Glasgow Verbal Component in Hospital	N	01	196-196	TRAUMA_DATA.ED_VERBAL_SCORE	Must be a value between 1 and 6
37.	First Glasgow Motor Component in Hospital	N	01	197-197	TRAUMA_DATA.ED_MOTOR_SCORE	Must be a value between 1 and 7
38.	First GCS Assessment Qualifier in Hospital	N	01	198-198	TRAUMA_DATA.ED_GCS_ASSESSMENT	Must be a value between 1 and 5
39.	Alcohol Level Range	N	01	199-199	TRAUMA_DATA.ALCOHOL_LEVEL	Must be a value between 0 and 6
40.	Drug Category	N	01 (6 times)	200-205	TRAUMA_DATA.AMPHETAMINE to TRAUMA_DATA.PCP	Must be a value between 0 and 3 Order : Amphetamine, Benzodiazepine, Marijuana, Cocaine, Opiate, PCP
41.	ED Disposition	N	01	206-206	TRAUMA_DATA.ED_DISPOSITION	Must be a value between 1 and 9
42.	ED Transfer to Hospital	N	04	207-210	TRAUMA_DATA.ED_TRANSFER_HOSPITAL	ODH assigned number
43.	ED Transfer Date	N	08	211-218	TRAUMA_DATA.ED_TRANSFER_DATE	Date (MMDDYYYY)
44.	ED Transfer Time	N	04	219-222	TRAUMA_DATA.ED_TRANSFER_TIME	Time (HHMM) or 9999 – ND
45.	First Temperature in Hospital	N	05	223-227	TRAUMA_DATA.ED_FIRST_TEMP	Patient's first temperature upon entering the hospital in Fahrenheit (Format : NNN.N) Must be a value between 80 and 115.9 or 999.9 - ND
46.	Endotracheal Intubation in ED	N	01	228-228	TRAUMA_DATA.ED_INTUBATED	Must be a value between 1 and 7
47.	Chest Compressions – ED (usually indicated as CPR)	N	01	229-229	TRAUMA_DATA.ED_CPR	Must be a value between 1 and 4
48.	Needle or Tube Thoracostomy Chest Decompression – ED	N	01	230-230	TRAUMA_DATA.ED_THORACOSTOMY	Must be a value between 1 and 5
49.	Spinal Immobilization Initiated- ED	N	01	231-231	TRAUMA_DATA.ED_SPINAL_IMMobilIZATION	Must be a value between 1 and 4
50.	Head CT Done – ED	N	01	232-232	TRAUMA_DATA.ED_HEAD_CT	Must be a value between 1 and 3
51.	Abdominal Evaluation – ED	N	01 (3 times)	233-235	TRAUMA_DATA.ED_ABDOMINAL_%_EVAL	Must be a value between 1 and 3 Order : CT_EVAL, DPL_EVAL & US_EVAL
52.	Admitting Specialty	N	01	236-236	TRAUMA_DATA.ADMITTING_SPECIALTY	Must be a value between 1 and 9
53.	Total Days in ICU	N	03	237-239	TRAUMA_DATA.DAYS_IN_ICU	A Number
54.	Ventilator Support Days	N	03	240-242	TRAUMA_DATA.VENTILATOR_SUPPORT_DAYS	A Number
55.	ICD-9-CM Principal Diagnosis Code	N	06	243-248	TRAUMA_DATA_ICD9_DIAGNOSIS.ICD9_DIAG_ID	Report the most severe ICD-9-CM Diagnosis codes [Refer to the patient inclusion criteria for acceptable codes] (Format : NNN.NN)

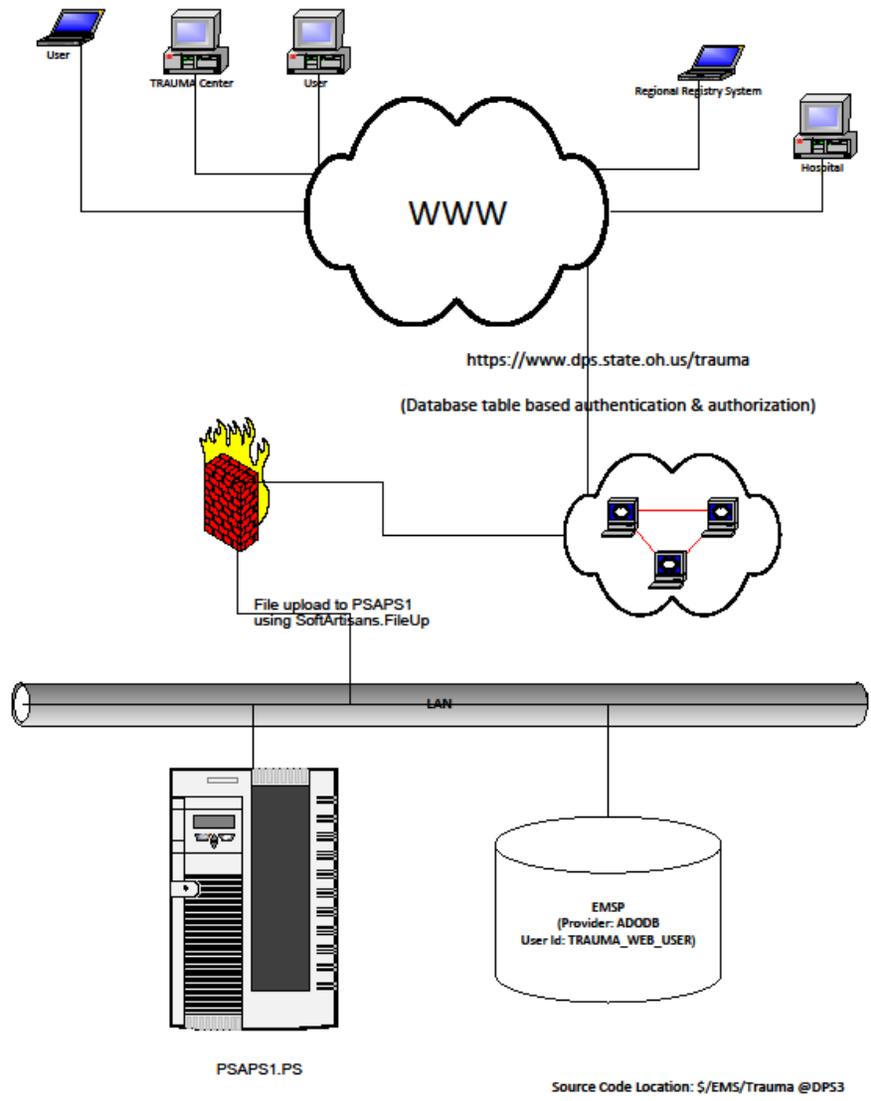
SUPPLEMENT FOUR
OHIO EMS TRAUMA FILE LAYOUT/CONVERSION DATA AND ENTITY RELATIONSHIP DIAGRAMS (CONT'D)

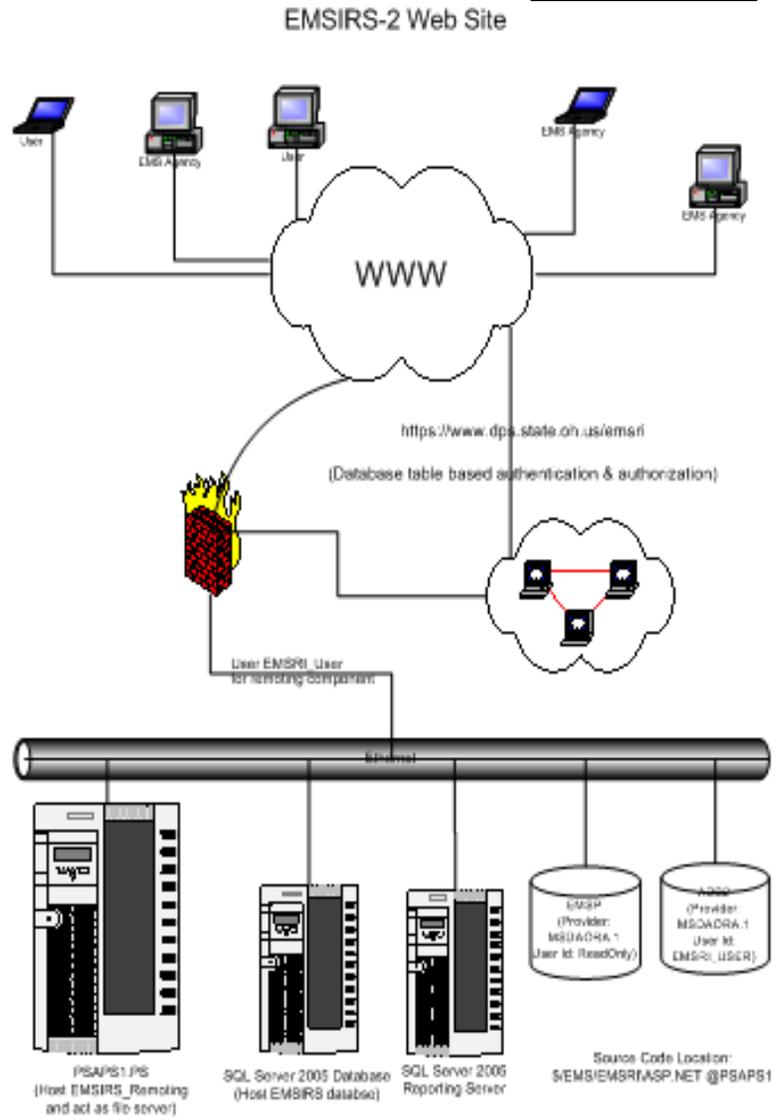
56.	Additional ICD-9-CM Diagnosis Codes/Description for Injuries	N	06 (19 times)	249-362	TRAUMA_DATA_ICD9_DIAGNOSIS.ICD9_DIAG_ID	Report the 19 most severe ICD-9-CM Diagnosis codes [Refer to the patient inclusion criteria for acceptable codes] (Format : NNN.NN)
57.	AIS Severity Score – Hospital Assigned	N	01 20 times)	363-382	TRAUMA_DATA_ICD9_DIAGNOSIS.AIS_SEV_SCORE	Must be a value between 1 and 9. 7 – NA (For facilities that do not assign AIS codes)
58.	AIS Full Injury Identifier Code – Hospital Assigned	N	08 (20 times)	383-542	TRAUMA_DATA_ICD9_DIAGNOSIS.AIS_INJURY_CODE	The 7-digit AIS code assigned to each ICD-9-CM code. 777777.7 - NA (Format : NNNNNN.N)
59.	ISS Injury Severity Score – Hospital Assigned	N	02	543-544	TRAUMA_DATA.ISS_INJURY_SCORE	Must be a value between 1 and 75 or 99
60.	Complications	N	02 (10 times)	545-564	TRAUMA_DATA_COMPLICATION.COMPLICATION_ID	Must be a value between 1 and 28
61.	Pre-existing Co-morbidity Factors	N	04 (5 times)	565-584	TRAUMA_DATA_PRE_EXISTING.PRE_EXIST_ID	Coded identification of pre-injury disease states. Pre-existing disease may contribute to patient outcome
62.	OR Date	N	08 (5 times)	585-624	TRAUMA_DATA_OR_VISIT.OR_VISIT_DATE	Date (MMDDYYYY) or 99999999 – ND
63.	OR Time	N	04 (5 times)	625-644	TRAUMA_DATA_OR_VISIT.OR_VISIT_TIME	Time (HHMM) or 9999 – ND
64.	ICD-9 Procedure Codes for OR Visit	N	05 (5 times for each OR Time)	645-769	TRAUMA_OR_VISIT_ICD9_PROCEDURE.ICD9_PROC_ID	ICD-9 procedure codes used in the OR on this OR time. List 5 most critical ICD-9 procedure codes related to trauma (Format : NN.NN)
65.	FOM Self-Feeding Score Upon Discharge	N	01	770-770	TRAUMA_DATA.FIM_SELF_FEEDING	Must be a value between 1 and 6
66.	FOM Locomotion Score Upon Discharge	N	01	771-771	TRAUMA_DATA.FIM_LOCOMOTION	Must be a value between 1 and 6
67.	FOM Expression Score Upon Discharge	N	01	772-772	TRAUMA_DATA.FIM_EXPRESSION	Must be a value between 1 and 6
68.	Discharge Disposition	N	02	773-774	TRAUMA_DATA.DISCHARGE_DISPOSITION	Must be value between 1 and 10

SUPPLEMENT FOUR
OHIO EMS TRAUMA FILE LAYOUT/CONVERSION DATA AND ENTITY RELATIONSHIP DIAGRAMS (CONT'D)

69.	Transfer to Other Hospital	N	04	775-778	TRAUMA_DATA.TRANSFER_HOSPITAL	List the ODH assigned number for hospital the patient is being transferred to.
70.	Date of Discharge or Death	N	08	779-786	TRAUMA_DATA.DISCHARGE_DATE	Date (MMDDYYYY)
71.	Discharge Status	N	01	787-787	TRAUMA_DATA.DISCHARGE_STATUS	Must be a value between 1 and 2
72.	Billed Hospital Charges	N	10	788-797	TRAUMA_DATA.BILL	Whole Dollar amount of total hospital charges rounded off to the nearest dollar. Blank – ND
73.	Principal Payment Source	N	01	798-798	TRAUMA_DATA.PAYMENT_TYPE	Must be a value between 1 and 6
74.	Length of Stay in Hospital	N	03	799-801	TRAUMA_DATA.LENGTH_OF_STAY	Must be a value between 0 and 999
75.	Organs/Tissue Requested	N	01	802-802	TRAUMA_DATA.ORGANS_REQUESTED	Must be a value between 1 and 4
76.	Organs/Tissue Granted	N	01	803-803	TRAUMA_DATA.ORGANS_GRANTED	Must be a value between 1 and 4
77.	Organs/Tissue Taken	N	01	804-804	TRAUMA_DATA.ORGANS_TAKEN	Must be a value between 1 and 4
78.	Autopsy Performed	N	01	805-805	TRAUMA_DATA.AUTOPSY_DONE	Must be a value between 1 and 4

TRAUMA Web Site





SUPPLEMENT SEVEN

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
1	EMS Agency Number	E02_01	String	0007	1	7	1	Create/Edit Record	Any valid EMS Agency Identification Number.		1. May NOT be null or blank. 2. Only valid values are in EMS Agency Database.
2	Incident/PCR Number	E01_01	String	0010	8	17	1	Create/Edit Record	Any alphanumeric entry.		1. May NOT be null or blank. 2. Can NOT be repeated for an agency ever. 3. Minimum length 3 characters.
3	Type of Service Requested	E02_04	Numeric	0002	18	19	1	Incident & Patient	30 - Scene Response 35 - Intercept 40 - ED-to-ED Transfer 50 - Mutual Aid		1. Must be value "ED-to-ED Transfer" if Element #38 (Incident Location Type) is "Healthcare Facility". 2. NHTSA-2 values 45 and 55 not accepted.
4	Unit ID / Call Sign	E02_12	String	0015	20	34	1	Incident & Patient	Any alphanumeric value.		1. May NOT be null or blank.
5	Primary Role of the Reporting Unit	E02_05	Number	0002	35	36	1	Incident & Patient	60 - Non-transport 65 - Rescue 70 - Supervisor 75 - Transport		1. May NOT be null or blank.
6	Crew Certification/License Levels	E04_03	Numeric	0004	37	60	6	Incident & Patient	635 - Student (EMS or other healthcare) 640 - Other healthcare provider 645 - Other non-healthcare provider 6120 - First Responder 6090 - EMT-Basic 6100 - EMT-Intermediate 6110 - EMT-Paramedic 6111 - Nurse (RN or LPN) 6112 - Physician (MD or DO)		1. If Element #34 (Level of Service) is value "BLS", "ALS Level 1", or "ALS Level 2", then must have at least two (2) values "EMT-B", "EMT-I", or "EMT-P" listed. 2. If Element #74 (Incident / Patient Disposition) is value "Transported by EMS", then must have at least two (2) values "First Responder", "EMTs", "Nurses", or "Physicians". Can NOT be only value "Others". 3. If Element #34 (Level of Service) is value "ALS Level 1" or "ALS Level 2" then must have at least one (1) value "EMT-I" or "EMT-P".
7	Incident Address	E08_11	String	0030	61	90	1	Incident & Patient	Any alphanumeric entry.		1. May NOT be null or blank. 2. Minimum length 3 characters.
8	Incident City/Village/Township	E08_12	Numeric	0005	91	95	1	Incident & Patient	Any valid FIPS Code.		1. May NOT be null or blank. 2. Only valid values are valid FIPS Codes. Please email Tim Erskine(TErskine@dps.state.oh.us), Sue Morris(SAMorris@dps.state.oh.us), or Summer Boyer(SUBoyer@dps.state.oh.us) if this needs added to the database.
9	Incident ZIP Code	E08_15	Numeric	0005	96	100	1	Incident & Patient	Any valid 5-digit ZIP Code.		1. May NOT be null or blank. 2. Must start with 43, 44, or 45. 3. Any valid ZIP Code.

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
10	Incident County	E08_13	String	0003	101	103	1	Incident & Patient	001 - Adams 003 - Allen 005 - Ashland 007 - Ashtabula 009 - Athens 011 - Auglaize 013 - Belmont 015 - Brown 017 - Butler 019 - Carroll 021 - Champaign 023 - Clark 025 - Clermont 027 - Clinton 029 - Columbiana 031 - Coshocton 033 - Crawford 035 - Cuyahoga 037 - Darke 039 - Defiance 041 - Delaware 043 - Erie 045 - Fairfield 047 - Fayette 049 - Franklin 051 - Fulton 053 - Gallia 055 - Geauga 057 - Greene 059 - Guernsey 061 - Hamilton 063 - Hancock 065 - Hardin 067 - Harrison 069 - Henry 071 - Highland 073 - Hocking 075 - Holmes 077 - Huron 079 - Jackson 081 - Jefferson 083 - Knox 085 - Lake 087 - Lawrence 089 - Licking		1. May NOT be null or blank.

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									091 - Logan 093 - Lorain 095 - Lucas 097 - Madison 099 - Mahoning 101 - Marion 103 - Medina 105 - Meigs 107 - Mercer 109 - Miami 111 - Monroe 113 - Montgomery 115 - Morgan 117 - Morrow 119 - Muskingum 121 - Noble 123 - Ottawa 125 - Paulding 127 - Perry 129 - Pickaway 131 - Pike 133 - Portage 135 - Preble 137 - Putnam 139 - Richland 141 - Ross 143 - Sandusky 145 - Scioto 147 - Seneca 149 - Shelby 151 - Stark 153 - Summit 155 - Trumbull 157 - Tuscarawas 159 - Union 161 - Van Wert 163 - Vinton 165 - Warren 167 - Washington 169 - Wayne 171 - Williams 173 - Wood 175 - Wyandot NOTE: These values are FIPS Codes, not the old		

Data Element Number	Data Element Name	NEMSIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									standard Ohio County codes.		
11	Type of Dispatch Delay	E02_06	Numeric	0003	104	115	4	Times & Situation	80 - Caller (Uncooperative) 85 - High Call Volume 90 - Language Barrier 95 - Location (Unable to obtain) 100 - No Units Available 105 - None 110 - Other 115 - Scene Safety (Not secure for EMS) 120 - Technical Failure (Computer, Phone, etc.) -10 - Not Known -25 - Not Applicable		1. At least one value is required. 2. If Element #20 (Unit Notified By Dispatch) is greater than Element #19 (Initial Call for Help) by more than three (3) minutes then values "None" and "Not Applicable" can NOT be used.
12	Type of Response Delay	E02_07	Numeric	0003	116	127	4	Times & Situation	125 - Crowd 130 - Directions 135 - Distance 140 - Diverted 145 - HazMat 150 - None 155 - Other 160 - Safety 165 - Staff Delay 170 - Traffic 175 - EMS Unit Involved in Vehicle Crash 180 - EMS Unit Vehicle Failure 185 - Weather -25 - Not Applicable		1. At least one value is required. 2. If Element #22 (Unit Arrived on Scene) is greater than Element #20 (Unit Notified By Dispatch) by more than twenty (20) minutes then value "None" can NOT be used. 3. "Not Applicable" can only be used if Element #74 (Incident Disposition) is value "Cancelled".
13	Type of Scene Delay	E02_08	Numeric	0003	128	139	4	Times & Situation	190 - Crowd 195 - Directions 200 - Distance 205 - Diversion 210 - Extrication >20 minutes 215 - HazMat 220 - Language Barrier 225 - None 230 - Other 235 - Safety 240 - Staff Delay 245 - Traffic 250 - EMS Unit Involved in		1. At least one value is required. 2. If Element #3 (Type of Service Requested) is value "ED-to-ED Transfer" then any value may be used for this element. 3. If Element #3 (Type of Service Requested) is not value "ED-to-ED Transfer" and if Element #24 (Unit Left Scene) is greater than Element #22 (Unit Arrived On Scene) by more than thirty (30) minutes then value "None" can NOT be used. 4. "Not Applicable" can only be used if Element #74 (Incident Disposition) is value "Cancelled".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									Vehicle Crash 255 - EMS Unit Vehicle Failure 260 - Weather -25 - Not Applicable		
14	Type of Transport Delay	E02_09	Numeric	0003	140	151	4	Times & Situation	265 - Crowd 270 - Directions 275 - Distance 280 - Diversion 285 - HazMat 290 - None 295 - Other 300 - Safety 305 - Staff Delay 310 - Traffic 315 - EMS Unit Involved in Vehicle Crash 320 - EMS Unit Vehicle Failure 325 - Weather -25 - Not Applicable		1. At least one value is required. 2. If Element #3 (Type of Service Requested) is value "ED-to-ED Transfer" then any value may be used for this element. 3. If Element #3 (Type of Service Requested) is not value "ED-to-ED Transfer" and if Element #25 (Arrival at Destination) is greater than Element #24 (Unit Left Scene) by more than thirty (30) minutes then value "None" can NOT be used. 4. "Not Applicable" can only be used if Element #74 (Incident Disposition) is value "Cancelled".
15	Type of Return to Service Delay	E02_10	Numeric	0003	152	163	4	Times & Situation	330 - Clean up 335 - Decontamination 340 - Documentation 345 - ED Overcrowding 350 - Equipment Failure 355 - Equipment Replenishment 360 - None 365 - Other 370 - Staff Delay 375 - EMS Unit Failure -25 - Not Applicable		1. At least one value is required. 2. "Not Applicable" can only be used if Element #74 (Incident Disposition) is value "Cancelled".
16	Response Mode to Scene	E02_20	Numeric	0003	164	166	1	Incident & Patient	380 - Initial Lights and Sirens, Downgraded to No Lights or Sirens 385 - Initial No Lights or Sirens, Upgraded to Lights and Sirens 390 - Lights and Sirens 395 - No Lights or Sirens		1. None.
17	Complaint Reported by	E03_01	Numeric	0003	167	169	1	Incident & Patient	400 - Abdominal Pain 405 - Allergies		1. May NOT be null or blank. 2. Must be value "ED-to-ED Transfer" if Element

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
	Dispatch								410 - Animal Bite 415 - Assault 420 - Back Pain 425 - Breathing Problem 430 - Burns 435 - CO Poisoning / HazMat 440 - Cardiac Arrest 445 - Chest Pain 450 - Choking 455 - Convulsions / Seizures 460 - Diabetic Problem 465 - Drowning 470 - Electrocutation 475 - Eye Problem 480 - Fall Victim 485 - Headache 490 - Heart Problems 495 - Heat / Cold Exposure 500 - Hemorrhage / Laceration 525 - Illness not listed here 505 - Industrial Accident 510 - Ingestion / Poisoning 545 - Injury not listed here 515 - Pregnancy / Childbirth 520 - Psychiatric Problems 530 - Stab / Gunshot Wound 535 - Stroke / CVA 540 - Traffic Accident 550 - Unconscious / Fainting 555 - Unknown Problem / Person Down 560 - ED-to-ED Transfer 565 - Mass Casualty Incident NOTE: Values are not in numeric order because of wording differences from NHTSA-2.		#3 (Type of Service Requested) is value "ED-to-ED Transfer".
18	Emergency Medical Dispatch (EMD) Performed	E03_02	Numeric	0003	170	172	1	Incident & Patient	570 - Yes, with Pre-Arrival Instructions 575 - Yes, without Pre-Arrival Instructions 0 - No -10 - Unknown		1. May NOT be null or blank.

Data Element Number	Data Element Name	NEMSIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
19	Date/Time of Initial Call for Help	E05_02	Date/Time	0014	173	186	1	Times & Situation	Any valid date/time.		<ul style="list-style-type: none"> 1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Date must be equal to or greater than Element #32 (Patient's DOB), if given. 3. Date can NOT be later than the date the incident is submitted to EMSIRS.
20	Unit Notified by Dispatch Date/Time	E05_04	Date/Time	0014	187	200	1	Times & Situation	Any valid date/time.		<ul style="list-style-type: none"> 1. May NOT be null or blank. 2. If given, it MUST be in MMDDYYYYHH24MISS format. 3. Date must be equal to or greater than Element #32 (Patient's DOB), if given. 4. Must be equal to or greater than Element #19 (Initial Call for Help), if given. 5. Date can NOT be later than the date the incident is submitted to EMSIRS. 6. Can never be Unknown, Not Documented, Not Applicable.
21	Unit En Route Date/Time	E05_05	Date/Time	0014	201	214	1	Times & Situation	Any valid date/time.		<ul style="list-style-type: none"> 1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. May be blank if Element #74 (Incident Disposition) is value "Cancelled". 3. Date must be equal to or greater than Element #32 (Patient's DOB), if given. 4. Must be equal to or greater than Element #20 (Unit Notified by Dispatch). 5. Date can NOT be later than the date the incident is submitted to EMSIRS.
22	Unit Arrived on Scene Date/Time	E05_06	Date/Time	0014	215	228	1	Times & Situation	Any valid date/time.		<ul style="list-style-type: none"> 1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. May be blank if Element #74 (Incident Disposition) is value "Cancelled". 3. Must be equal to or greater than Element #21 (Unit En Route). 4. Date can NOT be later than the date the incident is submitted to EMSIRS.
23	Arrived at Patient Date/Time	E05_07	Date/Time	0014	229	242	1	Times & Situation	Any valid date/time.		<ul style="list-style-type: none"> 1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 3. Must be equal to or greater than Element #22 (Unit Arrived on Scene) if Element #74 (Incident Disposition) is value "Treated and Transported".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
											by EMS". 4. Date can NOT be later than the date the incident is submitted to EMSIRS.
24	Unit Left Scene for Hospital Date/Time	E05_09	DateTime	0014	243	256	1	Times & Situation	Any valid date/time.		1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Must be blank if Element #74 (Incident Disposition) is not value "Treated, Transported by EMS". 3. Must be equal to or greater than Element #23 (Arrived at Patient) if Element #74 (Incident Disposition) is value "Treated and Transported by EMS". 4. Date can NOT be later than the date the incident is submitted to EMSIRS.
25	Patient Arrived at Destination Date/Time	E05_10	DateTime	0014	257	270	1	Times & Situation	Any valid date/time.		1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Must be blank if Element #74 (Incident Disposition) is not value "Treated, Transported by EMS". 3. Must be equal to or greater than Element #24 (Unit Left Scene for Hospital) if Element #74 (Incident Disposition) is value "Treated and Transported by EMS". 4. Date can NOT be later than the date the incident is submitted to EMSIRS.
26	Date/Time Incident Completed	E05_11	DateTime	0014	271	284	1	Times & Situation	Any valid date/time.		1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Must be equal to or later than Element #20 (Unit Notified by Dispatch). 3. Date can NOT be later than the date the incident is submitted to EMSIRS.
27	Date/Time Unit Available for Next Incident	E05_13	DateTime	0014	285	298	1	Times & Situation	Any valid date/time.		1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. Must be equal to or later than Element #20 (Unit Notified by Dispatch). 3. Date can NOT be later than the date the incident is submitted to EMSIRS.
28	Patient's Home ZIP Code	E06_08	String	0005	299	303	1	Incident & Patient	Any valid 5-digit ZIP Code.		1. Any valid ZIP Code. 2. Must be a blank if Element #74 (Incident / Patient Disposition) is value 4815 (Cancelled) or 4825 (No Patient Found).
29	Gender	E06_11	Numeric	0003	304	306	1	Incident &	650 - Male		1. May be value "Unknown" if Element #74

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
								Patient	655 - Female -10 - Unknown		(Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be value "Female" for any of the following conditions: a. If Element #44 (Complaint Organ System) is value "Obstetric/Gynecologic". b. If Element #47 (Provider's Primary Impression) is value "Pregnancy/OB" or value "Vaginal Hemorrhage". c. If Element #48 (Provider's Secondary Impression) is value "Pregnancy/OB or Vaginal Hemorrhage". d. If Element #65 (Medication Given) is value "oxytocin". e. If Element #67 (Procedure) is value "Childbirth".
30	Race	E06_12	Numeric	0003	307	309	1	Incident & Patient	660 - American Indian / Alaska Native 665 - Asian 670 - Black or African-American 675 - Native Hawaiian / Pacific Islander 680 - White 685 - Other Race -10 - Unknown		1. May be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".
31	Ethnicity	E06_13	Numeric	0003	310	312	1	Incident & Patient	690 - Hispanic or Latino 695 - Not Hispanic or Latino -10 - Unknown		1. May be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".
32	Date of Birth	E06_16	Date	0008	313	320	1	Incident & Patient	Any valid date. NOTE: Must be answered for all incidents where patient contact was made. See EMSIRS-2 Data Dictionary for standardized methods of estimation.		1. If given, it MUST be in MMDDYYYY format. 2. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".
33	Primary Method of Payment	E07_01	Numeric	0003	321	323	1	Disposition	720 - Commercial Insurance 725 - Medicaid 730 - Medicare 735 - Not Billed (for any reason) 740 - Other Government (Not Medicare, Medicaid, or		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "Cancelled", "Dead at Scene", "No Patient Found", "No Treatment Required" or "Patient Refused Care".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									Worker's Comp) 745 - Self Pay / Patient Has No Insurance -10 - Unknown 750 - Worker's Compensation -25 - Not Applicable May be blank.		
34	Level of Service Provided	E07_34	Numeric	0004	324	327	1	Incident & Patient	995 - BLS, Emergency The provision of basic life support (BLS) services. Please note that just because an EMT-I or EMT-P was on the run does not mean ALS service was provided. 1005 - ALS, Level 1 Emergency The provision of an assessment by an advanced life support (ALS) provider and/or the provision of one or more ALS interventions. An ALS provider is defined as a provider certified as an EMT-Intermediate or Paramedic. An ALS intervention is defined as any procedure beyond the scope of an EMT-Basic. 1010 - ALS, Level 2 The administration of at least three different medications and/or the provision of one or more of the following ALS procedures: Defibrillation/Cardioversion Endotracheal Intubation Central Venous Line Cardiac Pacing Chest Decompression Surgical Airway Intraosseous Line 1015 - Paramedic Intercept ALS services delivered by <u>paramedics</u> that operate separately from the agency that provides the ambulance		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "Cancelled", "No Patient Found", "No Treatment Required", or "Patient Refused Care". 2. If Element #6 (Crew Certification/License Levels) does not have at least one value "EMT-Intermediate" or "EMT-Paramedic", then can NOT be values "ALS Level 1", or "ALS Level 2".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									<p>transport.</p> <p>1020 - Specialty Care Transport A level of inter-facility service provided beyond the scope of the Paramedic. This is necessary when a patient's condition requires ongoing care that must be provided by one or more health professionals from an appropriate specialty (nursing, medicine, respiratory care, or cardiovascular care).</p> <p>1030 - Rotary Wing (Helicopter) Transportation was made by helicopter ambulance. This takes precedence over BLS, ALS and Specialty Care Transport.</p> <p>-25 - Not Applicable This value may be used only if the Incident Disposition indicates no patient contact. NOTE: NHTSA-2 values 990, 1000, 1015, and 1025 not accepted by EMSIRS-2.</p>		
35	Condition Code	E07_35	Numeric	0004	328	331	1	Assessment	<p>8001 - Severe Abdominal Pain (ALS-789.00).</p> <p>8002 - Abdominal Pain (ALS-789.00)</p> <p>8003 - Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)</p> <p>8004 - Abnormal Skin Signs (ALS-780.8)</p> <p>8005 - Abnormal Vital Signs (ALS-796.4)</p> <p>8006 - Allergic Reaction (ALS-995.0)</p> <p>8007 - Allergic Reaction (BLS-692.9)</p> <p>8008 - Blood Glucose (ALS-790.21)</p>	<p>oring required) (BLS-293.1)</p> <p>8070 - Patient Safety (seclusion required) (BLS-298.8)</p> <p>8071 - Patient Safety (risk of falling off stretcher) (BLS-781.3)</p> <p>8072 - Special Handling (Isolation) (BLS-041.9)</p> <p>8073 - Special</p>	<p>1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "Cancelled", "Dead at Scene", "No Patient Found", "No Treatment Required" or "Patient Refused Care".</p>

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									8009 - Respiratory Arrest (ALS-799.1) 8010 - Difficulty Breathing (ALS-786.05) 8011 - Cardiac Arrest-Resuscitation in Progress (ALS-427.5) 8012 - Chest Pain (non-traumatic) (ALS-786.50) 8013 - Choking Episode (ALS-784.9) 8014 - Cold Exposure (ALS-991.6) 8015 - Cold Exposure (BLS-991.9) 8016 - Altered Level of Consciousness (non-traumatic) (ALS-780.01) 8017 - Convulsions/Seizures (ALS-780.39) 8018 - Eye Symptoms (non-traumatic) (BLS-379.90) 8019 - Non Traumatic Headache (ALS-437.9) 8020 - Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1) 8021 - Cardiac Symptoms other than Chest Pain (atypical pain) (ALS-536.2) 8022 - Heat Exposure (ALS-992.5) 8023 - Heat Exposure (BLS-992.2) 8024 - Hemorrhage (ALS-459.0) 8025 - Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9) 8026 - Hazmat Exposure (ALS-987.9) 8027 - Medical Device Failure (ALS-996.0) 8028 - Medical Device Failure (BLS-996.3)	Handling (orthopedic device required) (BLS-907.2) 8074 - Special Handling (positioning required) (BLS-719.45) -25 - Not Applicable	

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									8029 - Neurologic Distress (ALS-436.0) 8030 - Pain (Severe) (ALS-780.99) 8031 - Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5) 8032 - Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9) 8033 - Poisons (all routes) (ALS-977.9) 8034 - Alcohol Intoxication or Drug Overdose (BLS-305.0) 8035 - Severe Alcohol Intoxication (ALS-977.3) 8036 - Post-Operative Procedure Complications (BLS-998.9) 8037 - Pregnancy Complication/Childbirth/Labor (ALS-650.0) 8038 - Psychiatric/Behavioral (abnormal mental status) (ALS-292.9) 8039 - Psychiatric/Behavioral (threat to self or others) (BLS-298.9) 8040 - Sick Person-Fever (BLS-036.9) 8041 - Severe Dehydration (ALS-787.01) 8042 - Unconscious/Syncope/Dizziness (ALS-780.02) 8076 - Malaise/Fatigue/Weakness (780.79) 8043 - Major Trauma (ALS-959.8) 8044 - Other Trauma (need for monitor or airway) (ALS-518.5) 8045 - Other Trauma (major bleeding) (ALS-958.2)		

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									8046 - Other Trauma (fracture/dislocation) (BLS-829.0) 8047 - Other Trauma (penetrating extremity) (BLS-880.0) 8048 - Other Trauma (amputation digits) (BLS-886.0) 8049 - Other Trauma (amputation other) (ALS-887.4) 8050 - Other Trauma (suspected internal injuries) (ALS-869.0) 8051 - Burns-Major (ALS-949.3) 8052 - Burns-Minor (BLS-949.2) 8053 - Animal Bites/Sting/Envenomation (ALS-989.5) 8054 - Animal Bites/Sting/Envenomation (BLS-879.8) 8055 - Lightning (ALS-994.0) 8056 - Electrocutation (ALS-994.8) 8057 - Near Drowning (ALS-994.1) 8058 - Eye Injuries (BLS-921.9) 8059 - Sexual Assault (major injuries) (ALS-995.83) 8060 - Sexual Assault (minor injuries) (BLS-995.8) 8061 - Cardiac/Hemodynamic Monitoring Required (ALS-428.9) 8062 - Advanced Airway Management (ALS-518.81) 8063 - IV Meds Required (ALS-No ICD code provided) 8064 - Chemical Restraint (ALS-293.0)		

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									8065 - Suctioning/Oxygen/IV fluids required (BLS-496.0) 8066 - Airway Control/Positioning Required (BLS-786.09) 8067 - Third Party Assistance/Attendant Required (BLS-496.0) 8068 - Patient Safety (restraints required) (BLS-298.9) 8069 - Patient Safety (monit		
36	Number of Patients at Scene	E08_05	Numeric	0004	332	335	1	Times & Situation	1120 - None 1125 - Single 1130 - Multiple		1. Must be value "None" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be value "Multiple" if Element #37 (Mass Casualty Incident) is value "Yes".
37	Mass Casualty Incident	E08_06	Numeric	0001	336	336	1	Times & Situation	0 - No 1 - Yes		1. Can NOT be value "Yes" if Element #36 (Number of Patients on Scene) is value "None" or "Single".
38	Incident Location Type	E08_07	Numeric	0004	337	340	1	Times & Situation	1135 - Home/Residence Any home, apartment, or residence (not just the patient's home). Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence. 1140 - Farm A place of agriculture, except for a farmhouse. Includes land under cultivation and non-residential farm buildings. 1145 - Mine or Quarry Includes sand pits, gravel pits and tunnels under construction. 1150 - Industrial Place and Premises A place where things are made or are being built, includes construction sites, factories, warehouses, industrial plants, docks and railway yards.		1. Must be value "Health Care Facility" if Element #3 (Type of Service Requested) is value "ED-to-ED Transfer".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									<p>1155 - Place of Recreation or Sport Includes amusement parks, public parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, and resorts.</p> <p>1160 - Street or Highway Any public street, road, highway, or avenue.</p> <p>1165 - Public Building Any publicly owned building and its grounds, including schools and government offices.</p> <p>1170 - Trade or Service Any privately owned building used for business. Includes bars, restaurants, office buildings, churches, stores, bus/railway stations. Excludes health care facilities.</p> <p>1175 - Health Care Facility A place where healthcare is delivered, except nursing homes. Includes clinics, doctor's offices, and hospitals.</p> <p>1180 - Residential Institution (nursing home, jail/prison, group home) A place where people live that is not a private home, apartment, or residence. Includes nursing home, jail/prison, orphanage, and group home.</p> <p>1185 - Lake, River, Reservoir Any body of water, except swimming pools.</p> <p>1190 - Other Location Any place that does not fit any of the above categories (this should be very rare).</p> <p>-10 - Unknown This value may be used only if</p>		

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									the Incident Disposition was "Cancelled".		
39	Prior Aid	E09_01	String	0007	341	410	10	Times & Situation	Any value from Medications (Data Element #65) and/or Procedures (Data Element #67). -25 - Prior Aid was not provided -10 - Unknown if Prior Aid was provided		1. May NOT be value "Prior Aid was not provided" if Element #40 (Prior Aid Performed By) is given. 2. May NOT be value "Prior Aid was not provided" if Element #41 (Outcome of Prior Aid) is given. 3. Must be blank if Element #3 (Type of Service Requested) is value "ED-to-ED Transfer".
40	Prior Aid Performed By	E09_02	Numeric	0004	411	450	10	Times & Situation	1195 - EMS Provider 1200 - Law Enforcement 1205 - Lay Person 1210 - Other Healthcare Provider 1215 - Patient May be blank.		1. Must be blank if Element #39 (Prior Aid) is value "Unknown if Prior Aid was provided" or "Prior Aid was not provided". 2. Must be blank if Element #3 (Type of Service Requested) is value "ED-to-ED Transfer".
41	Outcome of the Prior Aid	E09_03	Numeric	0004	451	454	1	Times & Situation	1220 - Improved 1225 - Unchanged 1230 - Worse -10 - Unknown May be blank.		1. Must be blank if Element #39 (Prior Aid) is value "Unknown if Prior Aid was provided" or "Prior Aid was not provided". 2. Must be blank if Element #3 (Type of Service Requested) is value "ED-to-ED Transfer".
42	Injury Present	E09_04	Numeric	0003	455	457	1	Create/Edit Record	0 - No 1 - Yes -10 - Unknown -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May be value "Unknown" if Element #74 (Incident Disposition) is value "No Treatment Required" or "Patient Refused Care". 3. Must be value "Yes" if Element #67 (Procedures) contains any of the following: a. Value "Chest Decompression". b. Value "MAST". c. Value "Spinal Immobilization". d. Value "Splinting". e. Value "Splinting - traction". f. Value "Wound Care". 4. Must be value "Yes" if Element #45 (Primary Symptom) is value "Wound". 5. Must be value "Yes" if Element #47 (Provider's Primary Impression) is one of the following: a. Value "Electrocution". b. Value "Sexual Assault / Rape". c. Value "Traumatic Injury".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
43	Complaint Anatomic Location	E09_11	Numeric	0004	458	461	1	Assessment	1305 - Abdomen 1310 - Back 1315 - Chest 1320 - Extremity-Lower 1325 - Extremity-Upper 1330 - General/Global/Whole Body 1335 - Genitalia 1340 - Head 1345 - Neck -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May NOT be value "Not Applicable" if Element #24 (Unit Left Scene for Hospital) is answered.
44	Complaint Organ System	E09_12	Numeric	0004	462	465	1	Assessment	1350 - Cardiovascular 1355 - CNS/Neurologic 1360 - Endocrine/Metabolic 1365 - Gastrointestinal 1370 - Global/Whole Body 1375 - Musculoskeletal 1380 - Obstetric/Gynecologic 1385 - Psychiatric 1390 - Pulmonary 1395 - Renal 1400 - Skin -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May NOT be value "Not Applicable" if Element #24 (Unit Left Scene for Hospital) is answered. 3. If value "Obstetric/Gynecologic" then Element #29 (Gender) must be value "Female".
45	Primary Symptom	E09_13	Numeric	0004	466	469	1	Assessment	1405 - Bleeding 1410 - Breathing Problem 1415 - Change in Responsiveness 1420 - Choking 1425 - Death 1430 - Device/Equipment Problem 1435 - Diarrhea 1440 - Drainage/Discharge 1445 - Fever 1450 - Malaise (General, non-specific feeling of illness) 1455 - Mass/Lesion 1460 - Mental/Psychiatric 1465 - Nausea/Vomiting 1470 - None 1475 - Pain 1480 - Palpitations 1485 - Rash/Itching 1490 - Swelling		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May NOT be value "Not Applicable" if Element #24 (Unit Left Scene for Hospital) is answered. 3. If value "Wound" then Element #42 (Injury Present) must be value "Yes". 4. If value "None" then Element #46 (Other Associated Symptoms) must also be value "Not applicable". 5. NHTSA-2 value "Transport only" not accepted.

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									1500 - Weakness 1505 - Wound -25 - Not Applicable		
46	Other Associated Symptoms	E09_14	Numeric	0004	470	489	5	Assessment	1510 - Bleeding 1515 - Breathing Problem 1520 - Change in Responsiveness 1525 - Choking 1530 - Death 1535 - Device/Equipment Problem 1540 - Diarrhea 1545 - Drainage/Discharge 1550 - Fever 1555 - Malaise (General, non-specific feeling of illness) 1560 - Mass/Lesion 1565 - Mental/Psychiatric 1570 - Nausea/Vomiting 1575 - None 1580 - Pain 1585 - Palpitations 1590 - Rash/Itching 1595 - Swelling 1605 - Weakness 1610 - Wound -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May NOT be value "Not Applicable" if Element #24 (Unit Left Scene for Hospital) is answered. 3. If value "Wound" then Element #42 (Injury Present) must be value "Yes". 4. Must be value "Not applicable" if Element #45 (Primary Symptom) is value "None". 5. NHTSA-2 value "Transport only" not accepted. 6. Must NOT have repeated values.
47	Provider's Primary Impression	E09_15	Numeric	0004	490	493	1	Assessment	1615 - Abdominal pain / problems 1620 - Airway obstruction 1625 - Allergic reaction 1630 - Altered level of consciousness 1635 - Behavioral / psychiatric disorder 1640 - Cardiac arrest 1645 - Cardiac rhythm disturbance 1650 - Chest pain / discomfort 1655 - Diabetic symptoms 1660 - Electrocutation 1665 - Hyperthermia 1670 - Hypothermia 1675 - Hypovolemia / shock		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Treatment Required" or "Patient Refused Care". 3. May NOT be value "Not Applicable" if Element #24 (Unit Left Scene for Hospital) is answered. 4. Element #29 (Gender) must be value "Female" if the following are used: a. Value "Pregnancy / OB delivery". b. Value "Vaginal hemorrhage". 5. Element #42 (Injury Present) must be value "Yes" if the following are used: a. Value "Electrocutation". b. Value "Sexual Assault / Rape". c. Value "Traumatic Injury".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									1680 - Inhalation injury (toxic gas) 1685 - Obvious death 1690 - Poisoning / drug ingestion 1695 - Pregnancy / OB delivery 1700 - Respiratory distress 1705 - Respiratory arrest 1710 - Seizure 1715 - Sexual assault / rape 1720 - Smoke inhalation 1725 - Stings / venomous bites 1730 - Stroke / CVA 1735 - Syncope / fainting 1740 - Traumatic injury 1745 - Vaginal hemorrhage -25 - Not Applicable		
48	Provider's Secondary Impression	E09_16	Numeric	0004	494	497	1	Assessment	1750 - Abdominal pain / problems 1755 - Airway obstruction 1760 - Allergic reaction 1765 - Altered level of consciousness 1770 - Behavioral / psychiatric disorder 1775 - Cardiac arrest 1780 - Cardiac rhythm disturbance 1785 - Chest pain / discomfort 1790 - Diabetic symptoms 1795 - Electrocutation 1800 - Hyperthermia 1805 - Hypothermia 1810 - Hypovolemia / shock 1815 - Inhalation injury (toxic gas) 1816 - None 1820 - Obvious death 1825 - Poisoning / drug ingestion 1830 - Pregnancy / OB delivery 1835 - Respiratory distress		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. May be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Treatment Required" or "Patient Refused Care". 3. Element #29 (Gender) must be value "Female" if the following are used: a. Value "Pregnancy / OB delivery". b. Value "Vaginal hemorrhage". 4. Element #42 (Injury Present) must be value "Yes" if the following are used: a. Value "Electrocutation". b. Value "Sexual Assault / Rape". c. Value "Traumatic Injury".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									1840 - Respiratory arrest 1845 - Seizure 1850 - Sexual assault / rape 1855 - Smoke inhalation 1860 - Stings / venomous bites 1865 - Stroke / CVA 1870 - Syncope / fainting 1875 - Traumatic injury 1880 - Vaginal hemorrhage -25 - Not Applicable May be blank.		
49	Cause of Injury	E10_01	Numeric	0004	498	501	1	Assessment	1885 - Bites (E906.0) 9500 - Aircraft related accident (E84X.0) 9505 - Bicycle Accident (E826.0) 9515 - Chemical poisoning (E86X.0) 9520 - Child battering (E967.0) 9525 - Drowning (E910.0) 9530 - Drug poisoning (E85X.0) 9535 - Electrocution (non-lightning) (E925.0) 9540 - Excessive Cold (E901.0) 9545 - Excessive Heat (E900.0) 9550 - Falls (E88X.0) 9555 - Fire and Flames (E89X.0) 9560 - Firearm (Assault) (E965.0) 9565 - Firearm injury (accidental) (E985.0) 9570 - Firearm self inflicted (E955.0) 9575 - Lightning (E907.0) 9580 - Machinery accidents (E919.0) 9585 - Mechanical Suffocation (E913.0) 9590 - Motor Vehicle non-		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be value "Not Applicable" if Element #42 (Injury Present) is value "No". 3. May NOT be value "Not Applicable" if Element #42 (Injury Present) is value "Yes".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									traffic accident (E82X.0) 9595 - Motor Vehicle traffic accident (E81X.0) 9600 - Motorcycle Crash (E81X.1) 9605 - Non-Motorized Vehicle Crash (E848.0) 9610 - Pedestrian traffic accident (E814.0) 9615 - Radiation exposure (E926.0) 9620 - Rape (E960.1) 9625 - Smoke Inhalation (E89X.2) 9630 - Stabbing/Cutting Unintentional (E986.0) 9635 - Stabbing/Cutting Assault (E966.0) 9640 - Struck by Blunt/Thrown Object (E968.2) 9645 - Venomous stings (plants, animals) (E905.0) 9650 - Water Transport accident (E83X.0) -25 - Not Applicable -10 - Unknown		
50	Injury Type	E10_03	Numeric	0004	502	505	1	Assessment	2035 - Blunt 2050 - Penetrating 2040 - Burns 2045 - Other -25 - No Injury Present		<ol style="list-style-type: none"> 1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be value "Not Applicable" if Element #42 (Injury Present) is value "No". 3. May NOT be value "Not Applicable" if Element #42 (Injury Present) is value "Yes". 4. Must be value "Other" if Element #49 (Cause of Injury) is one of the following: <ol style="list-style-type: none"> a. Value "Drug poisoning". b. Value "Chemical poisoning". c. Value "Excessive cold". 5. Must be value "Burns" if Element #49 (Cause of Injury) is one of the following: <ol style="list-style-type: none"> a. Value "Fire & flames". b. Value "Electrocution".
51	Protective Devices Used	E10_08	Numeric	0004	506	521	4	Assessment	2170 - Child Restraint 2175 - Eye Protection		<ol style="list-style-type: none"> 1. At least one value is required if Element #42 (Injury Present) is value "Yes".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									2180 - Helmet Worn 2185 - Lap Belt 2187 - None 2190 - Other 2195 - Personal Floatation Device 2200 - Protective Clothing 2205 - Protective Non-Clothing Gear 2210 - Shoulder Belt -10 - Not Known -25 - Not Applicable		2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 3. May NOT be value "Not Applicable" if Element #42 (Injury Present) is value "Yes".
52	Airbag Deployment	E10_09	Numeric	0004	522	533	3	Assessment	2215 - No Airbag Present 2220 - No Airbag Deployed 2225 - Airbag Deployed Front 2230 - Airbag Deployed Side 2235 - Airbag Deployed Other (knee, air belt, etc.) -10 - Not Known -25 - Not Applicable		1. At least one value is required if Element #49 (Cause of Injury) is value "Motor vehicle traffic crash" or "Motor vehicle non-traffic crash (off-road motor vehicle)". 2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 3. May NOT be value "Not Applicable" if Element #49 (Cause of Injury) is: a. Value "Motor vehicle traffic crash". b. Value "Motor vehicle non-traffic crash".
53	Cardiac Arrest	E11_01	Numeric	0004	534	537	1	Create/Edit Record	2240 - Yes, Prior to EMS Arrival 2245 - Yes, After EMS Arrival 0 - No -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be either value "Yes, Prior" or value "Yes, After" if Element #39 (Prior Aid) contains: a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual". 3. Must be either value "Yes, Prior" or value "Yes, After" if Element #67 (Intervention/Procedure) contains: a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual".
54	Cause of Cardiac Arrest	E11_02	Numeric	0004	538	541	1	Assessment	2250 - Presumed Cardiac 2255 - Trauma 2260 - Drowning 2265 - Respiratory 2270 - Electrocutation 2275 - Other -25 - Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be value "Not Applicable" if Element #53 (Cardiac Arrest) is value "No". 3. May NOT be value "Not Applicable" if Element #39 (Prior Aid) contains:

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
											<ul style="list-style-type: none"> a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual". <p>4. May NOT be value "Not Applicable" if Element #67 (Intervention/Procedure) contains:</p> <ul style="list-style-type: none"> a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual".
55	Resuscitation Attempted	E11_03	Numeric	0004	542	553	3	Assessment	<p>2280 - Attempted Defibrillation 2285 - Attempted Ventilation 2290 - Initiated Chest Compressions 2295 - Not Attempted-Considered Futile / DOA 2300 - Not Attempted-DNR Orders 2305 - Not Attempted-Signs of Circulation</p>		<ul style="list-style-type: none"> 1. At least one value is required if Element #53 (Cardiac Arrest) is value "Yes, Prior to EMS Arrival" or "Yes, After EMS Arrival". 2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 3. Must be value "Not Applicable" if Element #53 (Cardiac Arrest) is value "No". 4. May NOT be value "Not Applicable" if Element #39 (Prior Aid) contains: <ul style="list-style-type: none"> a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual". 5. May NOT be value "Not Applicable" if Element #67 (Intervention/Procedure) contains: <ul style="list-style-type: none"> a. Value "CPR". b. Value "Defibrillation - Automated". c. Value "Defibrillation - Manual". 6. Must include Attempted Defibrillation if Element #67 (Intervention/Procedures) contains: <ul style="list-style-type: none"> a. Value "Defibrillation - Automated". b. Value "Defibrillation - Manual". 7. Must include Initiated Chest Compressions if Procedures (Element #67) includes: <ul style="list-style-type: none"> a. Value "CPR".
56	Barriers to Standard Patient Care	E12_01	Numeric	0004	554	569	4	Assessment	<p>2600 - Developmentally Impaired 2605 - Hearing Impaired 2610 - Language 2615 - None 2620 - Physically Impaired 2625 - Physically Restrained 2630 - Speech Impaired 2635 - Unattended or Unsupervised (including minors)</p>		<ul style="list-style-type: none"> 1. At least one value is required. 2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									2640 - Unconscious -25 - Not Applicable		
57	Alcohol/Drug Use Indicators	E12_19	Numeric	0004	570	585	4	Assessment	2985 - Smell of Alcohol on Breath 2990 - Patient Admits to Alcohol Use 2995 - Patient Admits to Drug Use 3000 - Alcohol and/or Drug Paraphernalia at Scene 3001 - No Indicators of Alcohol/Drug Use -10 - Unknown -25 - Not Applicable		1. At least one value is required. 2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".
58	Initial Systolic Blood Pressure	E14_04	Numeric	0003	586	588	1	Assessment	Any positive numeric value less than 300.		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be between 0 and 299. 3. Must be equal to or higher than Element #59 (Initial Diastolic Blood Pressure).
59	Initial Diastolic Blood Pressure	E14_05	Numeric	0003	589	591	1	Assessment	Any positive numeric value less than 200.		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be between 0 and 199. 3. Must be equal to or lower than Element #58 (Initial Systolic Blood Pressure).
60	Initial Pulse Rate	E14_07	Numeric	0003	592	594	1	Assessment	Any positive numeric value less than 300.		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be between 0 and 299.
61	Initial Respiratory Rate	E14_11	Numeric	0002	595	596	1	Assessment	Any positive numeric value.		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be between 0 and 99.
62	Initial Glasgow Coma Score - Eye Opening	E14_15	Numeric	0001	597	597	1	Assessment	<u>All ages</u> 1 - None 2 - To pain 3 - To voice 4 - Spontaneous May be blank.		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. Must be between 1 and 4. 3. Must be between 1 and 4.
63	Initial Glasgow	E14_16	Numeric	0001	598	598	1	Assessment	<u>Patients >5 years old</u> 1 - None		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or

Data Element Number	Data Element Name	NEMSIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
	Coma Score - Verbal Response								<p>2 - Incomprehensible sounds</p> <p>3 - Inappropriate words</p> <p>4 - Confused</p> <p>5 - Oriented</p> <p><u>Patients 2-5 years old</u></p> <p>1 - No response</p> <p>2 - Incomprehensible sounds (agitated, inconsolable)</p> <p>3 - Inappropriate cries (inconsistently consolable, moaning)</p> <p>4 - Confused (cries but is consolable, inappropriate interaction)</p> <p>5 - Oriented (smiles, oriented to sounds, follows objects, interacts)</p> <p><u>Patients <2 year old</u></p> <p>1 - No response</p> <p>2 - Moans to pain</p> <p>3 - Cries to pain</p> <p>4 - Irritable cries</p> <p>5 - Coos, babbles</p> <p>May be blank.</p>		"Cancelled". 2. Must be between 1 and 5.
64	Initial Glasgow Coma Score - Motor Response	E14_17	Numeric	0001	599	599	1	Assessment	<p><u>Patients >5 years old</u></p> <p>1 - None</p> <p>2 - Extensor posturing in response to painful stimulation</p> <p>3 - Flexor posturing in response to painful stimulation</p> <p>4 - Withdraws from painful stimulation</p> <p>5 - Localizes painful stimulation</p> <p>6 - Obeys commands</p> <p><u>Patients 0 to 5 years old</u></p> <p>1 - None</p> <p>2 - Abnormal extension</p> <p>3 - Abnormal flexion</p> <p>4 - Withdraws from pain</p> <p>5 - Localizes pain</p> <p>6 - Normal spontaneous movement</p>		<p>1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled".</p> <p>2. Must be between 1 and 6.</p>

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									May be blank.		
65	Medication Given	E18_03	String	0005	600	724	25	Medications	70021 - Activated Charcoal 50005 - Acetaminophen 50080 - Adenosine 70359 - Albuterol 51380 - Albuterol/Ipratropium 50210 - Aminophylline 50223 - Amiodarone 50280 - Amyl Nitrate 56360 - Anistreplase 50410 - Aspirin 50420 - Atropine 50665 - Bretylium Tosylate 05418 - Calcium Chloride 05430 - Calcium Gluconate 51150 - Chlorpromazine 51635 - Dexamethasone 51647 - Dextran 51675 - Dextrose 51695 - Diazepam 51780 - Digoxin 51803 - Diltiazem 51810 - Dimenhydrinate 51860 - Diphenhydramine 51930 - Dobutamine 51945 - Dopamine 52040 - Epinephrine 11548 - Epi-Pen 52188 - Etomidate 52225 - Fentanyl 56435 - Flumazenil 52385 - Furosemide 52420 - Glucagon 52425 - Glucose 52520 - Haloperidol 52540 - Heparin 70207 - Hetastarch 52630 - Hydralazine 52655 - Hydrocortisone 52680 - Hydroxocobalamin 52790 - Insulin 52870 - Ipecac 52883 - Ipratropium 52900 - Isoetharine 52930 - Isoproterenol		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. If value "Airway - Rapid Sequence Induction" is reported in Element #67 (Intervention/Procedures) then one of the following must be given: a. "etomidate" b. "pancuronium" c. "rocuronium" d. "succinylcholine" e. "vecuronium" 3. Element #29 (Gender) must be value "Female" if "oxytocin" is given.

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									93220 - Ketoralac 60800 - Lactated Ringer's 70040 - Levalbuterol 53070 - Lidocaine 53145 - Lorazepam 70398 - Magnesium Sulfate 53245 - Mannitol 53335 - Meperidine 53450 - Metaproterenol 53660 - Methylprednisolone 53716 - Midazolam 53760 - Morphine 53855 - Nalbuphine 53865 - Naloxone 53945 - Nitroglycerin 53950 - Nitrous Oxide 53960 - Norepinephrine 92141 - Ondansetron 54115 - Oxygen 54155 - Oxytocin 54170 - Pancuronium 54470 - Phenytoin 54490 - Physostigmine 54550 - Plasma Protein Fraction 56585 - Potassium Chloride 54750 - Pralidoxime, 2-PAM 54810 - Procainamide 54860 - Promethazine 54865 - Propranolol 99144 - Racemic Epinephrine 53688 - Reglan 98027 - Retavase 57172 - Rocuronium 55280 - Sodium Bicarbonate 57236 - Sodium Nitrite 55370 - Sodium Nitroprusside 55425 - Sodium Thiosulfate 55495 - Streptokinase 55510 - Succinylcholine 70451 - Tenecteplase 55670 - Terbutaline 55715 - Tetracaine 55755 - Thiamine 80002 - Tissue Plasminogen		

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									Activator 53155 - Vasopressin 56162 - Vecuronium 56163 - Verapamil 99112 - 5% Dextrose in Water 42800 - 0.9% Sodium Chloride May be blank. NOTE: Codes are taken from the CDC's Ambulatory Care Drug Database System.		
66	Medication Complication	E18_08	Numeric	0004	725	824	25	Medications	4390 - None 4395 - Altered Mental Status 4400 - Apnea 4405 - Bleeding 4410 - Bradycardia 4415 - Diarrhea 4420 - Extravasation / Infiltration 4425 - Hypertension 4430 - Hyperthermia 4435 - Hypotension 4440 - Hypoxia 4445 - Injury 4450 - Itching/Urticaria 4455 - Nausea 4460 - Other 4465 - Respiratory Distress 4470 - Tachycardia 4475 - Vomiting		1. Mandatory for each value given in Element #65 (Medication Given).
67	Intervention / Procedure	E19_03	Numeric (Decimal)	0007	825	999	25	Interventions	89.510 - 3-Lead ECG 89.820 - 12-Lead ECG 93.930 - Airway-Bagged 97.230 - Airway-Change Tracheostomy Tube 98.130 - Airway-Cleared, Opened, or Heimlich 96.051 - Airway-Combitube 93.900 - Airway-CPAP/Bi-PAP 96.041 - Airway-Endotracheal Intubation, Nasal 96.040 - Airway-Endotracheal Intubation, Oral		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or "Cancelled". 2. If value "Airway - Rapid Sequence Induction" is used then one of the following values must be given in Element #65 (Medication Given): a. "etomidate" b. "pancuronium" c. "rocuronium" d. "succinylcholine" e. "vecuronium" 3. If value "Restraints-Pharmacological" is used then one of the following values must be given in Element #65 (Medication Given):

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									96.991 - Airway-Intubation Confirm CO2 96.992 - Airway-Intubation Confirm Esophageal bulb 96.052 - Airway-Laryngeal Mask 96.010 - Airway-Nasopharyngeal 31.110 - Airway-Needle Cricothyrotomy 96.020 - Airway-Oropharyngeal 96.790 - Airway-PEEP 96.042 - Airway-Rapid Sequence Induction 98.150 - Airway-Suctioning 31.120 - Airway-Surgical Cricothyrotomy 96.700 - Airway-Ventilator 38.910 - Arterial Access/Blood Draw 89.610 - Arterial Line Maintenance 38.995 - Blood Glucose Analysis 89.391 - Capnography 89.392 - Pulse Oximetry 99.623 - Cardioversion 99.640 - Carotid Massage 93.520 - Cervical Collar 34.041 - Chest Decompression 73.590 - Childbirth 1.181 - CNS Catheter-Epidural Maintenance 1.182 - CNS Catheter-Intraventricular Maintenance 99.600 - CPR 99.601 - CPR-Automatic Compression Device 99.621 - Defibrillation-Automated (AED) 99.622 - Defibrillation-Manual 99.625 - Defibrillation-Placement for		a. "diazepam" b. "etomidate" c. "fentanyl" d. "haloperidol" e. "lorazepam" f. "midazolam" g. "morphine" h. "nalbuphine" i. "pancuronium" j. "rocuronium" k. "succinylcholine" l. "vecuronium" 4. Element #29 (Gender) must be value "Female" if value "Childbirth" is used. 5. Element #42 (Injury Present) must be value "Yes" if this Element contains any of the following: a. Value "Chest Decompression". b. Value "MAST". c. Value "Spinal Immobilization". d. Value "Splinting". e. Value "Splinting - traction". f. Value "Wound Care". 6. If value "None" is used, no other value may be used.

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									Monitoring/Analysis 99.624 - External Cardiac Pacing 100.200 - Extrication 93.580 - MAST 96.070 - Nasogastric Tube Insertion -25 - None 100.100 - Rescue 99.841 - Restraints-Pharmacological 99.842 - Restraints-Physical 93.591 - Spinal Immobilization 93.540 - Splinting 93.450 - Splinting-Traction 99.69 - Vagal Maneuver 38.990 - Venous Access-Blood Draw 39.997 - Venous Access-Discontinue 38.991 - Venous Access-Existing Catheter 38.993 - Venous Access-External Jugular Line 38.992 - Venous Access-Extremity 38.994 - Venous Access-Femoral Line 39.995 - Venous Access-Internal Jugular Line 41.920 - Venous Access-Intraosseous Adult 41.921 - Venous Access-Intraosseous Pediatric 89.620 - Venous Access-Maintain Central Line 39.996 - Venous Access-Subclavian Line 89.640 - Venous Access-Swan Ganz Maintain 93.057 - Wound Care May be blank. NOTE: Code values are taken from NEMESIS demographic element D04_04.		

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
68	Date/Time Procedure Performed Successfully	E19_01	DateTime	0014	1000	1349	25	Interventions	Any valid date/time after 'Arrival at Patient'		1. If given, it MUST be in MMDDYYYYHH24MISS format. 2. May NOT be blank if Element #70 (Procedure Successful) is value "Yes". 3. Must be between the values given for Element #23 (Arrived at Patient) and Element #26 (Incident Completed).
69	Number of Procedure Attempts	E19_05	Numeric	0001	1350	1374	25	Interventions	Any valid number		1. Any number equal to or greater than 1. (test update) 2. Mandatory for each value given in Element #67 (Intervention / Procedure).
70	Procedure Successful	E19_06	Numeric	0001	1375	1399	25	Interventions	0 - No 1 - Yes		1. Mandatory for each value given in Element #67 (Intervention / Procedure). 2. Must be blank if Element #67 (Intervention / Procedure) is blank.
71	Procedure Complication	E19_07	Numeric	0004	1400	1499	25	Interventions	4500 - None 4505 - Altered Mental Status 4510 - Apnea 4515 - Bleeding 4520 - Bradycardia / Slow heart rate 4525 - Diarrhea 4530 - Esophageal Intubation-immediately detected 4535 - Esophageal Intubation-other 4540 - Extravasation / Infiltration 4545 - Hypertension 4550 - Hyperthermia 4555 - Hypotension 4560 - Hypoxia 4565 - Injury 4570 - Itching/Urticaria 4575 - Nausea 4580 - Other 4585 - Respiratory Distress 4590 - Tachycardia / Fast heart rate 4595 - Vomiting May be blank.		1. Mandatory for each value given in Element #67 (Intervention / Procedure). 2. Values "Esophageal Intubation-immediately detected" and "Esophageal Intubation-other" can only be used with the following: a. Value "Airway - Nasotracheal intubation". b. Value "Airway - Orotracheal intubation". c. Value "Airway - Rapid Sequence Induction"
72	Advanced Directives	E12_07	Numeric	0004	1500	1507	2	Incident & Patient	2645 - State/EMS DNR Form 2650 - Other Healthcare DNR		1. Must be blank if Element #74 (Incident Disposition) is value "No Patient Found" or

Data Element Number	Data Element Name	NEMESIS Element Id	Field Type	Field Length	Field Start Position	Field End Position	# Of Entry	Tab Name	Allowed Values	Allowed Values Cont...	Validations And Crosschecks
									Form 2655 - Living Will 2660 - Family/Guardian request DNR (but no documentation) 2665 - Other 2670 - None May be blank.		"Cancelled".
73	Destination	E20_02	Numeric	0004	1508	1511	1	Disposition	Any valid ODH Hospital Code (see Appendix B). -25 - Not Applicable		1. May NOT be null or blank. 2. Must be value "Not Applicable" if Element #74 (Incident Disposition) is: a. Value "Cancelled" b. Value "Dead at Scene" c. Value "No Patient Found" d. Value "No Treatment Required" e. Value "Patient Refused Care" f. Value "Treated and Released" g. Value "Treated, Transferred Care" h. Value "Treated, Transported by Law Enforcement" i. Value "Treated, Transported by Private Vehicle" 3. Must be a valid ODH Hospital Code (see Appendix B).
74	Incident / Patient Disposition	E20_10	Numeric	0004	1512	1515	1	Create/Edit Record	4815 - Cancelled 4820 - Dead at Scene 4825 - No Patient Found 4830 - No Treatment Required 4835 - Patient Refused Care 4840 - Treated and Released 4845 - Treated, Transferred Care 4850 - Treated, Transported by EMS 4855 - Treated, Transported by Law Enforcement 4860 - Treated, Transported by Private Vehicle		1. May NOT be null or blank.
75	Transport Mode from the Scene	E20_14	Numeric	0004	1516	1519	1	Disposition	4955 - Initial Lights and Sirens, Downgraded to No Lights or Sirens. 4960 - Initial No Lights or		1. Must be value "Initial Lights and Sirens, Downgraded to No Lights or Sirens", "Initial No Lights or Sirens, Upgraded to Lights and Sirens", "Lights and Sirens", or "No Lights or Sirens" if

									<p>Sirens, Upgraded to Lights and Sirens. 4965 - Lights and Sirens. 4970 - No Lights or Sirens. -25 - Not Applicable: no transport.</p>	<p>Element #74 (Incident Disposition) is value "Treated and Transported by EMS". 2. Must be value "Not Applicable" if Element #73 (Destination) is value "Not Applicable". 3. Must be value "Not Applicable" if Element #74 (Incident Disposition) is: a. Value "Cancelled" b. Value "Dead at Scene" c. Value "No Patient Found" d. Value "No Treatment Required" e. Value "Patient Refused Care" f. Value "Treated and Released" g. Value "Treated, Transferred Care" h. Value "Treated, Transported by Law Enforcement" i. Value "Treated, Transported by Private Vehicle"</p>
76	Reason for Choosing Destination	E20_16	Numeric	0004	1520	1523	1	Disposition	<p>4990 - Closest Facility (none below) 4995 - Diversion 5000 - Family Choice 5005 - Insurance Status 5010 - Law Enforcement Choice -25 - Not Applicable: no transport 5015 - On-Line Medical Direction 5020 - Other 5025 - Patient Choice 5030 - Patient's Physician's Choice 5035 - Protocol 5040 - Specialty Resource Center</p>	<p>1. Can NOT be value "Not Applicable" if Element #74 (Incident Disposition) is value "Treated and Transported by EMS". 2. Must be value "Not Applicable" if Element #73 (Destination) is value "Not Applicable". 3. Must be value "Not Applicable" if Element #74 (Incident Disposition) is: a. Value "Cancelled" b. Value "Dead at Scene" c. Value "No Patient Found" d. Value "No Treatment Required" e. Value "Patient Refused Care" f. Value "Treated and Released" g. Value "Treated, Transferred Care" h. Value "Treated, Transported by Law Enforcement" i. Value "Treated, Transported by Private Vehicle"</p>
77	Trauma Triage Criteria	E23_09	Numeric	0004	1524	1543	5	Assessment	<p>9870 - Glasgow Coma Score less than or equal to 13 9875 - Loss of Consciousness for 5 minutes or more 9880 - Deteriorating Level of Consciousness 9885 - Failure to Localize to Pain / Glasgow Coma Score Motor component of 4 or less 9890 - Respiration less than 10 or greater than 29 (Adults only) 9895 - Evidence of respiratory</p>	<p>1. May NOT be blank if Element #74 (Incident Disposition) is value "Treated and Transported by EMS" and Element #42 (Injury Present) is value "Yes". 2. Must NOT have repeated values.</p>

								<p>distress or failure (Pediatrics only)</p> <p>9900 - Evidence of poor perfusion (Pediatrics only)</p> <p>9910 - Patient requires intubation (Adults only)</p> <p>9915 - Relief of tension pneumothorax (Adults only)</p> <p>9920 - Pulse rate greater than 120 with signs of hemorrhagic shock (Adults only)</p> <p>9925 - Systolic B/P less than 90, or absent radial pulse with carotid pulse present (Adults only)</p> <p>9930 - Penetrating trauma to head, neck, or torso</p> <p>9935 - Significant penetrating trauma to the extremities proximal to knee or elbow with evidence of neurovascular compromise</p> <p>9940 - Injuries to head, neck or torso with visible crush injury</p> <p>9945 - Injuries to torso with abdominal tenderness, distention or "seatbelt sign"</p> <p>9950 - Injuries to the torso with evidence of pelvic fracture, except isolated hip fracture</p> <p>9955 - Injuries to the torso with flail chest</p> <p>9960 - Amputation proximal to wrist and/or ankle</p> <p>9965 - Injuries to the extremities with visible crush injury</p> <p>9970 - Two or more proximal long bone (humerus or femur) fractures</p> <p>9975 - Injuries to the extremities with evidence of neurovascular compromise</p> <p>9980 - Signs or symptoms of spinal cord injury</p> <p>9985 - 2nd or 3rd degree burns greater than 10% Total Body Surface Area or other</p>		
--	--	--	--	--	--	--	--	--	--	--

									significant burns involving the face, feet, hands, genitalia or airway. 9990 - Mechanism of Injury 9995 - Special Considerations -10 - None May be blank.		
78	Type of Destination	E20_17	Numeric	0004	1544	1547	1	Disposition	5050 - Hospital ED, OR, or L & D 5075 - Other EMS Responder (air) 5080 - Other EMS Responder (ground) 5070 - Other -25 - Not Applicable		1. NHTSA-2 values 5045, 5055, 5060, 5065, and 5085 not accepted. 2. Must be value "Other EMS Responder (air)" or "Other EMS Responder (ground)" if Element #74 (Incident/Patient Disposition) is value "Treated, Transferred Care".
79	Emergency Department Disposition	E22_01	Numeric	0004	1548	1551	1	Disposition	5335 - Admitted to Hospital Floor 5340 - Admitted to Hospital ICU 5345 - Death 5350 - Not Applicable (Not Transported to ED) 5355 - Released 5360 - Transferred to another hospital -25 - Unknown / Not Applicable (Non-transport)		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is: a. Value "Cancelled" b. Value "Dead at Scene" c. Value "No Patient Found" d. Value "No Treatment Required" e. Value "Patient Refused Care" f. Value "Treated and Released" g. Value "Treated, Transferred Care" h. Value "Treated, Transported by Law Enforcement" i. Value "Treated, Transported by Private Vehicle"
80	Hospital Disposition	E22_02	Numeric	0004	1552	1555	1	Disposition	5365 - Death 5370 - Discharged 5375 - Transfer to Hospital 5380 - Transfer to Nursing Home 5385 - Transfer to Other 5390 - Transfer to Rehabilitation Facility -25 - Unknown / Not Applicable		1. Must be value "Not Applicable" if Element #74 (Incident Disposition) is: a. Value "Cancelled" b. Value "Dead at Scene" c. Value "No Patient Found" d. Value "No Treatment Required" e. Value "Patient Refused Care" f. Value "Treated and Released" g. Value "Treated, Transferred Care" h. Value "Treated, Transported by Law Enforcement" i. Value "Treated, Transported by Private Vehicle"

Supplement Eight

Ohio Trauma Registry

Trauma Acute Care Registry (TACR)

Data Dictionary

Approved by the State of Ohio Trauma Registry Advisory Subcommittee on
October 22, 2010

Approved by the State of Ohio Trauma Committee on
November 11, 2010

Approved by the State Board of Emergency Medical Services on
December 15, 2010

Revisions in this edition are not yet effective

Acknowledgements

The following individuals from the State of Ohio's Trauma Registry Advisory Subcommittee (TRAS) and other interested stakeholders contributed to this version of Ohio's Trauma Acute Care Registry (TACR) Data Dictionary.

Barry Knotts, MD, Mercy St. Vincent Medical Center, TRAS Chair; Nancie Bechtel, Central Ohio Trauma System (COTS), TRAS Vice-chair; James Begley, MD, MetroHealth Medical Center; Sally Betz, The Ohio State University Medical Center; Joyce Burt, Children's Medical Center of Dayton; Kathy Cookman, KJ Trauma Consulting LLC, Jim Davis, Columbus Division of Fire; Timothy A. Erskine, Ohio Department of Public Safety; Marisa Gard, Central Ohio Trauma System; Roxanna Giambri, Central Ohio Trauma System; Vickie Graymire, Grant Medical Center; Renae Kable, Nationwide Children's Hospital; Taunya Kessler, Cincinnati Children's Hospital Medical Center; Margie Koehn, Cincinnati Children's Hospital Medical Center; Wendi Lowell, Nationwide Children's Hospital; Sue Morris, Ohio Department of Public Safety; Deb Myers, Greene Memorial Hospital; Michael Nowak, Northern Ohio Trauma System; Maria Penrose, Grant Medical Center; Wendy Pomerantz, MD, Cincinnati Children's Hospital Medical Center; Mike Smeltzer, Columbus Public Health; Terrie Stewart, The Ohio State University Medical Center; and Richard Treat, MD, Fairview Hospital...

In addition, other stakeholders and staff, past and present, who contributed to previous versions of the TACR and OTR data sets are recognized as part of this document.

TACR is a component of the Ohio Trauma Registry (OTR) and is maintained by the Ohio Department of Public Safety, 1970 W. Broad St., Columbus, Ohio 43218. For more information about the TACR, OTR and/or the State of Ohio's Trauma System, contact Tim Erskine, Ohio Department of Public Safety, at phone numbers (614)387-1951 or (800)233-0785, or visit TErskine@dps.state.oh.us or <http://ems.ohio.gov>.

Table of Contents

Ohio's Trauma Acute Care Registry (TACR)	54
<i>Ohio Trauma Acute Care Registry Inclusion/Exclusion Criteria</i>	56
COMMON NULL VALUES.....	58
HOSPITAL CODE	60
UNIQUE ADMISSION NUMBER.....	61
DATE EXPORTED.....	62
PATIENT'S HOME CITY	63
PATIENT'S HOME STATE	64
PATIENT'S HOME COUNTY	65
PATIENT'S HOME ZIP CODE.....	66
PATIENT'S HOME COUNTRY	67
ALTERNATE HOME RESIDENCE	68
DATE OF BIRTH.....	69
AGE70	
AGE UNITS	71
SEX 72	
RACE.....	73
ETHNICITY.....	75
PRIMARY E-CODE	76
ADDITIONAL E-CODE	77
ACTIVITY CODE.....	78

EXTERNAL CAUSE STATUS CODE.....	79
LOCATION E-CODE.....	80
WORK-RELATED	81
PATIENT'S OCCUPATIONAL INDUSTRY.....	82
PATIENT'S OCCUPATION.....	83
INJURY INCIDENT DATE	85
INJURY INCIDENT TIME.....	86
INCIDENT CITY.....	87
INCIDENT STATE	88
INCIDENT COUNTY	89
INCIDENT LOCATION ZIP CODE.....	90
INCIDENT COUNTRY	91
PROTECTIVE DEVICES	92
CHILD SPECIFIC RESTRAINT	94
AIRBAG DEPLOYMENT	95
TRANSPORT MODE FOR ARRIVAL AT YOUR HOSPITAL.....	96
OTHER TRANSPORT MODES.....	97
SCENE EMS RUN REPORT PRESENT.....	98
INTER-FACILITY TRANSFER EMS RUN REPORT PRESENT	99
EMS DISPATCH DATE TO SCENE OR TRANSFERRING FACILITY	100
EMS DISPATCH TIME TO SCENE OR TRANSFERRING FACILITY.....	101
EMS UNIT ARRIVAL DATE AT SCENE OR TRANSFERRING FACILITY	102

EMS UNIT ARRIVAL TIME FROM SCENE OR TRANSFERRING FACILITY	103
EMS UNIT DEPARTURE DATE FROM SCENE OR TRANSFERRING FACILITY	104
EMS UNIT DEPARTURE TIME FROM SCENE OR TRANSFERRING FACILITY	105
SCENE FIRST DOCUMENTED SYSTOLIC BLOOD PRESSURE	106
SCENE FIRST DOCUMENTED PULSE RATE	107
SCENE FIRST DOCUMENTED RESPIRATORY RATE.....	108
SCENE FIRST DOCUMENTED OXYGEN SATURATION.....	109
SCENE FIRST DOCUMENTED GCS EYE OPENING	110
SCENE FIRST DOCUMENTED GCS VERBAL RESPONSE	111
SCENE FIRST DOCUMENTED GCS MOTOR RESPONSE.....	112
SCENE FIRST DOCUMENTED GCS TOTAL SCORE.....	113
SCENE FIRST DOCUMENTED GCS QUALIFIER	114
SCENE INTUBATION.....	115
SCENE CPR	116
SCENE NEEDLE CHEST DECOMPRESSION OR THORACOSTOMY.....	117
INTER-FACILITY TRANSFER	118
TRANSFER FROM HOSPITAL.....	119
ED/HOSPITAL ARRIVAL DATE	120
ED/HOSPITAL ARRIVAL TIME.....	121
TRAUMA ACTIVATION LEVEL	122
ED/HOSPITAL FIRST DOCUMENTED SYSTOLIC BLOOD PRESSURE	123
ED/HOSPITAL FIRST DOCUMENTED PULSE RATE	124

ED/HOSPITAL FIRST DOCUMENTED RESPIRATORY RATE.....	125
ED/HOSPITAL FIRST DOCUMENTED RESPIRATORY ASSISTANCE	126
ED/HOSPITAL FIRST DOCUMENTED OXYGEN SATURATION.....	127
ED/HOSPITAL SUPPLEMENTAL OXYGEN ADMINISTRATION DURING FIRST DOCUMENTED OXYGEN SATURATION MEASUREMENT.....	128
ED/HOSPITAL FIRST DOCUMENTED TEMPERATURE.....	129
ED/HOSPITAL FIRST DOCUMENTED GCS EYE OPENING	130
ED/HOSPITAL FIRST DOCUMENTED GCS VERBAL RESPONSE	131
ED/HOSPITAL FIRST DOCUMENTED GCS MOTOR RESPONSE.....	132
ED/HOSPITAL FIRST DOCUMENTED GCS TOTAL SCORE.....	133
ED/HOSPITAL FIRST DOCUMENTED GCS QUALIFIERS.....	134
HEIGHT	135
WEIGHT	136
ED DISCHARGE DATE	137
ED DISCHARGE TIME.....	138
ED DISCHARGE DISPOSITION.....	139
SIGNS OF LIFE.....	140
ED TRANSFER TO HOSPITAL	141
ALCOHOL USE INDICATOR.....	142
ALCOHOL LEVEL RANGE	143
DRUG USE INDICATOR	144
ADMITTING SPECIALTY	145
HOSPITAL PROCEDURES	146

PROCEDURE EPISODE	150
HOSPITAL PROCEDURE START DATE	151
HOSPITAL PROCEDURE START TIME	152
Procedure Location	153
CO-MORBID CONDITIONS	154
INJURY DIAGNOSES	157
ISS BODY REGION	158
AIS PRE-DOT CODE	160
AIS SEVERITY	161
AIS VERSION	162
INJURY SEVERITY SCORE	163
TOTAL ICU LENGTH OF STAY	164
TOTAL VENTILATOR DAYS	165
HOSPITAL DISCHARGE DATE	166
HOSPITAL DISCHARGE TIME	167
HOSPITAL DISCHARGE DISPOSITION	168
INPATIENT TRANSFER TO HOSPITAL	170
DISCHARGE STATUS	171
TIME OF DEATH	172
PRIMARY METHOD OF PAYMENT	173
BILLED HOSPITAL CHARGES	174
ORGANS/TISSUE REQUESTED	175

AUTOPSY PERFORMED	176
GLOSSARY OF TERMS	179
GLOSSARY OF ABBREVIATIONS	186

Ohio's Trauma Acute Care Registry (TACR)

TRAUMA PATIENT DEFINITION

In order to ensure consistent data collection across the State of Ohio and following the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the patient inclusion criteria described below.

PATIENT INCLUSION CRITERIA

To be included in the Trauma Acute Care Registry (TACR),

1. The patient must incur at least one of the injury diagnostic codes defined in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) in the range of 800 – 959.9, 987.9, 991.0-991.6, 994.0, 994.1, 994.7, 994.8, 995.50-995.59.
2. The patient **MUST ALSO**:
 - Be admitted for the first time to a hospital or hospital observation unit as defined by a physician order regardless of the length of stay, with the injury having occurred no more than two (2) weeks prior to arrival; **AND/OR**
 - Be transferred via EMS transport (including air ambulance) from one hospital to another hospital regardless of the patient's hospital length of stay; **AND/OR**
 - Have an outcome of death resulting from the traumatic injury (independent of hospital admission or hospital transfer status).

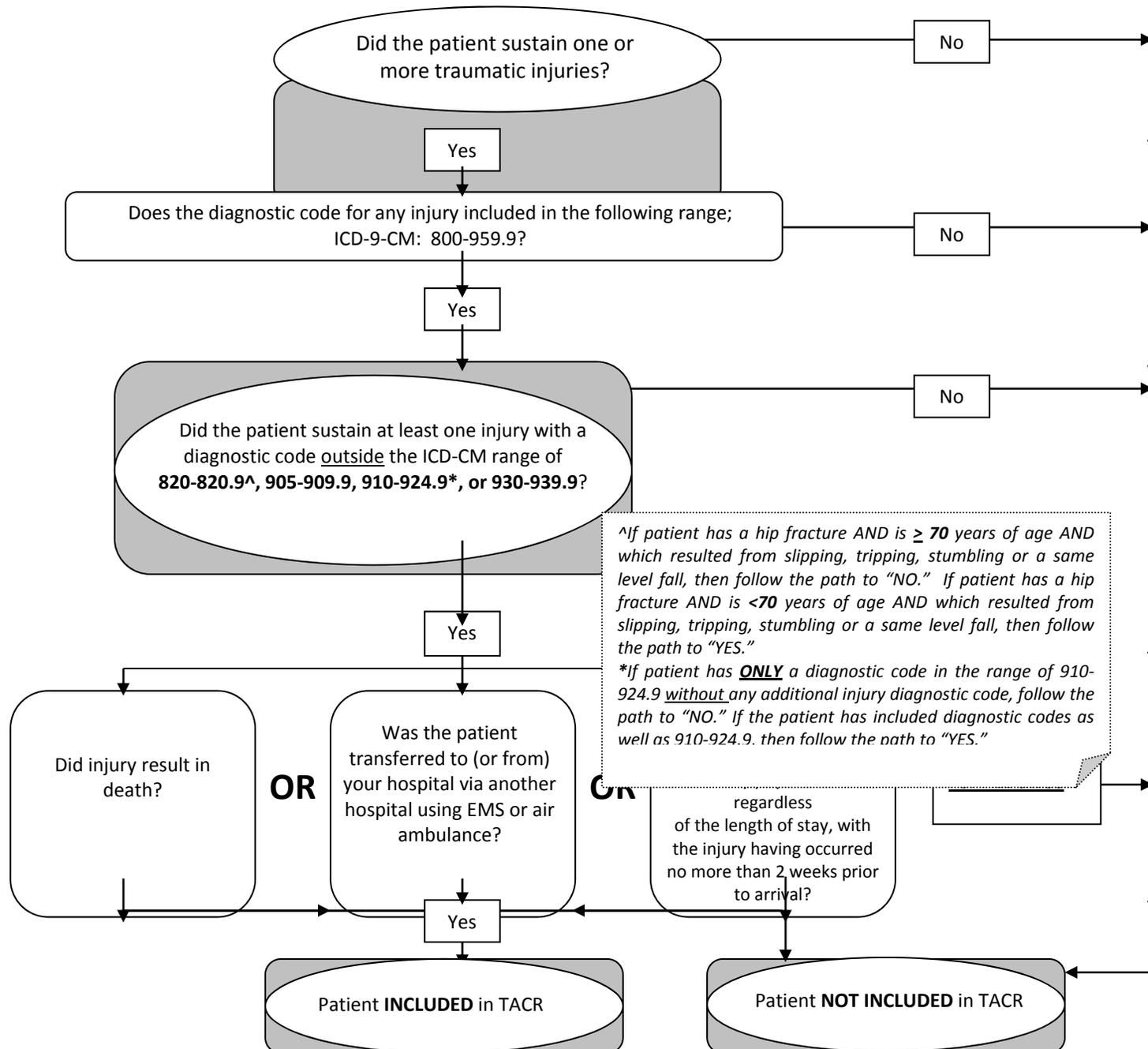
PATIENT EXCLUSION CRITERIA

Patients with the following isolated ICD-9-CM codes are **EXCLUDED** from the TACR:

- **820.0-820.9, isolated hip fracture in patients ≥ 70 years of age AND** which result from slipping, tripping, stumbling or a same level fall;
- **905-909.9, late effects of injury;**

- **910-924.9**, superficial injuries, including blisters, contusions, abrasions and insect bites (but exclude 910-924.9 if that is the ONLY injury identified. Patients who have an injury within the Inclusion ICD-9-CM range as well as a 910-924.9 injury, WOULD be included in the registry.); **AND/OR**
- **930-939.9**, foreign bodies.

Ohio Trauma Acute Care Registry Inclusion/Exclusion Criteria



COMMON NULL VALUES

Data Format is single-choice.

Definition

Common Null Values are terms to be used with TACR Data Elements as described in this document for specifically-defined data fields when an answer cannot be provided.

Field Values

-25 Not Applicable

-10 Not Known/Not Recorded/Not Documented

Additional Information

- Although not written out on the following pages, these Common Null Values are included in the TACR dataset for every allowable data field. To ascertain their allowability by data field, see the “Accepts Null Value” notation on every data field descriptor page.
- The Common Null Values selected here---“negative 25” and “negative 10”---were selected to avoid confusion when a true answer is “zero,” and to match common null values reported in the State of Ohio’s Emergency Medical Services Incident Reporting System (EMSIRS) database. At such a time that the EMSIRS and TACR become operationally linked, these values will now match between the two datasets.
- *Not Applicable (Field Value -25)*: This null value code applies if, at any time of patient care documentation, the information requested was “Not Applicable” (NA) to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be NA if a patient self-transport to the hospital.
- *Not Known/Not Recorded/Not Documented (Field Value -10)*: This null value applies if, at the time of patient care documentation, information was “Not Known” (to the patient, family, healthcare provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information, but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as “Unknown”. Another example, Not Known/Not Recorded/Not Documented should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for patient transported by EMS).
- For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. When data elements associated with the TACR are be electronically stored in a database or moved from one database to another, the indicated null values should be applied.

References to Other Databases

- Compare with NHTSA V.2.10 – E00
- Compare with NTDS V.1.2.5

HOSPITAL CODE

Data Format is numeric.

Definition

Hospital Code is a four-digit (4) hospital code assigned by Ohio Department of Public Safety.

XSD Data Type	<i>xs-facility</i>	XSD Element/Domain (Simple Type)	<i>Facility</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>No</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Stored as a four digit code (xxxx)

Data Source Hierarchy

- State of Ohio Hospital

UNIQUE ADMISSION NUMBER

Data Format is numeric.

Definition

Unique Admission Number is a number assigned by each hospital to the patient at the time of admission; this number should be unique for each patient AND each visit.

XSD Data Type	<i>xs-idno</i>	XSD Element/Domain (Simple Type)	<i>IDNo</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>No</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Unique identifier for the patient's visit within a trauma registry, typically a tracking number

Data Source Hierarchy

- 1 Hospital's trauma registry tracking number or
- 2 Medical records

DATE EXPORTED

Data Format is a date.

Definition

Date Exported is the date the record was submitted to the TACR.

XSD Data Type	<i>xs-exportdate</i>	XSD Element/Domain (Simple Type)	<i>ExportDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>No</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY

PATIENT'S HOME CITY

Data Format is single-choice.

Definition

Patient's Home City is the patient's city, township, or village of residence.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>HomeCity</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (five digit FIPS code)

Additional Information

- Used to calculate FIPS code

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 Emergency Department (ED) Documentation

References to Other Databases

- NHTSA V.2.2 – E06_05
- NTDS 1.2.5

PATIENT'S HOME STATE

Data Format is single-choice.

Definition

Patient's Home State is the state, territory, or province (or the District of Columbia) of the patient's residence.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>HomeState</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (two digit FIPS code)

Additional Information

- Used to calculate FIPS code

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_07
- NTDS 1.2.5

PATIENT'S HOME COUNTY

Data Format is single-choice.

Definition

Patient's Home County is the patient's county (or parish) of residence.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>HomeCounty</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (three digit FIPS code)

Additional Information

- Used to calculate FIPS code

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_06
- NTDS 1.2.5

PATIENT'S HOME ZIP CODE

Data Format is numeric text.

Definition

Patient's Home Zip Code is the zip code of the patient's primary residence.

XSD Data Type	<i>xs-zip</i>	XSD Element/Domain (Simple Type)	<i>HomeZip</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Stored as a 5 digit code (XXXXX).
- May require adherence to HIPAA regulations.

Data Source Hierarchy

- 1 Billing Sheet/Medical Records Coding Summary Sheet
- 2 ED Admission Form
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_08
- NTDS 1.2.5

PATIENT'S HOME COUNTRY

Data Format is single-choice.

Definition

Patient's Home Country is the country where the patient resides.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>HomeCountry</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (two digit alpha country code)

Additional Information

- Values are two character fields representing a country (e.g. U.S.)

Data Source Hierarchy

- 1 Billing Sheet/Medical Records Coding Summary Sheet
- 2 ED Admission Form
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_09
- NTDS 1.2.5

ALTERNATE HOME RESIDENCE

Data Format is single-choice.

Definition

Alternate Home Residence is documentation of the residential status of a patient who has no home zip code.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>HomeResidence</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Homeless
- 2 Undocumented Resident
- 3 Migrant Worker
- 4 Foreign Visitor

Additional Information

- *Homeless* is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters
- *Undocumented Resident* is defined as a national of another country who has entered or stayed in another country without permission
- *Migrant Worker* is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country
- *Foreign Visitor* is defined as any person visiting a country other than his/her usual place of residence for any reason without intending to receive earnings in the visited country

Data Source Hierarchy

- 1 Billing Sheet/Medical Records Coding Summary Sheet
- 2 ED Admission Form
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NTDS 1.2.5

DATE OF BIRTH

Data Format is a date.

Definition

Date of Birth is simply the patient's date of birth.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>DateofBirth</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	<i>Minimum Constraint: 1,890 / Maximum Constraint 2,030</i>	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- If age is known, but the date of birth is not, enter 01/01/YYYY (YYYY appropriate to patient's known age)

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_16
- NTDS 1.25

AGE

Data Format is numeric.

Definition

Age is simply the patient's age (or best approximation) at the time of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Age</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	<i>Minimum Constraint: 0 / Maximum Constraint 120</i>	

Field Values

- Relevant value for data element

Additional Information

- Used to calculate patient age in hours, days, months or years
- Must also complete variable *Age Units* (see next page)

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_14
- NTDS 1.2.5

AGE UNITS

Data Format is single-choice.

Definition

Age Units are the units used to document the patient's age (years, months, days, hours).

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>AgeUnits</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Hours
- 2 Days
- 3 Months
- 4 Years

Additional Information

- Used to calculate patient age in hours, days, months or years
- Must also complete variable *Age*

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Triage Form/Trauma Flow Sheet
- 4 EMS Run Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_15
- NTDS 1.2.5

SEX

Data Format is single-choice.

Definition

Sex is the patient's current gender.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Sex</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>No</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Male
- 2 Female

Additional Information

- Patients who have undergone a surgical and/or hormonal sex change should be coded according to what gender they state they are. If they are unable to state their gender, they should be coded according to what sex they appear to be.

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_11
- NTDS 1.2.5

RACE

Data Format is multiple-choice.

Definition

Race is simply the patient's race.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Race</i>
Multiple Entry Configuration	<i>Yes, 2</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Asian
- 2 Native Hawaiian or Other Pacific Islander
- 3 Other Race
- 4 American Indian
- 5 Black or African American
- 6 White

Additional Information

- Patient race should be based upon self-report or identified by a family member
- The maximum number of races that may be reported for an individual patient is 2

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 EMS Run Sheet
- 4 Triage Form/Trauma Flow Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_12
- NTDS 1.2.5

ETHNICITY

Data Format is single-choice.

Definition

Ethnicity is the patient's ethnicity in terms of Hispanic heritage.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Ethnicity</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

Additional Information

- Patient ethnicity should be based upon self-report or identified by a family member
- The maximum number of ethnicities that may be reported for an individual patient is 1

Data Source Hierarchy

- 1 ED Admission Form
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Triage Form/Trauma Flow Sheet
- 4 EMS Run Sheet
- 5 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E06_13
- NTDS 1.2.5

PRIMARY E-CODE

Data Format is numeric.

Definition

Primary E-Code is a designation used to describe the mechanism (or external factor) that caused the injury event.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>PrimaryEcode</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant ICD-9-CM code value for injury event

Additional Information

- The Primary E-Code should describe the main reason a patient is admitted to the hospital
- E-codes can be used to auto-generate the trauma type (blunt, penetrating, burn) and intentionality based upon the CDC matrix
- ICD-9-CM Codes were retained over ICD-10 due to CMS's continued use of ICD-9
- The E-code series beginning with 849 are NOT entered in this field
- External cause status (E000) and Activity (E001-E030) E-codes should not be reported in this field

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 ED Documentation

References to Other Databases

- NTDS 1.2.5

ADDITIONAL E-CODE

Data Format is numeric.

Definition

Additional E-code is a designation used to describe, for example, a mass casualty event or other external cause of injury.

XSD Data Type	<i>xs- string</i>	XSD Element/Domain (Simple Type)	<i>AdditionalEcode</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant ICD-9-CM code value for injury event

Additional Information

- E-codes can be used to calculate trauma type (blunt, penetrating, burn) and intentionality based upon the CDC matrix
- ICD-9-CM codes were retained over ICD-10 due to CMS's continued use of ICD-9
- The E-code series beginning with 849 are NOT entered in this field
- External cause status (E000) and Activity (E001-E030) E-codes should not be reported in this field

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 ED Documentation

References to Other Databases

- NTDS 1.2.5

ACTIVITY CODE

Data Format is numeric.

Definition

Activity Code describes the activity that the patient was doing at the time of the injury, for example, E001.0 refers to *Walking, Marching, Hiking*.

XSD Data Type	<i>xs- string</i>	XSD Element/Domain (Simple Type)	<i>ActivityCode</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant ICD-9-CM code value for injury event

Additional Information

- An activity E-code from category E001 through E030

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 ED Documentation

References to Other Databases

- NTDS 1.2.5

EXTERNAL CAUSE STATUS CODE

Data Format is numeric.

Definition

External Cause Status Code indicates a status of the patient at the time that the injury event occurred.

XSD Data Type	<i>xs- string</i>	XSD Element/Domain (Simple Type)	<i>ExternalStatus</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 000.0 Civilian activity done for income or pay
- 2 000.1 Military activity
- 3 000.8 Other external cause status
- 4 000.9 Unspecified external cause status

Additional Information

- External cause while on civilian or military duty
- An External Cause Status E-code from category E000

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 ED Documentation

References to Other Databases

- NTDS 1.2.5

LOCATION E-CODE

Data Format is numeric.

Definition

Location E-code is an E-code used to describe the place, site or location of the injury event (E849.x).

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>LocationEcode</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant ICD-9-CM code value for injury event

Additional Information

- ICD-9-CM Codes were retained over ICD-10 due to CMS's continued use of ICD-9.

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 ED Documentation

References to Other Databases

- NTDS 1.2.5

WORK-RELATED

Data Format is single-choice.

Definition

Work-related is whether the injury occurred during paid employment.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>WorkRelated</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- If work-related, two additional data fields must be completed, *Patient's Occupational Industry* and *Patient's Occupation*

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E07_15
- NTDS 1.2.5

PATIENT'S OCCUPATIONAL INDUSTRY

Data Format is single-choice.

Definition

Patient's Occupational Industry is the occupational industry associated with the patient's work environment.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>PatientsOccupationalIndustry</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|------------------------------------|------------------------------|
| 1 Finance, Insurance, Real Estate | 8 Construction |
| 2 Manufacturing | 9 Government |
| 3 Retail Trade | 10 Natural Resources, Mining |
| 4 Transportation, Public Utilities | 11 Information Services |
| 5 Agriculture, Forestry, Fishing | 12 Wholesale Trade |
| 6 Professional, Business Services | 13 Leisure, Hospitality |
| 7 Education, Health Services | 14 Other Services |

Additional Information

- Code as *NA* if injury is not work-related
- If work related, also complete *Patient's Occupation*
- Based upon US Bureau of Labor Statistics Industry Classification

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 EMS Run Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E07_16
- NTDS 1.2.5

PATIENT'S OCCUPATION

Data Format is single-choice.

Definition

Patient's Occupation is simply the patient's occupation.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>PatientsOccupation</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|---|---|
| 1 Business, Financial Operations Occupations | 13 Computer, Mathematical Occupations |
| 2 Architecture, Engineering Occupations | 14 Life, Physical, Social Science Occupations |
| 3 Community, Social Services Occupations | 15 Legal Occupations |
| 4 Education, Training, Library Occupations | 16 Arts, Design, Entertainment, Sports, Media |
| 5 Healthcare Practitioners, Technical Occupations | 17 Healthcare Support Occupations |
| 6 Protective Service Occupations | 18 Food Preparation, Serving Related |
| 7 Building, Grounds Cleaning & Maintenance | 19 Personal Care, Service Occupations |
| 8 Sales & Related Occupations | 20 Office, Administrative Support Occupations |
| 9 Farming, Fishing, Forestry Occupations | 21 Construction, Extraction Occupations |
| 10 Installation, Maintenance, Repair Occupations | 22 Production Occupations |
| 11 Transportation, Material Moving Occupations | 23 Military Specific Occupations |
| 12 Management Occupations | |

Additional Information

- Only completed if injury is work-related
- If work related, also complete *Patient's Occupational Industry*
- Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC)

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 EMS Run Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E07_17
- NTDS 1.2.5

INJURY INCIDENT DATE

Data Format is a date.

Definition

Injury Incident Date is the date that the injury occurred.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>IncidentDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1,990 / Maximum Constraint 2,030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Estimates of the of date of injury should be based upon report by patient, witness, family or health care provider. Other proxy measures (e.g. 911 call-time) should NOT be used

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E05_01
- NTDS 1.2.5

INJURY INCIDENT TIME

Data Format is numeric.

Definition

Injury Incident Time is the time of day that the injury occurred.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>IncidentTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g. 911 call-time) should NOT be used

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E05_01
- NTDS 1.2.5

INCIDENT CITY

Data Format is single-choice.

Definition

Incident City is the city or nearest township in which the injury occurred or to which the EMS unit responded for the patient.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>IncidentCity</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (five digit FIPS code)

Additional Information

- Used to calculate FIPS code
- If incident location resides outside of formal city boundaries, report nearest city/town

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E08_12
- NTDS 1.2.5

INCIDENT STATE

Data Format is single-choice.

Definition

Incident State is the state, territory or province (or best approximation) in which the patient was injured or to which the EMS unit responded for the patient.

XSD Data Type	<i>xs- string</i>	XSD Element/Domain (Simple Type)	<i>IncidentState</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (two digit numeric FIPS code)

Additional Information

- Used to calculate FIPS code

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E08_14
- NTDS 1.2.5

INCIDENT COUNTY

Data Format is single-choice.

Definition

Incident County is the county or parish (or best approximation) where the patient was found or to which the EMS unit responded to the patient.

XSD Data Type	<i>xs- string</i>	XSD Element/Domain (Simple Type)	<i>IncidentCount</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (three digit FIPS code)

Additional Information

- Used to calculate FIPS code

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E08_13
- NTDS 1.2.5

INCIDENT LOCATION ZIP CODE

Data Format is numeric.

Definition

Incident Location Zip Code is the zip code of the location where the patient was injured.

XSD Data Type	<i>xs- zip</i>	XSD Element/Domain (Simple Type)	<i>IncidentZip</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Stored as a five digit code (XXXXX)
- May require adherence to HIPAA regulations

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation

References to Other Databases

- NHTSA V.2.2 – E08_15
- NTDS 1.2.5

INCIDENT COUNTRY

Data Format is single-choice.

Definition

Incident Country is the country (or best approximation) in which the patient was injured or to which the EMS unit responded to the patient.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>IncidentCountry</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element (two digit alpha country code)

Additional Information

- Values are two character fields representing a country (e.g. US)

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation
- 4 Medical Records

References to Other Databases

- NTDS 1.2.5

PROTECTIVE DEVICES

Data Format is multiple-choice.

Definition

Protective Devices is the safety equipment in use or worn by the patient at the time of the injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>ProtectiveDevice</i>
Multiple Entry Configuration	<i>Yes, max 10</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|--|---|
| 1 None Used | 7 Helmet (e.g., bicycle, skiing, motorcycle) |
| 2 Lap Belt | 8 Airbag Present |
| 3 Personal Floatation Device | 9 Protective Clothing (e.g. padded leather pants) |
| 4 Protective Non-Clothing Gear (e.g. shin guard) | 10 Shoulder Belt |
| 5 Eye Protection | 11 Other |
| 6 Child Restraint (booster seat, child car seat) | |

Additional Information

- Check all that apply
- If “Child Restraint” is present, complete variable *Child Specific Restraint*
- If “Airbag” is present, complete variable *Airbag Deployment*
- Evidence of the use of safety equipment may be reported or observed
- “Lap belt” should be used to include those patients that are restrained, but not further specified
- If chart indicates *three-point restraint*, choose field values #2 and 10

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation
- 4 Medical Records

References to Other Databases

- NHTSA V.2.2 – E10_08

- NTDS 1.2.5

CHILD SPECIFIC RESTRAINT

Data Format is single-choice.

Definition

Child Specific Restraint indicates protective child restraint devices used by the pediatric patient at the time of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>ChildSpecificRestraint</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Child Car Seat
- 2 Infant Car Seat
- 3 Child Booster Seat

Additional Information

- Evidence of the use of child restraint may be reported or observed
- Only completed when *Protective Devices* include "Child Restraint"

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation
- 4 Medical Records

References to Other Databases

- NTDS 1.2.5

AIRBAG DEPLOYMENT

Data Format is multiple-choice.

Definition

Airbag Deployment indicates whether an airbag deployed during a motor vehicle crash.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Airbag Deployment</i>
Multiple Entry Configuration	<i>Yes, max 4</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Airbag Not Deployed
- 2 Airbag Deployed Front
- 3 Airbag Deployed Side
- 4 Airbag Deployed Other (knee, airbelt, curtain, etc)

Additional Information

- ***Airbag Deployed Front* should be used for patients with airbag deployment documented in the medical record when the site of the airbag is not further specified.**
- Check all that apply
- Evidence of the use of airbag deployment may be reported or observed
- Only completed when *Protective Devices* include “Airbag”

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 Triage Form/Trauma Flow Sheet
- 3 ED Documentation
- 4 Medical Records

References to Other Databases

- NHTSA V.2.2 – E10_09
- NTDS 1.2.5

TRANSPORT MODE FOR ARRIVAL AT YOUR HOSPITAL

Data Format is single-choice.

Definition

Transport Mode for Arrival at Your Hospital is the manner of transport delivering the patient to your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>TransportMode</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Ground Ambulance
- 2 Helicopter Ambulance
- 3 Fixed-wing Ambulance
- 4 Private or Public Vehicle or Walk-in
- 5 Police Transport
- 6 Other Transport Mode

Data Source Hierarchy

- EMS Run Sheet
- ED Record

References to Other Databases

- NTDS 1.2.5

OTHER TRANSPORT MODES

Data Format is multiple-choice.

Definition

Other Transport Modes documents all other types of transport used during patient care prior to the patient arriving at your hospital, except the transport mode delivering the patient to your hospital. An example is an ambulance transporting the patient to the helicopter landing zone.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>OtherTransportMode</i>
Multiple Entry Configuration	<i>Yes, 5</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Ground Ambulance
- 2 Helicopter Ambulance
- 3 Fixed-wing Ambulance
- 4 Private or Public Vehicle or Walk-in
- 5 Police Transport
- 6 Other Transport Mode

Additional Information

- For patients with an unspecified mode of transport, select 6, *Other*
- “Non-applicable” (NA) is used to indicate that a patient had a single mode of transport and therefore this field does not apply to the patient

Data Source Hierarchy

- 1 EMS Run Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

SCENE EMS RUN REPORT PRESENT

Data Format is single-choice.

Definition

Scene EMS Run Report Present documents whether the run report generated by EMS at the injury scene is found in the patient's medical record.

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs- tripform</i>	XSD Element/Domain (Simple Type)	<i>TripForm</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- If the patient arrives by any means other than ground or air EMS (i.e. private vehicle, walk-in, law enforcement, etc.) then enter the appropriate code for NA

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- Not an NTDS Field

INTER-FACILITY TRANSFER EMS RUN REPORT PRESENT

Data Format is single-choice.

Definition

Inter-facility Transfer EMS Run Report Present documents whether a run report generated during transfer from a previous hospital to your hospital is found in the patient's medical record.

XSD Data Type	<i>xs- tripform</i>	XSD Element/Domain (Simple Type)	<i>TripForm</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- If the patient has multiple hospital destinations, document only whether the run report is present from the run in which the transferring agency brings the patient directly to your hospital.

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- Not an NTDS Field

EMS DISPATCH DATE TO SCENE OR TRANSFERRING FACILITY

Data Format is a date.

Definition

EMS Dispatch Date to Scene or Transferring Facility is the date that the EMS unit transporting to your hospital was notified by EMS dispatch.

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>EMSNotifyDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 / Maximum Constraint 2030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Used to auto-generate an additional calculated field, *Total EMS Time* (which is the elapsed time from EMS dispatch to hospital arrival)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_04
- NTDS 1.2.5

EMS DISPATCH TIME TO SCENE OR TRANSFERRING FACILITY

Data Format is numeric.

Definition

EMS Dispatch Time to Scene or Transferring Facility is the time that the EMS unit transporting the patient to your hospital was notified by EMS dispatch.

- For inter-facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>EMSNotifyTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Used to auto-generate an additional calculated field, *Total EMS Time* (which is the elapsed time from EMS dispatch to hospital arrival)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_04
- NTDS 1.2.5

EMS UNIT ARRIVAL DATE AT SCENE OR TRANSFERRING FACILITY

Data Format is date.

Definition

EMS Unit Arrival Date at Scene of Transferring Facility is the date that the EMS unit transporting the patient to your hospital arrived on the scene or at the transferring facility (the time the vehicle stopped moving).

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>EMSArrivalDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 / Maximum Constraint 2030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Used to auto-generate an additional calculated fields, *Total EMS Response Time* (which is the elapsed time from EMS dispatch to scene arrival) & *Total EMS Scene Time* (which is the elapsed time from EMS scene arrival to scene departure)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_06
- NTDS 1.2.5

EMS UNIT ARRIVAL TIME FROM SCENE OR TRANSFERRING FACILITY

Data Format is numeric.

Definition

EMS Unit Arrival Time from Scene or Transferring Facility is the time that the EMS unit transporting the patient to your hospital arrived on the scene or at the transferring facility (the time the vehicle stopped moving).

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>EMSArrivalTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Used to auto-generate an additional calculated fields, *Total EMS Response Time* (which is the elapsed time from EMS dispatch to scene arrival) & *Total EMS Scene Time* (which is the elapsed time from EMS scene arrival to scene departure)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_06
- NTDS 1.2.5

EMS UNIT DEPARTURE DATE FROM SCENE OR TRANSFERRING FACILITY

Data Format is a date.

Definition

EMS Unit Departure Date from Scene or Transferring Facility is the date that the EMS unit transporting the patient to your hospital left the scene (the time the vehicle started moving).

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>EMSLeftDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 / Maximum Constraint 2030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Used to auto-generate an additional calculated field, *Total EMS Scene Time* (which is the elapsed time from EMS scene arrival to scene departure)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_09
- NTDS 1.2.5

EMS UNIT DEPARTURE TIME FROM SCENE OR TRANSFERRING FACILITY

Data Format is numeric.

Definition

EMS Unit Departure Time from Scene or Transferring Facility is the time that the EMS unit transporting to your hospital left the scene (the time the vehicle started moving).

- For inter facility transfer patients, this is the run report for the unit transporting the patient to your facility from the transferring facility.
- For patients transported from the scene of injury to your hospital, this is the run report transporting the patient to your facility from the scene.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>EMSLeftTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Used to auto-generate an additional calculated field *Total EMS Scene Time* (which is the elapsed time from EMS scene arrival to scene departure)

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E05_09
- NTDS 1.2.5

SCENE FIRST DOCUMENTED SYSTOLIC BLOOD PRESSURE

Data Format is numeric.

Definition

Scene First Documented Systolic Blood Pressure is the first recorded systolic blood pressure measured at the scene of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSSbp</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint	300

Field Values

- Relevant value for data element

Additional Information

- Used to auto-generate an additional calculated field, *Revised Trauma Score---EMS* (adult & pediatric)
- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_04
- NTDS 1.2.5

SCENE FIRST DOCUMENTED PULSE RATE

Data Format is numeric.

Definition

Scene First Documented Pulse Rate is the first recorded pulse measured at the scene of injury (palpated or auscultated), expressed as a number per minute.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSPulseRate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint	<i>299</i>

Field Values

- Relevant value for data element

Additional Information

- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_07
- NTDS 1.2.5

SCENE FIRST DOCUMENTED RESPIRATORY RATE

Data Format is numeric.

Definition

Scene First Documented Respiratory Rate is the first recorded respiratory rate measured at the scene of injury (expressed as a number per minute).

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSRespRate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint	<i>120</i>

Field Values

- Relevant value for data element

Additional Information

- Used to auto-generate an additional calculated field, *Revised Trauma Score---EMS* (adult & pediatric)
- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_11
- NTDS 1.2.5

SCENE FIRST DOCUMENTED OXYGEN SATURATION

Data Format is numeric.

Definition

Scene First Documented Oxygen Saturation is the first recorded oxygen saturation measured at the scene of injury (expressed as a percentage).

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSPulseOx</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint 100	

Field Values

- Relevant value for data element

Additional Information

- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_09
- NTDS 1.2.5

SCENE FIRST DOCUMENTED GCS EYE OPENING

Data Format is numeric.

Definition

Scene First Documented GCS Eye Opening is the first recorded Glasgow Coma Score eye assessment done at the scene of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSGcsEye</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 / Maximum Constraint 4	

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

Additional Information

- Used to calculate *Overall GCS – EMS Score*
- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_15
- NTDS 1.2.5

SCENE FIRST DOCUMENTED GCS VERBAL RESPONSE

Data Format is numeric.

Definition

Scene First Documented GCS Verbal Response is the first recorded Glasgow Coma Score verbal assessment done at the scene of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSGcsVerbal</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 / Maximum Constraint 5	

Field Values

- Pediatric(\leq 2 years of age)
 - 1 No vocal response
 - 2 Inconsolable, agitated
 - 3 Inconsistently consolable, moaning
 - 4 Cries but is consolable, inappropriate interactions
 - 5 Smiles, oriented to sounds, follows objects, interacts
- Adult
 - 1 No verbal response
 - 2 Incomprehensible sounds
 - 3 Inappropriate words
 - 4 Confused
 - 5 Oriented

Additional Information

- Used to calculate *Overall GCS – EMS Score*
- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_16
- NTDS 1.2.5

SCENE FIRST DOCUMENTED GCS MOTOR RESPONSE

Data Format is numeric.

Definition

Scene First Documented GCS Motor Response is the first recorded Glasgow Coma Score motor assessment done at the scene of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSGcsMotor</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 / Maximum Constraint 6	

Field Values

- Pediatric (<= 2 years of age)
 - 1 No motor response
 - 2 Extension to pain
 - 3 Flexion to pain
 - 4 Withdrawal from pain
 - 5 Localizing pain
 - 6 Appropriate response to stimulation
- Adult
 - 1 No motor response
 - 2 Extension to pain
 - 3 Flexion to pain
 - 4 Withdrawal from pain
 - 5 Localizing pain
 - 6 Obeys commands

Additional Information

- Used to calculate Overall GCS – EMS Score
- If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_17
- NTDS 1.2.5

SCENE FIRST DOCUMENTED GCS TOTAL SCORE

Data Format is numeric.

Definition

Scene First Documented Scene GCS Total Score is the first recorded total Glasgow Coma Score done at the scene of injury.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSGcsTotal</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 3 / Maximum Constraint 15	

Field Values

- Relevant value for data element

Additional Information

- Used to auto-generate an additional calculated field, *Revised Trauma Score---EMS* (adult & pediatric)
- If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as *Not Known/Not Recorded/Not Documented*
- If a patient does not have a numeric GCS recorded, but with documentation related to their level of consciousness such as “AAOx3”, “awake, alert and oriented” or “patient with normal mental status”, interpret this as GCS of 15 provided that there is NO other contraindicating documentation.

Data Source Hierarchy

- EMS Run Sheet

References to Other Databases

- NHTSA V.2.2 – E14_19
- NTDS 1.2.5

SCENE FIRST DOCUMENTED GCS QUALIFIER

Data Format is multiple-choice.

Definition

Scene First Documented GCS Qualifier documents circumstances related to the patient when or near the time that the *Scene First Documented Scene GCS Total Score* was obtained.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EMSGcsQualifier</i>
Multiple Entry Configuration	<i>Yes, 3</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Patient is chemically sedated
- 2 Obstruction to the patient's eye(s) prevents accurate eye assessment
- 3 Patient is intubated
- 4 GCS is valid meaning that the patient is not sedated, not intubated and without eye obstruction

Additional Information

- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)
- Select *NA* if the patient was not transported to your hospital by EMS

Data Source Hierarchy

- EMS Run Sheet

SCENE INTUBATION

Data Format is single-choice.

Definition

Scene Intubation indicates whether an artificial airway was placed at the scene or en route to your hospital, and if so, the type of artificial airway used.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>SceneIntubation</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Nasal Endotracheal Tube
- 2 Oral Endotracheal Tube
- 3 Surgical Airway (i.e. surgical, needle or percutaneous cricothyrotomy, tracheostomy)
- 4 Other Airway (laryngeal mask airway [LMA], Combitube, esophageal obturator airway [EOA])
- 5 No definitive airway placed (No tube is placed into the trachea)

Additional Information

- A normal response is 5, *No definitive airway placed*
- Select *NA* if the patient did not arrive by EMS to your hospital

Data Source Hierarchy

- 1 EMS Run Sheet

References to Other Databases

- NTDS 1.2.5

SCENE CPR

Data Format is single-choice.

Definition

Scene CPR indicates whether cardiopulmonary resuscitation was performed at the scene or en route to your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>CPRScene</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- Select *NA* if the patient did not arrive at your hospital by EMS

Data Source Hierarchy

- 1 EMS Run Sheet

References to Other Databases

- NTDS 1.2.5

SCENE NEEDLE CHEST DECOMPRESSION OR THORACOSTOMY

Data Format is single-choice.

Definition

Scene Needle Chest Decompression or Thoracostomy indicates whether chest decompression was performed on the patient at the scene or en route to your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>NeedleThor</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- Select *NA* if the patient did not arrive at your hospital by EMS

Data Source Hierarchy

- 1 EMS Run Sheet

References to Other Databases

- NTDS 1.2.5

INTER-FACILITY TRANSFER

Data Format is single-choice.

Definition

Inter-facility Transfer is whether the patient was transferred to your facility from another hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>InterFacilityTransfer</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- A patient transferred from a private doctor's office, stand-alone ambulatory surgery center, urgent care clinic or delivered to your hospital by a non-EMS transport is NOT considered an inter-facility transfer.
- Outlying facilities (i.e. hospitals and free-standing emergency departments) that provide extensive emergency care services to assess and/or stabilize a patient are considered to be acute care facilities.

Data Source Hierarchy

- 1 EMS Run Sheet

References to Other Databases

- NTDS 1.2.5

TRANSFER FROM HOSPITAL

Data Format is single-choice.

Definition

Transfer from Hospital documents the Ohio Department of Public Safety (ODPS) assigned-number for the acute care facility which transferred a trauma patient to your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>TransferFrom</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

Refer to *Appendix 1-A* for the ODPS list of hospital codes.

Data Source Hierarchy

- 1 ED Record
- 2 History & Physical Documentation

ED/HOSPITAL ARRIVAL DATE

Data Format is a date.

Definition

ED/Hospital Arrival Date is the date that the patient arrived at your ED/hospital.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>HospitalArrivalDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 / Maximum Constraint 2030	

Field Values

- Relevant value for data entry

Additional Information

- If the patient was brought to the ED, enter the date patient arrived at ED
- If the patient was directly admitted to the hospital, enter date patient was admitted to the hospital
- Collected as MMDDYYYY

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 Hospital Discharge Summary

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL ARRIVAL TIME

Data Format is numeric.

Definition

ED/Hospital Arrival Time is the time of day that the patient arrived to your ED/hospital.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>HospitalArrivalTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data entry

Additional Information

- If the patient was brought to your hospital ED, enter the time patient arrived at the ED.
- If the patient was a directly admit to your hospital and bypassed the ED, enter that time that the patient was admitted to your hospital.
- Document as military time

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record
- 3 Billing Sheet/Medical Records Coding Summary Sheet
- 4 Hospital Discharge Summary

References to Other Databases

- NTDS 1.2.5

TRAUMA ACTIVATION LEVEL

Data Format is single-choice.

Definition

Trauma Activation Level is the highest level of trauma activation called for the patient when at your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Alert</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Highest Level of Activation
- 2 Other Level of Activation
- 3 No Trauma Alert Activation

Additional Information

- Select *NA* if your facility does not have a trauma team

Data Source Hierarchy

- 1 Trauma Flow Sheet
- 2 ED Record

ED/HOSPITAL FIRST DOCUMENTED SYSTOLIC BLOOD PRESSURE

Data Format is numeric.

Definition

ED/Hospital First Documented Systolic Blood Pressure is the patient's first recorded systolic blood pressure in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Sbp</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint 300	

Field Values

- Relevant value for data element

Additional Information

- Use to auto-generated an additional calculated field, *Revised Trauma Score---ED* (adult & pediatric)

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED PULSE RATE

Data Format is numeric.

Definition

ED/Hospital First Documented Pulse Rate is the patient's first recorded pulse rate in your ED/hospital (palpated or auscultated), expressed as a number per minute.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>PulseRate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint 299	

Field Values

- Relevant value for data element

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED RESPIRATORY RATE

Data Format is numeric.

Definition

ED/Hospital First Documented Respiratory Rate is the patient's first recorded respiratory rate in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>RespiratoryRate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint 120	

Field Values

- Relevant value for data element

Additional Information

- If available, complete addition field *First Documented ED/Hospital Respiratory Assistance*
- Used to auto-generate an additional calculated field *Revised Trauma Score---ED* (adult & pediatric)

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED RESPIRATORY ASSISTANCE

Data Format is single-choice.

Definition

ED/Hospital First Documented Respiratory Assistance documents whether the patient was receiving respiratory assistance upon arrival at your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>RespiratoryAssist</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Unassisted Respiratory Rate
- 2 Assisted Respiratory Rate

Additional Information

- Only completed if a value is provided for *ED/Hospital First Documented Respiratory Rate*
- Respiratory Assistance is defined as mechanical and/or external support of respiration

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED OXYGEN SATURATION

Data Format is numeric.

Definition

ED/Hospital First Documented Oxygen Saturation is the patient's first recorded oxygen saturation in your ED/Hospital, expressed as a percentage.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>PulseOx</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 / Maximum Constraint	<i>100</i>

Field Values

- Relevant value for data element

Additional Information

- If available, complete additional field *ED/Hospital First Documented Supplemental Oxygen*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL SUPPLEMENTAL OXYGEN ADMINISTRATION DURING FIRST DOCUMENTED OXYGEN SATURATION MEASUREMENT

Data Format is single-choice.

Definition

ED/Hospital Supplemental Oxygen Administration during First Documented Oxygen Saturation Measurement is whether supplemental oxygen was provided to the patient during the assessment of *ED/Hospital First Documented Oxygen Saturation Level* at your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>SupplementalOxygen</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 No Supplemental Oxygen
- 2 Supplemental Oxygen

Additional Information

- Only completed if a value is provided for *ED/Hospital First Documented Oxygen Saturation*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED TEMPERATURE

Data Format is numeric.

Definition

ED/Hospital First Documented Temperature is the patient's first recorded temperature in your ED/Hospital, documented in degrees Fahrenheit.

XSD Data Type	<i>xs-decimal</i>	XSD Element/Domain (Simple Type)	<i>Temperature</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 /Maximum Constraint	300

Field Values

- Relevant value for data element

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED GCS EYE OPENING

Data Format is numeric.

Definition

ED/Hospital First Documented GCS Eye Opening is the patient's first recorded Glasgow Coma Score (GCS) eye assessment documented in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>GcsEye</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 /Maximum Constraint 4	

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

Additional Information

- Necessary to calculate *Overall GCS ED Score*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED GCS VERBAL RESPONSE

Data Format is numeric.

Definition

ED/Hospital First Documented GCS Verbal Response is the patient's first recorded Glasgow Coma Score verbal assessment documented in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>GcsVerbal</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 /Maximum Constraint 5	

Field Values

- Pediatric(<= 2 years of age)
 - 1 No vocal response
 - 2 Inconsolable, agitated
 - 3 Inconsistently consolable, moaning
 - 4 Cries but is consolable, inappropriate interactions
 - 5 Smiles, oriented to sounds, follows objects, interacts
- Adult
 - 1 No verbal response
 - 2 Incomprehensible sounds
 - 3 Inappropriate words
 - 4 Confused
 - 5 Oriented

Additional Information

- Necessary to calculate *Overall GCS ED Score*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED GCS MOTOR RESPONSE

Data Format is numeric.

Definition

ED/Hospital First Documented GCS Motor Response is the patient's first recorded Glasgow Coma Score motor assessment documented in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>GcsMotor</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 /Maximum Constraint 6	

Field Values

- Pediatric(<= 2 years of age)
 - 1 No motor response
 - 2 Extension to pain
 - 3 Flexion to pain
 - 4 Withdrawal from pain
 - 5 Localizing pain
 - 6 Appropriate response to stimulation
- Adult
 - 1 No motor response
 - 2 Extension to pain
 - 3 Flexion to pain
 - 4 Withdrawal from pain
 - 5 Localizing pain
 - 6 Obeys commands

Additional Information

- Necessary to calculate *Overall GCS ED Score*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED GCS TOTAL SCORE

Data Format is numeric.

Definition

ED/Hospital First Documented GCS Total Score is the patient's first recorded Glasgow Coma Score documented in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>GcsTotal</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 3 /Maximum Constraint 15	

Field Values

- Relevant value for data element

Additional Information

- Utilize **only** if total score is available without individual component scores
- Used to auto-generate an additional calculated field, *Revised Trauma Score---ED (adult & pediatric)*

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record

References to Other Databases

- NTDS 1.2.5

ED/HOSPITAL FIRST DOCUMENTED GCS QUALIFIERS

Data Format is multiple-choice.

Definition

ED/Hospital First Documented GCS Qualifiers are factors that potentially affected the patient’s first Glasgow Coma Score assessment done after arrival in your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>GcsQualifier</i>
Multiple Entry Configuration	<i>Yes, 3</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Patient Chemically Sedated
- 2 Obstruction to the Patient’s Eye
- 3 Patient Intubated
- 4 Valid GCS: Patient not sedated, not intubated and without eye obstruction

Additional Information

- Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.)

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record
- 3 EMS Run Sheet

References to Other Databases

- NTDS 1.2.5

HEIGHT

Data Format is numeric.

Definition

Height is simply the patient's height in centimeters and is required only if the patient is less than or equal to 15 years of age.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Height</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Height in centimeters

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record
- 3 Nursing Admission Record

WEIGHT

Data Format is numeric.

Definition

Weight is simply the patient's weight in kilograms and is required only if the patient is less than or equal to 15 years of age.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Weight</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Weight in kilograms

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 ED Record
- 3 Nursing Admission Record

ED DISCHARGE DATE

Data Format is a date.

Definition

ED Discharge Date is the date that the patient was discharged from your ED.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>EdDischargeDate</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 /Maximum Constraint 2030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Used to auto-generate additional calculated field, *Total ED Time* (elapsed time from ED admit to ED discharge)
- If the patient is directly admitted to the hospital, code as *NA*

Data Source Hierarchy

- 1 Hospital Discharge Summary
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Physicians' Progress Notes

References to Other Databases

- NTDS 1.2.5

ED DISCHARGE TIME

Data Format is numeric.

Definition

ED Discharge Time is the time that the patient was discharged from your ED.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>EdDischargeTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Used to auto-generate additional calculated field, *Total ED Time* (which is the elapsed time from ED arrival to ED discharge)
- If the patient is directly admitted to the hospital, code as *NA*

Data Source Hierarchy

- 1 Hospital Record
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Physicians' Progress Notes

References to Other Databases

- NTDS 1.2.5

ED DISCHARGE DISPOSITION

Data Format is single-choice.

Definition

ED Discharge Disposition is a general location of where the patient goes at the time of discharge from your ED.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EdDischargeDispo</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|---|------------------------------------|
| 1 Floor bed (general admission, non specialty unit bed) | 7 Operating Room |
| 2 Observation unit | 8 Intensive Care Unit (ICU) |
| 3 Telemetry/step-down unit (less acuity than ICU) | 9 Home without services |
| 4 Home with services | 10 Left against medical advice |
| 5 Died | 11 Transferred to another hospital |
| 6 Other (jail, institutional care, mental health, etc.) | |

Additional Information

- Based upon UB-04 disposition coding
- If reported as “Died” complete variable *ED Death*
- If the patient is directly admitted to the hospital, code as *NA*
- If *ED Discharge Disposition* is Field Value #4, 5, 6, 9, 10, or 11, then *Hospital Discharge Date, Time, and Disposition* should be *NA*

Data Source Hierarchy

- 1 Hospital Discharge Summary
- 2 Nursing Progress Notes
- 3 Social Worker Notes

References to Other Databases

- NTDS 1.2.5

SIGNS OF LIFE

Data Format is single-choice.

Definition

ED Death is whether the patient arrived with signs of life.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EdDeath</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Arrived with no signs of life and was not successfully resuscitated
- 2 Arrived with signs of life but died after arrival

Additional Information

- Only completed when *ED Discharge Disposition* is completed as *Died*
- 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.

Data Source Hierarchy

- 1 Triage Form/Trauma Flow Sheet
- 2 Physician's Progress Notes
- 3 ED Documentation

References to Other Databases

- NTDS 1.2.5

ED TRANSFER TO HOSPITAL

Data Format is single-choice.

Definition

ED Transfer to Hospital is a subsequent hospital destination of the patient upon discharge from your ED.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>EdDcDestination</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element. Refer to *Appendix 1-A* for the list of hospital codes.

Data Source Hierarchy

1. ED Record
2. History & Physical Documentation

ALCOHOL USE INDICATOR

Data Format is single-choice.

Definition

Alcohol Use Indicator is whether the patient was tested for a blood alcohol level in your or a prior hospital for this injury event, and if so, whether alcohol was found in the patient's bloodstream.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>AlcoholUse</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Not tested
- 2 Negative confirmed by test
- 3 Positive within legal limit
- 4 Positive beyond legal limit

Additional Information

- Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event
- "Beyond legal limit" is defined as a blood alcohol concentration above the legal limit for the State of Ohio
 - ❖ Adult Legal Limit is < 0.08 mcg/dl
 - ❖ Pediatric (\leq 21 years of age) Legal Limit is zero

Data Source Hierarchy

- 1 Lab Results
- 2 ED Physician Notes

References to Other Databases

- NTDS 1.2.5

ALCOHOL LEVEL RANGE

Data Format is single-choice.

Definition

Alcohol Level Range is the level of the patient's first documented blood alcohol level (BAL) drawn at your hospital when the BAL is positive AND beyond the legal limit.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>AlcoholLevel</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 0.08 to 0.109
- 2 0.11 to 0.199
- 3 0.20 and above

Additional Information

- This field is answered only if *Positive Beyond Legal Limit* is selected for the data field *Alcohol Use Indicator* (see previous page)

Data Source Hierarchy

- 1 Lab Results
- 2 ED Physician Notes

DRUG USE INDICATOR

Data Format is single-choice.

Definition

Drug Use Indicator is whether the patient has a chemical substance in their system either at your or a previous hospital for this injury event.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>DrugUse</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Not Tested
- 2 Negative, confirmed by test
- 3 Positive, confirmed by test, prescription drug(s)
- 4 Positive, confirmed by test, illicit drug(s)

Additional Information

- Drug use may be documented at any facility treating this patient event
- Illicit drugs include both drugs that are illegal by law and prescribed drugs that are abused/misused
- If tests confirm both prescription drugs and illicit drugs, select “4,” *Positive, confirmed by test, illicit drug(s)*

Data Source Hierarchy

- 1 Lab Results
- 2 ED Physician Notes

References to Other Databases

- NTDS 1.2.5

ADMITTING SPECIALTY

Data Format is single-choice.

Definition

Admitting Specialty is the medical specialty of the attending physician who admits the patient to your hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>AdmSvc</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 0 Not Admitted (Died in your ED, transferred to another facility or discharged home)
- 1 General Surgery (Includes adult general and adult trauma surgery)
- 2 Neurosurgery
- 3 Orthopedic Surgery
- 4 Pediatric Surgery (Includes pediatric general surgery)
- 5 Burn Service
- 6 Thoracic Surgery
- 7 Plastic Surgery
- 8 All Other Surgical Services
- 9 Non-Surgical Service(s)

Additional Information

- This is not necessarily the service to which the patient is designated upon admission to the hospital, but the medical specialty of the patient's attending physician

Data Source Hierarchy

- 1 ED Record
- 2 Trauma Flow Sheet
- 3 Billing/Registration Sheet
- 4 History & Physical

HOSPITAL PROCEDURES

Data Format is multiple-choice.

Definition

Hospital Procedures are all operative or essential procedures conducted on the patient during his/her stay at your hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>HospitalProcedure</i>
Multiple Entry Configuration	<i>Yes, 200</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Major and minor procedure (ICD-9-CM) inpatient codes
- The maximum number of procedures that may be reported for a patient is 200

Additional Information

- Operative and/or essential procedures are defined as procedures performed in the Operating Room, Emergency Department, and/or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient’s specific injuries or their complications at your hospital.
- Include only procedures performed at your hospital.
- At a minimum, the procedures listed on the following page should be captured for TACR. The hospital may choose to capture additional procedures for internal use. Procedures included on in the Procedures List that are designated with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.

Data Source Hierarchy

- 1 Operative Reports
- 2 ED and ICU Records
- 3 Trauma Flow Sheet
- 4 Anesthesia Record
- 5 Billing Sheet/Medical Records Coding Summary Sheet
- 6 Hospital Discharge Summary

References to Other Databases

- NTDS 1.2.5

PROCEDURE LIST FOR *HOSPITAL PROCEDURES* DATA FIELD

DIAGNOSTIC & THERAPEUTIC IMAGING

Computed tomographic studies*
Diagnostic ultrasound (includes FAST)
Doppler ultrasound of extremities*
Angiography
Angioembolization
Echocardiography
Cystogram
Inferior vena cava (IVC) filter
Urethrogram

CARDIOVASCULAR

Central venous catheterization*
Pulmonary artery catheterization*
Cardiac output monitoring*
Open cardiac massage
Cardiopulmonary Resuscitation (CPR)

CENTRAL NERVOUS SYSTEM

Insertion of ICP monitor
Ventriculostomy
Cerebral oxygen monitoring

GASTROINTESTINAL

Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Gastrostomy/jejunostomy/gastrojejunostomy (percutaneous/or endoscopic)

GENITOURINARY

Ureteric catheterization (i.e. ureteric stent)
Suprapubic cystostomy

MUSCULOSKELETAL

Soft tissue/bony debridements*
Closed reduction fractures
Skeletal (and halo) traction*
Fasciotomy

RESPIRATORY

Insertion of endotracheal tube*
Continuous invasive mechanical ventilation
Chest tube*
Bronchoscopy
Tracheostomy

TRANSFUSION

The following blood products should be captured over first 24 hours after hospital arrival:

Transfusion of red cells *
Transfusion of platelets *
Transfusion of plasma *

In addition to coding the individual blood products listed above assign the 99.01 ICD-9 procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival *

OTHER

Hyperbaric oxygen
Decompression chamber
Total Parenteral Nutrition (TPN)

***May be performed multiple times during hospitalization**

PROCEDURE EPISODE

Data Format is multiple-choice.

Definition

Procedure Episode documents the order of the surgical procedures performed while the patient was in your hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>ProcedureEpisode</i>
Multiple Entry Configuration	<i>Yes, 200</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 First Operative Episode
- 2 Second Operative Episode
- 3 Third Operative Episode
- 4 Fourth Operative Episode
- 5 Fifth Operative Episode
- 6 Sixth Operative Episode
- 7 Seventh Operative Episode
- 8 Eighth Operative Episode
- 9 Ninth Operative Episode
- 10 Tenth or More Operative Episode

Additional Information

- Include only those operative procedures performed at your hospital
- This field is linked to the *Hospital Procedures* Field

Data Source Hierarchy

- 1 Operative Reports

HOSPITAL PROCEDURE START DATE

Data Format is a date.

Definition

Hospital Procedure Start Date documents the date that an operative procedure was performed in your hospital.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	<i>HospProcedureDate</i>
Multiple Entry Configuration	<i>Yes, 200</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- This field is linked to the *Hospital Procedures* Field

Data Source Hierarchy

- 1 Operative Reports
- 2 Anesthesia Record
- 3 OR Nurses' Notes

References to Other Databases

- NTDS 1.2.5

HOSPITAL PROCEDURE START TIME

Data Format is numeric.

Definition

Hospital Procedure Start Time documents the time that an operative procedure was started in your hospital.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>HospProcedureTime</i>
Multiple Entry Configuration	<i>Yes, 200</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Procedure start time is defined as the time that the incision was made or that the essential procedure started
- This field is linked to the *Hospital Procedures* Field

Data Source Hierarchy

- 1 Operative Reports
- 2 Anesthesia Record
- 3 OR Nurses' Notes

References to Other Databases

- NTDS 1.2.5

Procedure Location

Data Format is multiple-choice.

Definition

Procedure Location documents the location of the procedures performed while the patient was in your hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>ProcedureLocation</i>
Multiple Entry Configuration	<i>Yes, 200</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Emergency Department
- 2 Operating Room
- 3 ICU
- 4 Floor
- 5 Laboratory

Additional Information

- Include only those operative procedures performed at your hospital
- This field is linked to the *Hospital Procedures* Field

Data Source Hierarchy

- 1 Operative Reports

CO-MORBID CONDITIONS

Data Format is multiple-choice.

Definition

Co-morbid Conditions are pre-existing health factors present in the patient prior to arrival at your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Comorbid</i>
Multiple Entry Configuration	<i>Yes, 23</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|--|---|
| 0 No Known Co-morbid Conditions | 14 Esophageal Varices |
| 1 Other Co-morbid Conditions Not Otherwise Listed Here | 15 Functionally Dependent Health Status |
| 2 Alcoholism | 16 History of Angina within past 1 month |
| 3 Ascites within 30 days | 17 History of Myocardial Infarction within 6 months |
| 4 Bleeding Disorder/Current Anticoagulant Therapy | 18 History of PVD Revascularization/Amputation |
| 5 Chemotherapy for cancer within 30 days | 19 Hypertension requiring medication |
| 6 Congenital Anomalies | 20 Impaired Sensorium |
| 7 Congestive Heart Failure | 21 Prematurity |
| 8 Current Smoker | 22 Obesity |
| 9 Currently requiring dialysis | 23 Respiratory Disease |
| 10 CVA/Residual Neurological Deficit | 24 Steroid Use |

- 11 Diabetes Mellitus
- 12 Disseminated Cancer
- 13 Do Not Resuscitate (DNR) Status

- 25 Cirrhosis
- 50 Osteoporosis

Additional Information

- Field Value #0, *No Known Co-morbid Conditions* is used for patients with no known co-morbid conditions as coded by the hospitals or defined within the NTDS Data Dictionary.
- Field value #1, *Other Co-morbid Conditions Not Otherwise Listed Here*, is used if that patient has a pre-existing condition that is not included in this list.
- Field value #13, *Do Not Resuscitate (DNR) Status*, is selected here ONLY if such a status was medically ordered PRIOR TO the patient's arrival in your ED/hospital. To document patient DNR orders issued AFTER arrival to your ED/hospital, see next page.

Data Source Hierarchy

- 1 History and Physical
- 2 Discharge Sheet
- 3 Billing Sheet

References to Other Databases

- NTDS 1.2.5

DNR STATUS

Data Format is single-choice.

Definition

DNR Status documents the presence of a physician's order to withhold select resuscitative efforts from the patient, and whether the order was issued prior to or during the patient's stay at your ED/hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>DNR</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 0 Not a DNR patient (patient is to receive all resuscitative efforts if needed)
- 1 DNR status ordered prior to patient's arrival at your hospital
- 2 DNR status ordered after patient's arrival to your hospital

Additional Information

- This field is completed for each patient
- DNR status is typically ordered for a patient who does not wish to be resuscitated in the event of a cardiac arrest (no palpable pulse) or respiratory arrest (no spontaneous respirations or the presence of labored breathing) near the end of life.
- A DNR status includes both *DNR-CC* (comfort care) and *DNR-CCA* (comfort care arrest) orders.

Data Source Hierarchy

- 1 Do Not Resuscitate Document
- 2 History and Physical
- 3 Discharge Sheet
- 4 Billing Sheet

References to Other Databases

- NTDS 1.2.5

INJURY DIAGNOSES

Data Format is multiple-choice.

Definition

Injury Diagnoses are the patient's diagnoses for all injuries identified at your ED/hospital for this injury event.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>InjuryDiagnoses</i>
Multiple Entry Configuration	<i>Yes, 50</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Injury diagnoses are defined by ICD-9-CM codes; refer to inclusion criteria

Additional Information

- Can be utilized to generate Abbreviated Injury Score and Injury Severity Score
- The maximum number of diagnoses that may be reported for an individual patient is 50

Data Source Hierarchy

- 1 Autopsy Report
- 2 Operative Report
- 3 Discharge Summary
- 4 Trauma Flow Sheet
- 5 Radiology Results
- 6 Billing Sheet/Medical Records Coding Summary Sheet
- 7 ED and ICU Records

References to Other Databases

- NTDS 1.2.5

ISS BODY REGION

Data Format is multiple-choice.

Definition

ISS Body Region is the Injury Severity Score assigned by body region codes that reflects the patient's injury(ies) diagnosed at your ED/hospital for this injury event.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>IssRegion</i>
Multiple Entry Configuration	<i>Yes, 50</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1/Maximum Constraint 6	

Field Values

- 1 Head or Neck
- 2 Face
- 3 Chest
- 4 Abdominal or Pelvic Contents
- 5 Extremities or Pelvic Girdle
- 6 External

Additional Information

- Field value #1, *Head or Neck*, includes injury to the brain, skull, cervical spine and/or cervical spine fractures
- Field value #2, *Face*, includes those areas involving the mouth, ears, nose and/or facial bones
- Field value #3, *Chest*, includes all lesions to internal organs within the chest, diaphragm, rib cage and/or thoracic spine
- Field value #4, *Abdominal or Pelvic Contents*, includes all lesions to internal organs within the abdomen and lumbar spine
- Field value #5, *Extremities or Pelvic Girdle*, includes sprains, dislocations, fractures and amputations **except for the spinal column, skull and rib cage**
- Field value #6, *External*, includes injuries such as lacerations, contusions, abrasions and burns independent of their location on the body surface

Data Source Hierarchy

- 1 Autopsy Report
- 2 Operative Report
- 3 Discharge Summary

- 4 Trauma Flow Sheet
- 5 Radiology Results
- 6 Billing Sheet/Medical Records Coding Summary Sheet
- 7 ED and ICU Records

References to Other Databases

- NTDS 1.2.5

AIS PRE-DOT CODE

Data Format is multiple-choice.

Definition

AIS Pre-dot Code is a component of the Abbreviated Injury Scale (AIS) code that reflects the patient's injuries diagnosed at your ED/hospital.

XSD Data Type	<i>xs-string</i>	XSD Element/Domain (Simple Type)	<i>AisPre-dot</i>
Multiple Entry Configuration	<i>Yes, 50</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- The pre-dot code is the 6 digits preceding the decimal point in an associated AIS code

Additional Information

- Can be utilized to generate Abbreviated Injury Score and Injury Severity Score

Data Source Hierarchy

- AIS Dictionary using ICD-9-CM injury codes found

References to Other Databases

- NTDS 1.2.5

AIS SEVERITY

Data Format is multiple-choice.

Definition

AIS Severity is the Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries diagnosed at your ED/hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>AisSeverity</i>
Multiple Entry Configuration	<i>Yes, 50</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 /Maximum Constraint 9	

Field Values

- 1 Minor Injury
- 2 Moderate Injury
- 3 Serious Injury
- 4 Severe Injury
- 5 Critical Injury
- 6 Maximum Injury, Virtually Non-survivable
- 7 Not Possible to Assign an AIS

Additional Information

- Field value #7, *Not Possible to Assign an AIS*, is chosen if the severity of an injury is not known

Data Source Hierarchy

- AIS Dictionary using ICD-9-CM injury codes found

References to Other Databases

- NTDS 1.2.5

AIS VERSION

Data Format is single-choice.

Definition

AIS version is the software version used to calculate Abbreviated Injury Scale (AIS) severity codes for the patient's current injury event.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>AisVersion</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 AIS 80
- 2 AIS 85
- 3 AIS 90
- 4 AIS 95
- 5 AIS 98
- 6 AIS 05

Data Source Hierarchy

- AIS Dictionary using ICD-9-CM injury codes

References to Other Databases

- NTDS 1.2.5

INJURY SEVERITY SCORE

Data Format is single-choice.

Definition

Injury Severity Score (ISS) is a nationally-accepted scoring system that reflects the patient's injuries for this injury event.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Iss</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1 / Maximum Constraint 75	

Field Values

- Relevant ISS value for the constellation of injuries

Data Source Hierarchy

- AIS Dictionary using ICD-9-CM injury codes

References to Other Databases

- NTDS 1.2.5

TOTAL ICU LENGTH OF STAY

Data Format is numeric.

Definition

Total ICU Length of Stay documents the total number of days that the patient spent in any intensive care unit (ICU) (including all episodes) while in your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>TotalIcuLos</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 /Maximum Constraint 400	

Field Values

- Relevant numeric value

Additional Information

- Recorded in full day increments with any partial day listed as a full day
- Field allows for multiple ICU admission and discharge dates
- If patient is admitted and discharged on the same date from the ICU, the *Length of Stay* (LOS) is one day

Data Source Hierarchy

- 1 ICU Nursing Flow Sheet
- 2 Calculate Based on Admission Form and Discharge Sheet
- 3 Nursing Progress Notes

References to Other Databases

- NTDS 1.2.5

TOTAL VENTILATOR DAYS

Data Format is numeric.

Definition

Total Ventilator Days documents the total number of days that the patient spent on mechanical ventilation (excluding time in the OR) while in your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>TotalVentDays</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 0 /Maximum Constraint 400	

Field Values

- Relevant value for data element

Additional Information

- Recorded in full day increments with any partial day listed as a full day
- Field allows for multiple start and stop dates and calculates total days spent on a mechanical ventilator. If a patient begins and ends mechanical ventilation on the same date, the total ventilator days is one day.
- Excludes mechanical ventilation time associated with OR procedures

Data Source Hierarchy

- 1 ICU Respiratory Therapy Flowsheet
- 2 ICU Nursing Flow Sheet
- 3 Physician's Daily Progress Notes
- 4 Calculate Based on Admission Form and Discharge Sheet

References to Other Databases

- NTDS 1.2.5

HOSPITAL DISCHARGE DATE

Data Format is a date.

Definition

Hospital Discharge Date is simply the date that the patient was discharged from your hospital.

XSD Data Type	<i>xs-date</i>	XSD Element/Domain (Simple Type)	HospitalDcDate
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>	Minimum Constraint 1990 /Maximum Constraint 2030	

Field Values

- Relevant value for data element

Additional Information

- Collected as MMDDYYYY
- Used to calculate *Total Length of Hospital Stay* (which is the elapsed time from ED/Hospital arrival to Hospital Discharge)

Data Source Hierarchy

- 1 Hospital Record
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Physician Discharge Summary

References to Other Databases

- NTDS 1.2.5

HOSPITAL DISCHARGE TIME

Data Format is numeric.

Definition

Hospital Discharge Time is simply the time of day that the patient was discharged from your hospital.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>HospitalDCTime</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Used to calculate field *Total Length of Hospital Stay* (which is the elapsed time from ED/Hospital Arrival to Hospital Discharge)

Data Source Hierarchy

- 1 Hospital Record
- 2 Billing Sheet/Medical Records Coding Summary Sheet
- 3 Physician Discharge Summary

References to Other Databases

- NTDS 1.2.5

HOSPITAL DISCHARGE DISPOSITION

Data Format is single-choice.

Definition

Hospital Discharge Disposition documents in general terms where the patient went after discharge from your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>HospitalDcDispo</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Discharged/Transferred to another hospital for ongoing acute inpatient care
- 2 Discharged to an intermediate care facility (ICF)
- 3 Discharged/Transferred to home under the care of an organized home health service
- 4 Left against medical advice (AMA) or discontinued care
- 5 Died
- 6 Discharged home with no home services
- 7 Discharged to a skilled nursing facility (SNF)
- 8 Discharged to hospice care
- 9 Discharged to another type of rehabilitation (Rehab) or long-term care facility (LTCF)
- 10 Discharged to a long term acute care hospital (LTACH)

Additional Information

- In field values #3 and #6, “Home” refers to the patient’s current place of residence (e.g., home, prison, etc.)
- Field values based upon UB-04 disposition coding
- Disposition to any other non-medical facility should be coded as 6
- Disposition to any other medical facility should be coded as 9
- Refer to the [glossary](#) for definitions of facility types

Data Source Hierarchy

- 1 Hospital Discharge Summary Sheet
- 2 Nurses Notes
- 3 Case Manager/Social Services Notes

References to Other Databases

- NTDS 1.2.5

INPATIENT TRANSFER TO HOSPITAL

Data Format is single-choice.

Definition

Inpatient Transfer to Hospital documents a subsequent hospital destination for the patient after inpatient admission at your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>DcDestination</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Refer to *Appendix 1-A* for the list of hospital codes

Data Source Hierarchy

- 1 Discharge Summary
- 2 Progress Notes
- 3 Billing/Registration Sheet

DISCHARGE STATUS

Data Format is single-choice.

Definition

Discharge Status is whether the patient left your hospital alive or dead.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Outcome</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>No</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Alive
- 2 Dead

Data Source Hierarchy

- 1 Discharge Summary
- 2 Progress Notes
- 3 Billing Sheet

TIME OF DEATH

Data Format is numeric.

Definition

Time of Death is simply the time of day that the patient was pronounced dead.

XSD Data Type	<i>xs-time</i>	XSD Element/Domain (Simple Type)	<i>TimeOfDeath</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Relevant value for data element

Additional Information

- Document as military time
- Only complete field when *Discharge Status* is completed as *Dead*

Data Source Hierarchy

- 4 Hospital Record
- 5 Billing Sheet/Medical Records Coding Summary Sheet
- 6 Physician Discharge Summary

References to Other Databases

- NTDS 1.2.5

PRIMARY METHOD OF PAYMENT

Data Format is single-choice.

Definition

Primary Method of Payment is the patient's foremost source of payment for care while in your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>PrimaryPayer</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Medicaid
- 2 Not Billed (for any reason)
- 3 Self Pay
- 4 Private/Commercial Insurance
- 5 No Fault Automobile Insurance
- 6 Medicare
- 7 Other Government Payer Source
- 8 Workers Compensation
- 9 Blue Cross/Blue Shield
- 10 Other

Data Source Hierarchy

- 1 Billing Sheet/Medical Records Coding Summary Sheet
- 2 Hospital Admission Form

References to Other Databases

- NTDS 1.2.5

BILLED HOSPITAL CHARGES

Data Format is single-choice.

Definition

Billed Hospital Charges is the final dollar amount billed to the patient for this injury admission at your hospital (excludes professional fees).

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Charges</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- Whole dollar amount of total hospital charges rounded off to the nearest dollar

Data Source Hierarchy

- Billing Sheet

ORGANS/TISSUE REQUESTED

Data Format is multiple-choice.

Definition

Organs/Tissue Requested is whether the local organ procurement organization (OPO) was contacted by your hospital in regards to possible donation of the patient's organs and/or tissues.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>OrganReq</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes
- 2 No

Additional Information

- Select *NA* if the patient is alive

Data Source Hierarchy

- 1 Discharge Summary
- 2 History and Physical
- 3 Billing Sheet

AUTOPSY PERFORMED

Data Format is single-choice.

Definition

Autopsy Performed documents whether an internal organ exam was performed on the patient by a trained pathologist.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Autopsy</i>
Multiple Entry Configuration	<i>No</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- 1 Yes, an autopsy was performed
- 2 No, an autopsy was not performed

Additional Information

- Select *NA* if the patient is alive

Additional Information

- If only an external or visual-type exam was done and no internal organs were surgically explored, field value #2, *No, an autopsy was not performed*, should be selected.

Data Source Hierarchy

- 1 Autopsy Report
- 2 Discharge Summary

HOSPITAL COMPLICATIONS

Data Format is multiple-choice.

Definition

Hospital Complications document any medical complication that occurred during the patient’s stay at your hospital.

XSD Data Type	<i>xs-integer</i>	XSD Element/Domain (Simple Type)	<i>Complications</i>
Multiple Entry Configuration	<i>Yes, 25</i>	Accepts Null Value	<i>Yes, common null values</i>
Required in XSD	<i>Yes</i>		

Field Values

- | | |
|--|--|
| 0 No Complications | 19 Organ/space surgical site infection |
| 1 Complications occurred that are otherwise not on this list | 20 Pneumonia |
| 2 Abdominal compartment syndrome | 21 Pulmonary embolism |
| 4 Acute renal failure | 22 Stroke/CVA |
| 5 Acute respiratory distress syndrome (ARDS) | 23 Superficial surgical site infection |
| 8 Cardiac arrest with CPR | 25 Unplanned intubation |
| 9 Coagulopathy | 27 Urinary tract infection |
| 11 Decubitus ulcer | 28 Catheter related blood stream infection |
| 12 Deep surgical site infection | 29 Osteomyelitis |
| 13 Drug or alcohol withdrawal syndrome | 30 Unplanned return to OR |
| 14 Deep vein thrombosis (DVT)/thrombophlebitis | 31 Unplanned return to ICU |
| 15 Extremity compartment syndrome | 32 Severe sepsis |
| 16 Graft/prosthesis/flap failure | |
| 18 Myocardial infarction | |

Additional Information

- The Field Value #1, *Complications occurred that are otherwise not on this list*, is chosen if that patient had a complication but it is not included in the list here. The list here mirrors the NTDS list of tracked patient complications.
- The field value #0, *No Complications*, should be used for patients who knowingly developed no medical complications as a result of this injury episode.

Data Source Hierarchy

- 1 Discharge Summary

- 2 History and Physical
- 3 Billing Sheet

References to Other Databases

- NTDS 1.2.5

GLOSSARY OF TERMS

Discharge Disposition

Field Value	Variable	Definition
2	Intermediate Care Facility (ICF)	A nursing home providing long-term care less than a skilled level, usually custodial care only.
7	Skilled Nursing Facility (SNF)	A nursing home or unit which provides skilled nursing or rehabilitation care, less than the level of an inpatient rehabilitation facility.
8	Hospice	A special way of caring for persons who are terminally ill. Hospice services can be provided in the home or at a nursing facility.
9	Inpatient Rehabilitation Facility (IRF)	A hospital or part of a hospital which provides intensive (3 hours per day) of rehabilitation therapies to persons with disability from recent injury or illness.
10	Long Term Acute Care Hospital (LTACH)	A special hospital or part of a hospital that provides treatment for patients who stay, on average, more than 25 days for extended acute care. Most patients are transferred from an intensive or critical care unit.

CO-MORBID CONDITIONS

Field Value	Variable	Definition	ICD-9 Code Range
2	Alcoholism	Alcohol consumption to an extent that adversely affects social and work-related functioning and produces withdrawal symptoms when habitual intake is stopped or greatly reduced; to be determined based upon the screening tool used at your hospital	291.0-291.3, 291.5, 291.81, 291.89, 291.9, 303.00-303.93, 305.00-305.03, V11.3
3	Ascites	The presence of fluid accumulation (other than blood) in the peritoneal cavity noted on physical examination, abdominal ultrasound or abdominal CT/MRI	789.5 (pre 2008), 789.59
4	Bleeding disorder/ Current anti-coagulant Therapy	A condition that places the patient at risk for excessive bleeding due to a deficiency of blood clotting elements (e.g. vitamin K deficiency, hemophilia, thrombocytopenia) and/or the use of chronic anticoagulation therapy (Coumadin, Plavix, or similar medications); does not include the patient on chronic aspirin therapy	269.0, 286.0, 286.1, 286.4, 287.1, 287.3 (pre-2006), 287.5, 287.9
5	Chemotherapy for Cancer within 30 days	The receipt of oral or intravenous chemotherapy treatment in the 30 days prior to admission for any type of medically diagnosed cancer	V58.1 (pre 2006), V58.11
6	Congenital Anomaly	A medical condition present since birth	740.0 – 759.9, 758.3 (pre 2005), 752.8 (pre 2004)
7	Congestive Heart Failure (CHF)	The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body; may be noted in the medical record as CHF, congestive heart failure or pulmonary edema	398.91, 402.01, 402.11, 402.91, 404.11, 404.13, 404.13, 404.91, 404.93, 425.0-425.9, 428.0
8	Current Smoker	A patient who has smoked cigarettes, pipes and/or cigars in the year prior to admission	
9	Currently requiring or on Dialysis	Acute or chronic renal failure prior to injury that requires periodic peritoneal dialysis, hemodialysis, hemofiltration or hemodiafiltration	V45.1
10	CVA/residual neurological deficit	A history prior to injury of a cerebrovascular accident (embolic, thrombotic, or hemorrhagic) with persistent residual motor, sensory or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensory deficit and/or impaired memory)	430-438.9, 436
11	Diabetes Mellitus	Acute or chronic pancreatic failure prior to injury that requires exogenous parenteral insulin or an oral hypoglycemic agent	205.00-250.33, 250.40-250.73
12	Disseminated Cancer	Cancer that has spread to one site or more sites in addition to the primary site in the body; other terms include fulminant, terminal, diffuse, widely metastatic, widespread and/ or carcinomatosis	196.0-199.1

CO-MORBID CONDITIONS, continued

13	Do Not Resuscitate (DNR) Status	The patient has a <i>Do Not Resuscitate</i> (DNR) medical order document or similar advance directive documented in the medical record	
14	Esophageal Varices	Engorged collateral veins in the esophagus which bypass a scarred liver to carry portal blood to the superior vena cava	456.0-456.20
15	Functionally dependent health status	An inability of the patient to complete activities of daily living (ADL) including but not limited to bathing, feeding, dressing, toileting, and/or walking; there are two generally-accepted forms: 1 Partially dependent: The patient requires the use of equipment or devices coupled with assistance from another person for some ADL. Any patient coming from a nursing home setting who is not totally dependent would fall into this category, as would any patient who requires kidney dialysis or home ventilator support that requires chronic oxygen therapy yet maintains some independent functions. 2 Totally dependent: The patient cannot perform any ADL. This includes a patient who is totally dependent upon nursing care, or a dependent nursing home patient. All patients with psychiatric illnesses should be evaluated for their ability to function with or without assistance with ADLs just as the non-psychiatric patient.	
16	History of angina within past 1 month	Pain or discomfort between the diaphragm and the mandible resulting from myocardial ischemia, experienced by the patient within the past month	V12.50
17	History of Myocardial Infarction (MI) within past 6 months	Death of a segment of heart muscle caused by a blood clot in the coronary artery interrupting blood supply, within the past 6 months	
18	History of Revascularization/ Amputation for Peripheral Vascular Disease (PVD)	Angioplasty or revascularization procedure for atherosclerotic PVD (e.g. aortafemoral, femoral-femoral, femoral-popliteal) or amputation procedure for PVD (e.g. toe amputations, transmetatarsal amputations, below the knee or above the knee amputations); excludes amputation for trauma or resection of abdominal aortic aneurysms	
19	Hypertension requiring medication	History of a persistent elevation of systolic blood pressure >140 mm Hg and a diastolic blood pressure >90 mm Hg requiring antihypertensive medications (e.g. diuretics, beta blockers, ACE inhibitors, calcium channel blockers).	401.0-401.9, 402.00, 402.10, 402.90, 403.00, 403.10, 403.90, 404.00, 404.10, 404.90, 405.01-405.99
20	Impaired sensorium	Patients with chronic mental status changes and/or delirium including but not limited to schizophrenia, dementia, Alzheimer's disease, mental retardation, developmental delay, documented behavior disturbances and/or attention deficit disorders	290-290.9, 299.00, 312.9, 314.00, 315.2, 315.31, 315.39, 315.5, 315.8, 315.9, 317, 318.0, 318.1, 319, 331.1 (pre 2004), 331.11-331.2, V11.0, V11.1, V11.2, V11.8
21	Prematurity	Premature birth (gestation <37 weeks), a newborn history of bronchopulmonary dysplasia, ventilator support for greater than 7 days after birth, and/or the diagnosis of cerebral palsy	343.0 - 343.9, 765.00-765.19, 770.

CO-MORBID CONDITIONS, continued

22	Obesity	Body Mass Index (BMI) of 40 or greater	278.00-278.01
23	Respiratory Disease	Severe chronic lung disease including but not limited to asthma, cystic fibrosis, chronic obstructive lung disease (COPD), emphysema and /or chronic bronchitis; excludes patients with <i>acute</i> asthma, diffuse interstitial fibrosis and/or sarcoidosis	277.00, 490-493.92
24	Steroid use	Use of oral or parenteral corticosteroid medications (e.g. Prednisone, Decadron) in the 30 days prior to injury for a chronic medical condition (e.g. COPD, asthma, rheumatologic disease, rheumatoid arthritis, inflammatory bowel disease); does not include topical/dermal corticosteroids those administered by inhalation or rectally	
24	Cirrhosis	Chronic progressive disease of the liver characterized by the replacement of healthy cells with scar tissue; often characterized by jaundice	
50	Osteoporosis	Thinning of bone tissue and loss of bone density over time; most common in post-menopausal women	733.0 – 733.01

Complications

	Variable	Definition	ICD-9 Code Range
2	Abdominal Compartment Syndrome (ACS)	Sudden increase in intra-abdominal pressure resulting in alteration of respiratory, hemodynamic and renal functions; patients with this syndrome are critically ill requiring ventilator support and/or reoperation	958.93
3	Acute Renal Failure (ARF)	Sudden renal dysfunction after injury requiring hemodialysis, ultrafiltration or peritoneal dialysis	403.11, 403.91, 404.12, 404.92, 582.0-582.9, 583.0-583.7, 584.5-584.9, 585 (pre 2006), 586, 588.0, 958.5
5	Acute Respiratory Distress Syndrome (ARDS)	Sudden, severe lung failure characterized by $PaO_2/FiO_2 \leq 200$, decreased compliance, and diffuse bilateral pulmonary infiltrates without associated evidence of CHF, requiring mechanical ventilation and persisting beyond 36 hours; typically occurs in conjunction with catastrophic medical conditions, such as pneumonia, shock, sepsis and trauma	518.5, 518.82 cross-referenced with procedural codes for ventilator support (96.70, 96.71, 96.72)
8	Cardiac Arrest with CPR	Absence of cardiac rhythm or presence of chaotic cardiac rhythm that results in loss of consciousness requiring the initiation of any component of basic and/or advanced cardiac life support; excludes patients that arrive at the hospital in full arrest	427.5
9	Coagulopathy	Twice the upper limit of the normal range for PT or PTT in a patient without a pre-injury bleeding disorder	286.6, 287.1, 287.3
11	Decubitus Ulcer	A "pressure sore" resulting from pressure exerted on the skin, soft tissue, muscle or bone by the weight of an individual against a surface	707.0 (pre 2005), 707.00-707.09
12	Deep Surgical Site Infection	An infection that occurs within 30 days of an operation involving deep soft tissues (e.g. fascial and muscle layers) at the site of incision and at least one of the following: <ul style="list-style-type: none"> • Purulent drainage from the deep incision site • Dehiscence at the surgical site or elective reopening of the surgical site by a surgeon because of fever (> 38 C), localized pain or tenderness • Abscess at the incision site • Diagnosis of a deep incision infection 	
13	Drug or alcohol withdrawal syndrome	Set of symptoms seen when an individual reduces or stops habitual alcohol consumption or illicit drug use; symptoms include tremulousness, agitation, rapid heartbeat, high blood pressure, seizures, hallucinations and/or delirium tremens.	291.0, 291.3, 291.81, 292.0
14	Deep Vein Thrombosis (DVT)/thrombophlebitis	Formation or existence of a blood clot or thrombus within the vascular system often coupled with inflammation; diagnosis may be confirmed by venogram, ultrasound or CT; treatment includes anticoagulation therapy and/or placement of a vena cava filter or vena cava surgery	451.0, 451.11, 451.19, 451.2, 451.81-451.84, 451.89, 451.9, 453.40, 459.10-459.19, 997.2, 999.2

Complications, continued

15	Extremity compartment syndrome	Swelling and increased pressure within a limited space (a fascial compartment) that compromises blood vessels, nerves and/or tendons that run through that compartment; more commonly involves the leg but can also occur in the forearm, arm, thigh and shoulder	
16	Graft/prosthesis/flap failure	Mechanical failure of an extracardiac vascular graft or prosthesis including myocutaneous flaps and skin grafts requiring return to the operating room or a balloon angioplasty	996.00, 996.1, 996.52, 996.61, 996.62
18	Myocardial infarction (MI)	Death of a segment of heart muscle, caused by a blood clot in the coronary artery interrupting blood supply; in this context, following the injury and occurring during the hospital stay	410.00, 410.02, 410.10, 410.12, 410.20, 410.22, 410.30, 410.32, 410.40, 410.42, 410.50, 410.52, 410.60, 410.62, 410.70, 410.72, 410.80, 410.82, 410.90, 410.92
19	Organ/surgical space site infection	An infection that occurs within 30 days after an operation and involves any part of the anatomy (e.g. organs or spaces) other than the surgical incision and at least one of the following: <ul style="list-style-type: none"> ▪ Purulent drainage from a drain that is placed through a stab wound or puncture into the organ/space ▪ Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space ▪ An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation or by histopathologic or radiologic examination • Diagnosis of an organ/space SSI by a surgeon or attending physician 	
20	Pneumonia	Inflammation of one or both lungs caused by infection from a bacterium, virus, chemical or physical irritant; patients must meet at least one of the following two criteria: Criterion 1. Rales or dullness to percussion on physical examination of chest AND any of the following: <ol style="list-style-type: none"> a. New onset of purulent sputum or change in character of sputum b. Organism isolated from blood culture c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy Criterion 2. Chest radiographic examination shows new or progressive infiltrate, consolidation, cavitation, or pleural effusion AND any of the following: <ol style="list-style-type: none"> a. New onset of purulent sputum or change in character of sputum b. Organism isolated from the blood c. Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy d. Isolation of virus or detection of viral antigen in respiratory secretions e. Diagnostic single antibody titer (IgM) or fourfold increase in paired serum samples (IgG) for pathogen f. Histopathologic evidence of pneumonia 	480.0-480.3, 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 484.1, 484.8, 485, 486
21	Pulmonary embolism	The obstruction of the pulmonary artery or a branch of it leading to the lungs by a blood clot; often diagnosed by a V-Q scan, pulmonary arteriogram and/or CT angiogram.	415.11, 415.19

Complications, continued

22	Stroke/CVA	Embolic, thrombotic or hemorrhagic vascular accident with motor, sensory and/or cognitive dysfunction (e.g. hemiplegia, hemiparesis, aphasia, sensory deficit, impaired memory) that persists for 24 or more hours; in this context, following the injury and occurring during the hospital stay	997.02
23	Superficial surgical site infection	Infection that occurs within 30 days after an operation and infection involves only skin or subcutaneous tissue of the incision and at least one of the following: <ul style="list-style-type: none"> • Purulent drainage, with or without laboratory confirmation, from the superficial incision • Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision • Pain, tenderness, localized swelling, redness, or heat at the superficial incision site and which is deliberately re-opened by the surgeon • Diagnosis of superficial incisional surgical site infection by the surgeon or attending physician 	
25	Unplanned intubation	Patient requires placement of an endotracheal tube and mechanical or assisted ventilation due to respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis; unplanned intubation also occurs if a patient requires re-intubation after being extubated	
27	Urinary tract infection	Infection in the kidney, ureter, bladder and/or adjacent structures that occurs when microorganisms enter through the urethra	
28	Catheter-related blood stream infection	Infection in the blood stream as a result of microorganisms entering through an intravenous catheter	
29	Osteomyelitis	Inflammation of bone and bone marrow, caused by infection	
30	Unplanned return to the OR	Patient requires an unanticipated subsequent surgical procedure in the operating room due to a complication	
31	Unplanned return to the ICU	Patient requires an unanticipated readmission to an intensive care unit (ICU) after discharge to another medical/surgical hospital unit, as the result of deterioration in health status	
32	Severe sepsis	Severe, widespread bloodstream infection with resultant organ dysfunction, hypoperfusion and/or hypotension; "septic shock"	

GLOSSARY OF ABBREVIATIONS

ACE	Angiotensin Converting Enzyme
ACS	Abdominal compartment syndrome; American College of Surgeons
ADL	Activities of daily living
AIS	Abbreviated Injury Scale
ARDS	Acute respiratory distress syndrome
ARF	Acute Renal Failure
BMI	Body mass index
BP	Blood pressure
CDC	Centers for Disease Control and Prevention
CHF	Congestive heart failure
CPAP/BIPAP	Continuous positive airway pressure/variable bi-level positive airway pressure
CT	Computerized topography
CVA	Cerebral vascular accident
DNR	Do not resuscitate
DNR-CC	Do not resuscitate; comfort care only
DNR-CCA	Do not resuscitate; comfort care arrest
DVT	Deep vein thrombosis
EOA	Esophageal Obturator Airway
ED	Emergency department
EMS	Emergency medical services
FAST	Focused assessment with sonography for trauma
FIPS	Federal Information Processing Standard codes
GCS	Glasgow Coma Score
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
IgG	Immunoglobulin G
ISS	Injury Severity Score
LMA	Laryngeal Mask Airway

MI	Myocardial infarction
MRI	Magnetic resonance imaging
MMDDYYYY	Date designation that represents the month in two digits followed by the day of the month in two digits, followed by the year in four digits
NHTSA	National Highway Traffic Safety Administration
NTDS	National Trauma Data Standard
OPO	Organ Procurement Organization
OR	Operating Room
OTR	Ohio Trauma Registry
PT	Prothrombin time
PTT	Partial thromboplastin time
PVD	Peripheral vascular disease
SaO2	Saturation of oxygen in arterial blood
TACR	Trauma Acute Care Registry
UB-04	Uniform Billing Form-04
XSD	XML (Extensible Markup Language) Schema definition
xs-string	XML schema defining the acceptable layout (commas, spaces, carriage returns, etc.)
YYYY	Year designation that is represented in four digits, e.g. 2010

Supplement Nine
Service Level Agreement

Service Levels Performance Metrics

1.1 Objectives

A key objective of this Supplement to the Contract is to attain Service Level Requirements (SLRs) with specified Liquidated Damages when business is impacted through failure to meet mission-critical Services or project milestones. The objective is a reduction in fees paid when Service Performance requirements are not met. SLRs and Liquidated Damages are detailed in the following sections. Contractor will provide written reports to the State regarding Contractor's compliance with the SLRs specified in this SOW Schedule.

The State, in its sole discretion, may assess the following liquidated damages if the Contractor fails to perform at the stated service levels. Any liquidated damages assessed by the State will be subject to the offset section of this Contract.

SLA response times are for Monday through Saturday 6:00 AM to 7:00 PM.

Implementation Deadline. The Contractor must ensure that the system is implemented by a mutually agreed upon date. If the Contractor fails to meet the agreed upon date, the State may assess liquidated damages as follows:

- a. \$1,000.00 per business day, or any part thereof, for each of the first ten business days;
- b. \$2,000.00 per calendar day, or any part thereof, for each of the next 30 calendar days; and
- c. \$3,000.00 per calendar day, or any part thereof, for each additional day.

1.2 Service Level Requirements (SLRs)

The following minimum service levels are required for the duration of the contract period. Contractor must consistently meet or exceed the following SLRs. **All times referenced are in Eastern Time.**

1.2.1 Overall System Availability SLRs

DEFINITION	Overall System Availability is defined as the Applications, Server CPU, System memory, disks and peripherals and network that support the Ohio EMS Trauma Registry System. Availability means the ability of the system to accept all transactions and access by EMS or providers to functions used for the day to day management of data. This excludes scheduled maintenance.
PRE-SCHEDULED DOWNTIME REQUIREMENTS	All pre-scheduled system downtime will: <ol style="list-style-type: none">a. Be based on agreed upon schedules between EMS and the Contractor.b. Pre-scheduled maintenance will be performed outside of the normal system availability time frame.c. The State will have the right to access Liquidated Damages, as defined in this Contract, for the Contractor's failure to meet Minimum Service Level attainment of 98% for the Production system.

GENERAL SYSTEM AVAILABILITY SLRs			
System	Service Measure	Performance Target	Expected SLR Performance %
Production Systems and Servers	Availability per System	24 x 7 x 365	99.999%
Liquidated Damages	Formula	Availability (%) = 100% – Unavailability (%) Where Unavailability is defined as: (Total Outage Duration x 100%) ÷ (Schedule Time – Planned Outage)	
	Measurement Interval	Measure Monthly with details for each day, Sunday through Saturday; Report Monthly Application availability metrics will be measured/reported Monthly beginning upon implementation	
	Measurement Tool	Defined by Contractor	
		\$1,000.00 per percentage point below the requirement, per month.	

1.2.2 Resolution Priority

Definitions - Resolution priority definitions apply to system Incidents and help desk Incident.

Priority Level	Description
Urgent <i>Critical Business Impact</i>	The Incident has caused, or has the potential to cause, the entire system to go down or be unavailable. A complete and immediate work stoppage, affecting a Critical Function or Critical Infrastructure component such that a primary business process or a broad group of Users such as the ODPS, data owners or data submitters. Leads to corrupt data. No workaround available.
High <i>Major Business Impact</i>	The issue/problem directly affects the public, or a large number of stakeholders are prevented from using the system. High-priority problems include those that render a site unable to function, or key functions of the application are inoperable. Slow processing of data; severely impacts multiple stakeholders.
Medium <i>Moderate Business Impact</i>	Medium priority problems include those errors that render minor or non-critical functions of the system to be inoperable or unstable. Incidents that prevent stakeholders or administrators from performing some of their tasks.
Low <i>Minimal Business Impact</i>	All Service requests and other problems that prevent a stakeholder from performing some tasks, but in situations a workaround is available.

PRIORITY RESOLUTION SLRs			
Priority	Service Measure	Performance Target	Expected SLR Performance %
Urgent	Time to Resolve	1 Business Day unless an extension is approved by the State	100%

PRIORITY RESOLUTION SLRs			
Priority	Service Measure	Performance Target	Expected SLR Performance %
High	Time to Resolve	2 Business Days unless an extension is approved by the State	100%
Medium/Low	Time to Resolve	30 business days unless an extension is approved by the State	100%
Liquidated Damages			
	Measurement Interval	Measure Monthly with details for each day, Sunday through Saturday; Report Monthly	
	Measurement Tool	Incident Reporting Tool	
	For Urgent Priority	\$5,000 per day for failure to rectify defects classified as urgent.	
	For High Priority	\$1,000 per day for failure to rectify defects classified as high.	
	For Medium/Low Priority	\$500 per day for failure to rectify defects that are classified as medium or low.	

1.2.3 General Administrative Functions SLRs

DEFINITION	Routine Hosting functions that are required to meet the State's requirements.
-------------------	---

GENERAL ADMINISTRATIVE FUNCTIONS SLRs			
General Administration Task	Service Measure	Performance Target	SLR Performance %
Notification of Urgent/High-Priority outage to the ODPS and Contractor Help Desk	Response Time	10 minutes of discovery (i.e., immediate notification) via phone and/or text message.	100%
Notification of Medium/Low-Priority outage to the ODPS and Contractor Help Desk	Response Time	2 hours of discovery via e-mail	100%
Liquidated Damages	Formula	Number of requests or outages completed within Performance Target /Total of all requests (outages) occurring during Measurement Interval	
	Measurement Interval	Measure Weekly; Report Monthly	
	Measurement Tool	Contractor incident tracking System	
		\$500.00 per occurrence.	

1.2.4 Backup and Restore Requirements

Contractor will implement and maintain backup and restoration capabilities for all data, applications and component configurations. Contractor will perform incremental backups, full backups and full archive backups according to the Backup Schedule presented below. Recovery procedures will be capable of restoring service delivery for failed data, applications and component configurations according to the Services Level Restoration (SLR) listed below.

Backup Schedule and SLRs				
Type of Backup	Backup Frequency	Storage Site	Target	SLR Performance %
Incremental	Daily	On Site	Backup Frequency	99%
Full (Backup)	Weekly	Off Site	Backup Frequency	99%
Full (Archive)	Monthly	Off Site	Backup Frequency	99%
All			Quarterly Test of each type of Backup/Restore process	99%

Restoration Services Table			
Restoration Type	Service Measure	Performance Target	SLR Performance %
Production data that is 1 week old or less, as requested by the State.	Response Time	6 hours from the State's request	100% of the time
Liquidated Damages	Formula	Number of requests completed within Performance Target Total of all requests occurring during Measurement Interval	
	Measurement Interval	Measure Weekly; Report Monthly	
	Measurement Tool	Contractor Proposed	
		\$5,000.00 per occurrence.	

1.2.5 IT Continuity and Disaster Recovery (DR) Requirements

IT Continuity and DR SLRs

DEFINITION	Time to recover the Applications and associated infrastructure after DR Incident.
-------------------	---

Disaster Recovery SLRs			
Application Rankings	Service Measure	Performance Target	SLR Performance %
EMS Trauma Records	Time to recover	3 days / 72hrs or less	100.0%
Interfaces to EMS	Time to recover	5 days / 120hrs or less	100.0%
Liquidated Damages	Formula	Must complete the activity 100% within the expected Measurement interval	
	Measurement Interval	Per incident	
	Measurement Tool	Manual	
		\$1,000.00 per each day	

1.2.6 Data Files

DEFINITION	Transmission and usability of data files.
-------------------	---

Data File SLRs			
Data Requirement	Service Measure	Performance Target	SLR Performance %
Transmission of Data Files	Daily	Daily transmission of Data Files	100.0%
Usability	Per File	All files must be usable with no bad or corrupt data the prohibits the State from processing it.	100.0%
Liquidated Damages	Formula	Must complete the activity 100% within the expected Measurement interval	
	Measurement Interval	Per incident	
	Measurement Tool	Manual	
		\$1,000.00 per occurrence	