



Riverside County Emergency Medical Services Information System

REMSIS

TRAUMA REGISTRY

Data Dictionary
2022

PREPARED FOR RIVERSIDE COUNTY EMS AGENCY, EMERGENCY MANAGEMENT DEPARTMENT



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PREFACE

This Riverside County Emergency Medical Services Information System (REMSIS) data dictionary provides a description of each data point included in the Riverside County trauma registry.

- All REMSA designated data points are to be reported to the Riverside County Emergency Services Agency.
- All NEMSIS designated data points are to be reported to the National Emergency Medical Services Information System.
- All NTDB designated data points are to be reported to the National Trauma Data Bank.

Other data may be collected by each designated trauma center to support that Hospital's needs.

Documenting Unknown Values

Inappropriate/Not applicable – This null value code applies if, at the time of patient care documentation, the information requested was ‘Inappropriate/Not applicable’ to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be “‘Inappropriate/Not applicable’ if a patient self-transport to the hospital.

Not known / Not recorded - This Null value applies if, at the time of patient care documentation, information was ‘Not known/Not Recorded’ (to the patient, family, health care 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 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).

Common Null Values - In certain fields, common Null Values may be specified that are different from those outlined above. If such Values are specified for some variables, those alternatives must be used instead of the common Null Values.

Common Units of Measurement

1. **Time**- All times are to be collected in military time. When entering times, use the 24-hour clock. HH:MM

2. **Temperature**- Temperatures recorded in Fahrenheit will convert to Celsius; temperatures recorded as Celsius will convert to Fahrenheit.

3. **Weight**- All weights recorded in Kilograms will convert to Pounds; weights recorded in Pounds will convert to Kilograms.

4. **Fluid Measures**- All fluid measurements should be recorded in milliliters. Facilities will determine if units are milliliters or liters.

1 liter = 1000 milliliters

Conversion calculator can be found at www.metric-conversions.org

Common Clinical Coding - Requirements and Pitfalls

1. *Injuries must be substantiated by some form of diagnostic or radiographic procedure, surgery or autopsy in order to be assigned an AIS code. Visual observation may substantiate the severity of a penetrating injury (injuries resulting from gunshot or stab wounds, or from impalement or spear-type trauma) that does not involve deeper structures that require radiographic, surgical or autopsy verification. (AIS 2005 Abbreviated Injury Scale 2005 Updated 2008).*
2. Always use the highest level of reliability when abstracting data and resolving contradictory information. *If there is ever a question about the severity of an injury, code the least severe code in that injury category.*

Example (highest to lowest):

- Medical Examiner Report
- Hospital / Medical Records
 - Operative Reports
 - Radiology
 - Physician Notes / Reports
 - Nursing or ICU Notes
 - ED / Triage Records
 - Discharge Summary
- Field Records
 - EMS
 - Law Enforcement
- Bystanders
- Patient

3. *Vague descriptions* such as ‘blunt trauma’ or ‘closed head injury’ are not specific diagnoses and cannot be coded.
4. Injuries that are ‘possible,’ ‘probable,’ ‘impressions,’ or ‘rule out’ should NOT be coded.
5. **Pain** of any kind is a symptom and not an injury.
6. *Loss of consciousness* should not be coded unless witnessed by EMS or medical personnel.

7. *Re-admission are admissions within 72 hours of previous hospital discharge; due to missed diagnosis or complications from original injuries.* Not to be included if patient is readmitted for hardware removal, stump revisions, etc.
8. **Only patients sent from one acute care hospital to another acute care hospital are considered an inter-Hospital transfer.** If a patient is sent by private vehicle for follow-up, they are not considered a transfer. Patients arriving from clinics, private physician offices, or ambulatory surgery care centers, are not considered inter-Hospital transfers.
9. “Work related” is only if a patient was at work, or working, when the traumatic event occurred. This comprises manual or professional work for salary, bonus, or other types of income. Included are apprentice or vocational activities, breaks on employer premises, or traveling on business. It does not include commuting to or from the work site if the patient does not normally receive payment during that time. Homemaking activities, non-professional recreational, and student/school related events are not work related.
10. Multiple Cause Coding Hierarchy:
If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
 - External cause codes for child abuse and adult abuse take priority over all other external cause codes.
 - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
 - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
 - External cause codes for transport accidents take priority over all external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
 - The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.
11. **Pediatric** refers to patients age 14 years or younger.

National Trauma Data Standard (NTDS) Patient Inclusion Criteria

DEFINITION: To ensure consistent data collection across States into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria:

At least ONE of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

- S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts—initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome—initial encounter)

EXCLUDING the following isolated injuries:

ICD-10-CM:

- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, and T79.A1-T79.A9):

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
OR
- Patient transfer from one acute care hospital* to another acute care hospital;
OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
OR
- Patients who were an in-patient admission and/or observed

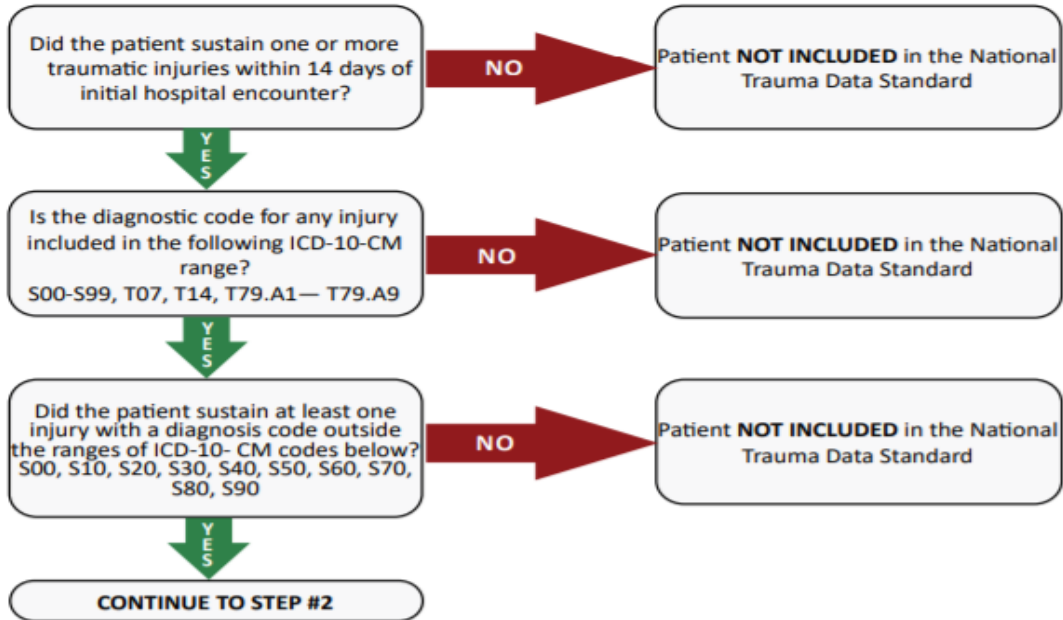
*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

Source: https://www.facs.org/media/mkxef10z/ntds_data_dictionary_2022.pdf

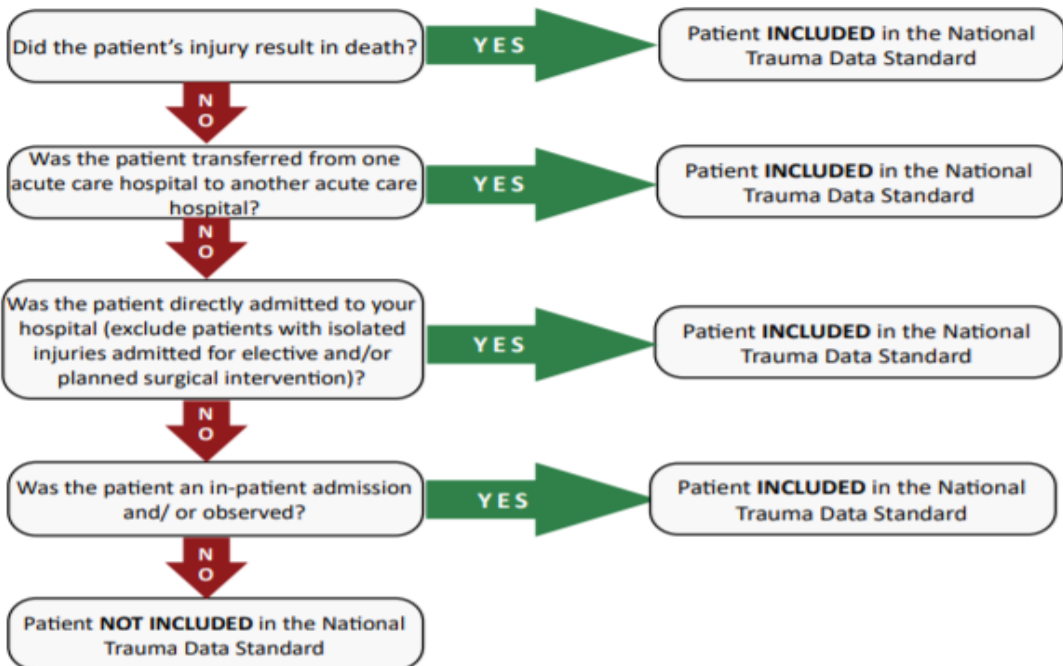
National Trauma Data Standard (NTDS) Patient Inclusion Criteria Algorithm

NTDS PATIENT INCLUSION CRITERIA (ALGORITHM)

STEP #1:



STEP #2:



Source: https://www.facs.org/media/mkxef10z/ntds_data_dictionary_2022.pdf

Riverside County EMS Agency - REMSA - Trauma Registry Inclusion Criteria

(ALL trauma activations or consults after Admission, Admit, Transfer and Death)

Definition

To ensure consistent data collection across Riverside County into the National Trauma Registry and the California State Trauma Registry, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

1. At least one principal diagnosis:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

- **S00-S99 with 7th character modifiers of A, B, or C ONLY.** (Injuries to specific body Parts – initial encounter)
- **T07** (unspecified multiple injuries)
- **T14** (injury of unspecified body region)
- **T20-T28 with 7th character modifier of A ONLY** (burns by specific body parts – initial encounter)
- **T30-T32** (burn by TBSA percentages)
- **T79.A1 – T79.A9 with 7th character modifier of A ONLY** (Traumatic Compartment Syndrome – initial encounter)

ICD-10-CM:

- **S00** (Superficial injuries of the head)
- **S10** (Superficial injuries of the neck)
- **S20** (Superficial injuries of the thorax)
- **S30** (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- **S40** (Superficial injuries of shoulder and upper arm)
- **S50** (Superficial injuries of elbow and forearm)
- **S60** (Superficial injuries of wrist, hand and fingers)
- **S70** (Superficial injuries of hip and thigh)
- **S80** (Superficial injuries of knee and lower leg)
- **S90** (Superficial injuries of ankle, foot and toes)

2. AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO:

- ALL Trauma Team Activations (regardless of admission status or ICD-10); OR
- Trauma Services' consult after admission; OR
- Hospital admissions as defined by your trauma registry inclusion criteria; OR
- Patient transfer via EMS transport (including air ambulance) from one hospital to another hospital, regardless of length of stay or ISS; OR
- Death resulting from the traumatic injury (anywhere in the hospital, regardless of length of stay or ISS, including deaths in the emergency department, DOA deaths, or deaths in OR).

3. Hospitals may elect to include additional cases in their database that do not meet NTDB or REMSA criteria.

Additional Clarification

1. With regards to transfers, patients who come from a private physician's office, a clinic, or an ambulatory surgery care center do not meet NTDB/REMSA definition of inter-Hospital transfer.
2. If a patient is transferred to your facility from another acute care facility, regardless of their mode of transport, the inter-facility transfer definition criteria are met.
3. Patients with a mechanism of injury of drowning/near drowning or hanging/near hanging are included for REMSA if the Trauma Team has been activated or consulted, regardless of admission status, or have an additional injury code. HOWEVER, these patients are excluded by NTDB.
4. Patients who are readmitted for missed diagnoses, or complications should be included for REMSA. Readmission should occur within 30 days of when the patient was discharged.
5. Patients who are readmitted as part of standard or planned care for a given injury (e.g., removal of hardware after an orthopedic procedure) should NOT be included as a readmission.
6. Patients who are admitted to the OR from the clinic, or as a pre-arranged admission (same day surgery), and are discharged home from the OR, should NOT be included.
7. Ingestions and foreign bodies are included only if the ingestion results in a tear (e.g., in the esophagus or stomach) because an anatomic injury had occurred. If the patient swallowed or inserted something that required surgical removal, but there was no injury to surrounding tissues, the patient should NOT be included.

*Trauma Centers are not limited to data collection on any patients not meeting REMSA Criteria. Facilities can use additional criteria meeting their individual needs.

Trauma Registry Data Submission Schedule for 2022/ 2023

| Date Data Due to REMSA | Date Range of Data |
|----------------------------------|---|
| September 1 st , 2022 | April 1 st , 2022 – June 30 th , 2022 |
| December 1 st , 2022 | July 1 st , 2022 – Sept. 30 th , 2022 |
| March 1 st , 2023 | October 1 st , 2022 – December 31 st , 2022 |
| June 1 st , 2023 | January 1 st , 2023 – March 31 st , 2023 |

TRAUMA REGISTRY TABLE OF ELEMENTS & CROSSWALK

Required elements for the Riverside County Emergency Medical Services Agency (REMSA), National Trauma Database (NTDB), and National Emergency Services Information System (NEMSIS); and crosswalk with the Riverside County Emergency Medical Services Information System (REMSIS) Trauma Patient Registry by Imagetrend® (IT).

| 1. DEMOGRAPHIC SECTION | REMSA | NTDB | NEMSIS | REMSIS IT Element | |
|--|-------|-------|---------|--------------------|--|
| Trauma Registry Number | | | | TR 5.12 | |
| Medical Record Number | | | | TR 1.2 | |
| Account Number | | | | TR 1.27 | |
| Incident Date | | I-01 | eSit.01 | TR 5.1 | |
| Incident Time | | I-02 | eSit.02 | TR 5.18 | |
| Patient Last Name | | | ePat.02 | TR 1.9 TR 1.9.1 | |
| Patient First Name | | | ePat.03 | TR 1.8 | |
| Patient Middle Initial | | | | TR 1.10 | |
| SSN (last four digits) | | | ePat.12 | TR 1.11 | |
| Date of Birth | | D-07 | ePat.17 | TR 1.7 | |
| Age | | D-08 | ePat.15 | TR 1.12 | |
| Pediatric Age | | | ePat.15 | TR 1.12.1 | |
| Age Unit(s) | | D-09 | ePat.16 | TR 1.14 | |
| Race | | D-10 | ePat.14 | TR 1.16 | |
| Other Race- Supplemental under NTDB D-10 | | | | TR 1.28 | |
| Ethnicity | | D-11 | ePat.14 | TR 1.17 | |
| Sex | | D-12 | ePat.13 | TR 1.15 | |
| Height in inches | | ED-21 | | TR 1.6.1 | |
| Height in centimeters | | ED-21 | | TR 1.6 | |
| Estimated Body Weight lbs | | ED-22 | | TR 1.6.6 | |
| Estimated Body Weight Kgs | | ED-22 | | TR 1.6.5 | |
| Patient Home Address | | | ePat.05 | TR 1.18 | |
| Patient Home Address line 2 | | | | TR 1.18.1 | |

| | | | | | |
|--|--------------|-------------|----------------|--------------------------|--|
| Patient Home Country | | D-02 | ePat.10 | TR 1.19 | |
| Patient's Home Postal Zip Code | | D-01 | ePat.09 | TR 1.20 | |
| Patient Home City | | D-05 | ePat.06 | TR 1.21 | |
| Patient Home County | | D-04 | ePat.07 | TR 1.22 | |
| Patient Home State | | D-03 | ePat.08 | TR 1.23 | |
| Patient Alternate Home Residence without zip | | D-06 | | TR 1.13 | |
| Patient's Primary Address | | | | TR 1.24 | |
| Patient's State of Residence | | | | TR 1.25 | |
| Patient's Country of Residence | | | | TR 1.26 | |
| Patient's Phone Number | | | ePat.18 | TR 1.34 | |
| 2. INJURY INFORMATION SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Place of Injury (De-activated free text) | | | eScene.09 | TR 5.17 | |
| Incident Location Address- Autopop. from EMS | | | eScene.15 | TR 5.5 | |
| Incident Location Country | | I-10 | eScene.22 | TR 5.11 | |
| Incident Location Postal Code | | I-9 | eScene.19 | TR 5.6 | |
| Incident Location City- Autopop. from EMS | | I-13 | eScene.17 | TR 5.10 | |
| Incident Location County- Autopop. from EMS | | I-12 | eScene.21 | TR 5.9 | |
| Incident Location State- Autopop. from EMS | | I-11 | eScene.18 | TR 5.7 | |
| Injury Mechanism- Cause of injury | | | | TR 5.8 | |
| Injury description | | | | TR 20.12 | |
| Place of Injury ICD-10 location | | I-7 | eScene.09 | TR 200.5 | |
| ICD-10 Injury code | | I-6 | eInjury.01 | TR 200.3 | |
| Secondary E-Code ICD-10 | | I-8 | | TR 200.3 | |
| Intentionality | | | | TR 200.3.2 | |
| Trauma Type | | | eInjury.02 | TR 200.3.3 | |
| ICD- 10 Activity | | | | TR 200.12 | |
| ICD- 10 Activity comments | | | | TR 200.12.2 | |
| Report of Physical Abuse | | | | TR 41.1 | |
| Investigation of Physical Abuse | | | | TR 41.2 | |

| | | | | | |
|---|--------------|-------------|-----------------|--------------------------|-------------------------|
| Caregiver at Discharge | | | | TR 41.3 | |
| Position in Vehicle | | | eInjury.06 | TR 5.14 | |
| Area of Vehicle impacted | | | eInjury.05 | TR 14.42 | |
| Safety Device Used/ Protective devices | | I-14 | eInjury.07 | TR 29.24 | |
| Child Specific Restraints | | I-15 | eInjury.07 | TR 29.31 | Subset of TR 29.24 |
| Airbag Deployment | | I-16 | eInjury.08 | TR 29.32 | Subset of TR 29.24 |
| Safety Equipment Description | | | | TR 29.10 | Y Subset of TR 29.24 |
| 3. PRE-HOSPITAL SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Arrived from | | | | TR 16.22 | |
| Transported to your Hospital | | P-01 | eDisposition.16 | TR 8.8 | |
| Other mode | | P-02 | eResponse.08 | TR 8.9 TR 8.10 | |
| IFT | | P-04 | | TR 25.54 | |
| Vehicular, Pedestrian, Other Risk Injury | | | eInjury.04 | TR 17.47 | |
| Trauma Alert Type | | | eInjury.03 | TR 17.22 | |
| PCR Incident Number | | | eResponse.03 | TR 7.1 | |
| EMS PCR Number | | | eRecord.01 | TR 9.11 | |
| EMS PCR Number Universally Unique Identifier (UUID) | | P-03 | | TR 7.7 | |
| Services | | | | TR 7.3 | |
| EMS Unit Notified Date | | | eTimes.03 | TR 9.1 | |
| EMS Unit Notified Time | | | eTimes.03 | TR 9.10 | |
| En route Date | | | eTimes.05 | TR 9.17 | |
| En route Time | | | eTimes.05 | TR 9.17.1 | |
| EMS Unit Arrived at Scene Date | | | eTimes.06 | TR 9.2 | |
| EMS Unit Arrived at Scene Time | | | eTimes.06 | TR 9.2.1 | |
| Patient contact Date | | | eTimes.07 | TR 9.6 | |
| Patient contact Time | | | eTimes.07 | TR 9.5 | |
| EMS Unit Leave Scene Date | | | eTimes.09 | TR 9.3 | |

| | | | | | |
|------------------------------------|----------|---|-------------------|------------------|---|
| EMS Unit Leave Scene Time | | | eTimes.09 | TR 9.3.1 | |
| EMS Unit Arrived Hospital Date | | | eTimes.11 | TR 9.4 | |
| EMS Unit Arrived Hospital Time | | | eTimes.11 | TR 9.4.1 | |
| Trauma notification called in Date | | | | TR 9.16 | |
| Trauma notification called in Time | | | | TR 9.16.1 | |
| Transport mode | | | eDispo.16 | TR 8.10 | |
| Destination Determination | | | | TR 15.32 | |
| EMS report status | | | | TR 15.38 | |
| Prehospital Vitals Recorded Date | | | eVitals.01 | TR 18.106 | |
| Prehospital Vitals Recorded Time | | | eVitals.02 | TR 18.106.1 | |
| Prehospital SBP | | Populates after select and add EMS run | eVitals.06 | TR 18.67 | |
| Prehospital DBP | X | | eVitals.07 | TR 18.68 | |
| Prehospital Pulse Rate | X | | eVitals.10 | TR 18.69 | |
| Prehospital Resp. Rate | X | | eVitals.14 | TR 18.70 | |
| Supplemental O2 | X | | | TR 18.80 | |
| PH Revised Trauma Score | | | eVitals.33 | TR 18.136 | |
| Manual Revised Trauma Score | | | | TR 18.66 | |
| PH Pediatric Trauma Score | | | | TR 18.81 | Y |
| PH Pediatric GCS- Verbal | | | eVitals.20 | TR 18.61.0 | |
| PH Pediatric GCS- Motor | | | eVitals.21 | TR 18.62.0 | |
| PH GCS Assessment qualifiers | | | eVitals.22 | TR 18.63 | |
| Prehospital O2 Sat | X | | eVitals.12 | TR 18.82 | |
| Prehospital ETCO2 | | | eVitals.16 | Hospital defined | |
| Prehospital GCS Eye | X | | eVitals.19 | TR 18.60 | |
| Prehospital GCS Verbal | X | | eVitals.20 | TR 18.61.2 | |
| Prehospital GCS Motor | X | | eVitals.21 | TR 18.62.2 | |
| Prehospital GCS Total | X | | eVitals.23 | TR 18.65 | |
| Prehospital GCS Total- Manual | | | eVitals.23 | TR 18.64 | |

| | | | | | |
|--|--------------|-------------|----------------|--------------------------|--|
| Initial Field GCS 40- Eye | X | | | TR 18.90.2 | |
| Initial Field GCS 40- Verbal | X | | | TR 18.91.2 | |
| Initial Field GCS 40- Motor | X | | | TR 18.92.2 | |
| Initial Field GCS 40- Total | | | | TR 18.94.1 | |
| Initial Field GCS 40 Total- Manual | | | | TR 18.94 | |
| AVPU | | | | TR 18.107 | |
| Prehospital Cardiac Arrest | | P-05 | | TR 15.53 | |
| CPR | | | | TR 15.39 | |
| CPR Location | | | | TR 15.41 | |
| Tube Thoracostomy | Procedure | | | TR 18.97 | |
| Tourniquet | Procedure | | | TR 15.43 | |
| PH Immobilization | Procedure | | | TR 15.47 | |
| Needle Thoracostomy | Procedure | | | TR 18.96 | |
| Airway Management- moved King/ tach to procedure | | | | TR 15.40 | |
| Chest Tube | Procedure | | | TR 15.46 | |
| Thoracotomy | Procedure | | | TR 15.45 | |
| PH Fluids given | | | | TR 15.49 | |
| PH Fluid Type- added NS, LR | | | | TR 15.50 | |
| PH Fluid Total Fluids Administered | | | | TR 15.56 | |
| PH Blood Transfusion | | | | TR 15.52 | |
| PH Procedures | | | | TR 15.60 | |
| PH Medications | | | | TR 15.31 | |
| Appropriate Wound Management | | | | TR 15.37 | |
| Hemorrhage | | | | TR 15.42 | |
| 12 Lead EKG Obtained | Procedure | | | TR 15.48 | |
| Triage number/ Band ID | | | | TR 7.4 | |
| 4. REFERRING HOSPITAL SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Referring Hospital Name | | | | TR 33.1 | |
| Referring Hospital Date | | | | TR 33.2 | |

| | | | | | |
|---|--|--|--|------------|--|
| Referring Hospital Time | | | | TR 33.3 | |
| Referring Hospital Discharge Date | | | | TR 33.30 | |
| Referring Hospital Discharge Time | | | | TR 33.31 | |
| Transported to Referring Hospital by | | | | TR 33.48 | |
| Referring Hospital Physician Name | | | | TR 33.4 | |
| Referring Hospital Vitals Date | | | | TR 33.54 | |
| Referring Hospital Vitals Time | | | | TR 33.56 | |
| Referring Hospital SBP- NEED TO DEFINE 1 ST AND LAST SET | | | | TR 33.5 | |
| Referring Hospital DBP | | | | TR 33.40 | |
| Referring Hospital Pulse Rate | | | | TR 33.6 | |
| Referring Hospital Temperature Celsius | | | | TR 33.7 | |
| Referring Hospital Temperature Fahrenheit | | | | TR 33.7.1 | |
| Referring Hospital Temperature Route | | | | TR 33.7.2 | |
| Referring Hospital Respiratory Rate | | | | TR 33.8 | |
| Respiratory Assistance | | | | TR 33.9 | |
| Airway Management | | | | TR 33.27 | |
| Referring Hospital Supplemental O2 | | | | TR 33.10 | |
| Referring Hospital O2 Sat | | | | TR 33.11 | |
| Late Referral | | | | TR 33.79 | |
| Late Referral Other | | | | TR 33.80 | |
| Referring Hospital ETCO2- HOSPITAL specific | | | | | |
| Referring Hospital GCS Eye | | | | TR 33.12 | |
| Referring Hospital GCS Verbal | | | | TR 33.13.2 | |
| Referring Hospital Pediatric GCS Verbal | | | | TR 33.13.0 | |
| Referring Hospital GCS Motor | | | | TR 33.14.2 | |
| Referring Hospital Pediatric GCS Motor | | | | TR 33.14.0 | |
| GCS Qualifier | | | | TR 33.16 | |
| Referring Hospital Manual GCS Total | | | | TR 33.15 | |
| Referring Hospital GCS auto-calculated | | | | TR 33.50 | |

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|--|--------------|--------------|----------------|------------------------------|--|
| Manual RTS | | | | TR 33.17 | |
| RTS Auto populated | | | | TR 33.51 | |
| Pediatric Trauma Score Total | | | | TR 33.32 | |
| Hospital ICU | | | | TR 33.18 | |
| Hospital OR | | | | TR 33.19 | |
| CPR performed | | | | TR 33.20 | |
| CT Head | | | | TR 33.21 | |
| CT Abdomen/ pelvis | | | | TR 33.22 | |
| CT Chest | | | | TR 33.23 | |
| Abdomen Ultrasound | | | | TR 33.24 | |
| Aortogram | | | | TR 33.25 | |
| Arteriogram | | | | TR 33.26 | |
| Referring Hospital Medications Given | | | | TR 33.28 | |
| Referring Hospital destination determination | | | | TR 33.29 | |
| CT Cervical | | | | TR 33.33 | |
| Imaging Head | | | | TR 33.34 | |
| Imaging Chest | | | | TR 33.35 | |
| Imaging Abdomen/ Pelvis | | | | TR 33.36 | |
| Echo | | | | TR 33.37 | |
| Referring Hospital Procedure ICD-10 Code | | | | TR 33.55 | |
| Referring Hospital Procedure Start Date | | | | TR 33.55.date | |
| Referring Hospital Procedure Start Time | | | | TR 33.55.time | |
| Delay of Departure at Referring Hospital | | | | TR 33.62 | |
| 5. E.D. RESUSCITATION SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Direct Admit to Hospital | | | | TR 17.30 | |
| Highest Activation | | ED-01 | | TR 17.21.1 | |
| ED Arrival Date | | ED-04 | | TR 18.55 | |
| ED Arrival Time | | ED-05 | | TR 18.56 | |
| ED Discharge Order Written Date | | | | TR 17.41 | |

| | | | | | |
|---|--|--------------|--|------------------|--|
| ED Discharge Order Written Time | | | | TR 17.42 | |
| Date physically discharged from ED | | | | TR 17.25 | |
| Time discharged from ED | | | | TR 17.26 | |
| LOS in ED- Minutes (Physical Discharge) | | | | TR 17.99 | |
| LOS in ED (Arrival time to discharge orders written time) | | | | TR 17.99.written | |
| ED Discharge Disposition | | ED-26 | | TR 17.27 | |
| OR Discharge Disposition | | | | TR 17.28 | |
| Destination Determination | | | | TR 17.59 | |
| Other Destination Determination | | | | TR 17.59.other | |
| Hospital Transferred to | | | | TR 17.61 | |
| Other facility transferred to | | | | TR 17.62 | |
| Discharge to other facility city | | | | TR 25.40 | |
| Discharge to other facility state | | | | TR 25.41 | |
| Transport mode | | | | TR 17.60 | |
| ED Transfer Delay | | | | TR 17.45 | |
| Reason for ED Transfer Delay | | | | TR 17.44 | |
| Other reason for ED Transfer Delay | | | | TR 17.43 | |
| Signs of Life | | | | TR 27.14 | |
| Admitting Service | | | | TR 18.99 | |
| Admitting Physician | | | | TR 18.98 | |
| Trauma Team Activation Level | | | | TR 17.21 | |
| Trauma Team Activation Date | | | | TR 17.31 | |
| Trauma Team Activation Time | | | | TR 17.34 | |
| ED Physician | | | | TR 17.9 | |
| Service Type | | | | TR 17.3 | |
| Date called | | | | TR 17.1 | |
| Time called | | | | TR 17.14 | |
| Date arrived- Trauma surgeon | | ED-02 | | TR 17.15 | |
| Time arrived- Trauma surgeon | | ED-03 | | TR 17.11 | |
| Timely arrival | | | | TR 17.12 | |

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|---|-------------------------|--------------|----------------|--------------------------|--|
| Revised Response Activation Date | | | | TR 17.78.1 | |
| Revised Response Activation Time | | | | TR 17.78.1.1 | |
| Upgrade/ Downgrade | | | | TR 17.78.2 | |
| New Activation Level | | | | TR 17.78.3 | |
| Old Activation Level | | | | TR 17.78.4 | |
| Consulting Services | | | | TR 17.29 | |
| Consulting Service Type | | | | TR 17.32 | |
| Consulting Staff | | | | TR 17.33 | |
| In- house Consult Called Date | | | | TR 17.7 | |
| In- house Consult Called Time | | | | TR 17.8 | |
| In- house Consult Arrival Date | | | | TR 17.75 | |
| In- house Consult Arrival Time | | | | TR 17.76 | |
| Timely Arrival | | | | TR 17.77 | |
| 6. INITIAL ASSESSMENT | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Vital signs: | | | | | |
| Initial Assessment Vitals Date | | | | TR 18.104 | |
| Initial Assessment Vitals Time | | | | TR 18.110 | |
| Initial Assessment SBP | | ED-06 | | TR 18.11 | |
| Initial Assessment DBP | | | | TR 18.13 | |
| Initial Assessment Pulse Rate | | ED-07 | | TR 18.2 | |
| Initial Assessment Vitals Temperature- Celsius | Auto fill | ED-08 | | TR 18.30 | |
| Initial Assessment Vitals Temperature- Fahrenheit | Auto fill | ED-08 | | TR 18.30.1 | |
| Initial Assessment Temperature- Route | | | | TR 18.147 | |
| Initial Assessment O2 Sat | | ED-11 | | TR 18.31 | |
| Initial Assessment Respiratory Rate | | ED-09 | | TR 18.7 | |
| Initial Assessment Respiratory Assistance | | ED-10 | | TR 18.10 | |
| Initial Assessment Supplemental O2 | | ED-12 | | TR 18.109 | |
| Initial Assessment ETCO2 | Facility defined | | | | |

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|---|-----------------|--------------|--|-------------|--|
| RTS autogenerated | | | | TR 18.135 | |
| Manual RTS | | | | TR 18.28 | |
| Pediatric Trauma Score | | | | TR 21.10 | |
| Initial Assessment GCS Eye | | ED-13 | | TR 18.14 | |
| Initial Assessment GCS Verbal | | ED-14 | | TR 18.15.2 | |
| Initial Assessment Pediatric GCS Verbal | | | | TR 18.15.0 | |
| Initial Assessment Vitals GCS Motor | | ED-15 | | TR 18.16.2 | |
| Initial Assessment Pediatric GCS Motor | | | | TR 18.16.0 | |
| GCS Qualifier | | ED-17 | | TR 18.21 | |
| Initial Assessment GCS Total | | ED-16 | | TR 18.22 | |
| Manual GCS Total | | | | TR 18.19 | |
| Initial Assessment GCS 40- Eye | | ED-18 | | TR 18.40.2 | |
| Initial Assessment GCS 40- Verbal | | ED-19 | | TR 18.41.2 | |
| Initial Assessment GCS 40- Motor | | ED-20 | | TR 18.42.2 | |
| Initial Assessment GCS 40 Total autogenerated | | | | TR 18.44.1 | |
| Initial Assessment GCS 40 Total manual | | | | TR 18.44 | |
| AVPU | | | | | |
| RX: | | | | | |
| Initial ED Hospital Medications | | | | TR 18.171 | |
| First Antibiotic Date | | | | TR 18.190 | |
| First Antibiotic Time | | | | TR 18.190.1 | |
| Initial Assessment Airway Management | | | | TR 14.36 | |
| ED/ Hospital CPR Performed | | | | TR 18.71 | |
| Blood Administered Date | multiple | | | TR 22.45 | |
| Blood Administered Time | multiple | | | TR 22.45.1 | |
| Blood product location | | | | TR 22.20 | |
| Blood Product | | | | TR 22.21 | |
| Total Units of Blood- # | | | | TR 22.22 | |
| Blood Product Measurement | | | | TR 22.23 | |

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| Blood Ordered Date | | | | TR 22.14 | |
| Blood Ordered Time | | | | TR 22.17 | |
| Crossmatch Date | | | | TR 22.15 | |
| Crossmatch Time | | | | TR 22.18 | |
| Blood Administered Date- first unit administered | | | | TR 22.16 | |
| Blood Administered Time- first unit administered | | | | TR 22.19 | |
| Ventilator Start Date | multiple | | | TR 26.74 | |
| Ventilator Start Time | multiple | | | TR 26.74.1 | |
| Ventilator Stop Date | | | | TR 26.75 | |
| Ventilator Stop Time | | | | TR 26.75.1 | |
| Ventilator Total Days | Autofill | | | TR 26.58.1 | |
| Ventilator Total Time- Days/ hours/ min | Autofill | | | TR 26.58.2 | |
| Radiology: | multiple | | | | |
| Radiology Type | | | | TR 18.160 | |
| Radiology region | | | | TR 18.143 | |
| Radiology region other | | | | TR 18.143.other | |
| Date ordered | | | | TR 18.162 | |
| Time ordered | | | | TR 18.162.1 | |
| Date sent | | | | TR 18.144 | |
| Time sent | | | | TR 18.145 | |
| Date performed | | | | TR 18.163 | |
| Time performed | | | | TR 18.163.1 | |
| Results read Date | | | | TR 18.164 | |
| Results read Time | | | | TR 18.164.1 | |
| Results | | | | TR 18.161 | |
| Radiology performed location | | | | TR 18.183 | |
| Lab: | | | | | |
| Alcohol Use Indicator | | ED-24 | | TR 18.46 | |

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| Alcohol Screen Results | | ED-25 | | TR 18.103 | Displays when TR 18.46 = YES |
| Drug Use Indicator | | ED-23 | | TR 18.45 | |
| Drug Screen | | | | TR 18.91 | |
| SBIRT completed | | | | TR 45.1 | |
| SBIRT provided by | | | | TR 45.2 | |
| Hematocrit | | | | TR 18.95 | |
| Base Deficit | | | | TR 18.93 | |
| Lactic Acid results | | | | TR 18.92 | |
| INR | | | | TR 38.7 | |
| PT | | | | TR 18.47 | |
| PTT | | | | TR 18.48 | |
| ABGs drawn | | | | TR 18.182 | |
| ABG pH | | | | TR 18.179 | |
| PAO2 | | | | TR 18.180 | |
| PACO2 | | | | TR 18.181 | |
| 7. PROCEDURES | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| ICD- 10 Procedure | | HP-1 | | TR 200.2 | |
| Procedure performed location | | | | TR 200.11 | |
| Procedure / Operation Staff | | | | TR 200.10 | |
| Procedure Section Comments | | | | TR 200.7 | |
| Procedure / Operation Start Date | | HP-2 | | TR 200.8 | |
| Procedure / Operation Start Time | | HP-3 | | TR 200.9 | |
| Operation Number | | | | TR 200.2.2.1 | |
| Procedure / Operation Service Type | | | | TR 200.6 | |
| Time in OR | | | | TR 200.2.2.3.1 | |
| To OR from ward | | | | TR 200.2.2.6 | |
| OR urgency | | | | TR 200.2.2 | |
| Date out of OR | | | | TR 200.2.2.4 | |

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| Time out of OR | | | | TR 200.2.2.4.1 | |
| From OR to ward | | | | TR 200.2.2.7 | |
| Staff involved in procedure | | | | TR 200.2.2.9 | |
| Radiology- opens when location selected | | | | | |
| Radiology ID | | | | TR 200.2.1.1 | |
| Exam name | | | | TR 200.2.1.5 | |
| Reporting staff | | | | TR 200.2.1.9 | |
| Radiology procedure accession # | | | | TR 200.2.1.2 | |
| Exam Arrival Date | | | | TR 200.2.1.6 | |
| Exam Arrival Time | | | | TR 200.2.1.6.1 | |
| Validating staff | | | | TR 200.2.1.10 | |
| Requesting staff | | | | TR 200.2.1.3 | |
| Exam Start Date | | | | TR 200.2.1.7 | |
| Exam Start Time | | | | TR 200.2.1.7.1 | |
| Radiology results | | | | TR 200.2.3.1 | |
| Request Date | | | | TR 200.2.1.4 | |
| Request Time | | | | TR 200.2.1.4.1 | |
| Exam Finished Date | | | | TR 200.2.1.8 | |
| Exam Finished Time | | | | TR 200.2.1.8.1 | |
| Radiology results read Date | | | | TR 200.2.3.2 | |
| Radiology results read Time | | | | TR 200.2.3.3 | |
| Resource Utilization | | | | TR 26.59 | |
| 8. DIAGNOSIS SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| ICD-10 Diagnosis Code | | DI-01 | | TR 200.1 | |
| ICD- 10 Diagnosis comments | | | | TR 200.120 | |
| ICD-10 AIS Codes | | | | TR 200.14.1 | |
| AIS version AIS05 | | DI-03 | | TR 200.14.2 | |
| AIS code | | DI-02 | | TR 200.1.1 | |
| Additional AIS Code | | | | TR 201.0 | |

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| Diagnosis Predot | | | | TR 200.1.4 | |
| AIS Severity | | | | TR 21.2- TR 21.8 | |
| ISS | | | | TR 21.8 | |
| Probability of survival- autofill | | | | TR 21.9 | |
| New ISS- autofill | | | | TR 43.3 | |
| 9. TQIP SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| VTE Prophylaxis: | | | | | |
| TQIP Venous Thromboembolism Prophylaxis Type | | TQ-10 | | TR 40.1 | |
| TQIP Prophylaxis Date | | TQ-11 | | TR 40.2 | |
| TQIP Prophylaxis Time | | TQ-12 | | TR 40.3 | |
| Antibiotic Therapy: | | | | | |
| Antibiotic Therapy | | TQ-29 | | TR 18.189 | |
| Antibiotic Therapy Date | | TQ-30 | | TR 18.190 | |
| Antibiotic Therapy Time | | TQ-31 | | TR 18.190.1 | |
| Angiography: | | | | | |
| TQIP / BLOOD Angiography | | TQ-19 | | TR 40.12 | |
| TQIP / BLOOD Angiography Date | | TQ-21 | | TR 40.13 | |
| TQIP / BLOOD Angiography Time | | TQ-22 | | TR 40.14 | |
| TQIP / BLOOD Embolization Site | | TQ-20 | | TR 40.18 | |
| Hemorrhage Control: | | | | | |
| TQIP / BLOOD Surgery for Hemorrhagic Control Type | | TQ-23 | | TR 40.19 | |
| TQIP / BLOOD Surgery for Hemorrhagic Control Date | | TQ-24 | | TR 40.20 | |
| TQIP / BLOOD Surgery Hemorrhagic Control Time | | TQ-25 | | TR 40.21 | |
| Withdrawal of Life Support: | | | | | |
| TQIP Withdrawal of Life Support | | TQ-26 | | TR 40.15 | |
| TQIP Withdrawal of Life Support Treatment Date | | TQ-27 | | TR 40.16 | |
| TQIP Withdrawal of Life Support Treatment Time | | TQ-28 | | TR 40.17 | |
| TQIP / Lowest ED SBP | | TQ-18 | | TR 40.22 | |
| TQIP – Blood usage (PRBC): | | | | | |

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| TQIP / BLOOD Transfusion Blood 4hrs | | TQ-13 | | TR 40.4 | |
| TQIP / BLOOD Transfusion Blood 24hrs | | | | TR 40.8 | |
| TQIP / BLOOD Transfusion Blood Measurements | | | | TR 40.23 | |
| TQIP / BLOOD Transfusion Blood Conversion | | | | TR 40.24 | |
| TQIP Whole blood- TQ-14 | | | | | |
| Whole Blood | | TQ-14 | | | |
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| TQIP- Plasma Usage: | | | | | |
| TQIP / BLOOD Transfusion Plasma 4hrs | | TQ-15 | | TR 40.5 | |
| TQIP / BLOOD Transfusion Plasma 24hrs | | | | TR 40.9 | |
| TQIP / BLOOD Transfusion Plasma Blood Measurements | | | | TR 40.25 | |
| TQIP / BLOOD Transfusion Plasma Blood Conversion | | | | TR 40.26 | |
| TQIP Platelet Usage: | | | | | |
| TQIP / BLOOD Transfusion Platelets 4hrs | | TQ-16 | | TR 40.6 | |
| TQIP / BLOOD Transfusion Platelets 24hrs | | | | TR 40.10 | |
| TQIP / BLOOD Transfusion Platelets Blood Measurements | | | | TR 40.27 | |
| TQIP / BLOOD Transfusion Platelets Blood Conversion | | | | TR 40.28 | |
| TQIP Cryoprecipitate Usage: | | | | | |
| TQIP / BLOOD Cryoprecipitate 4hrs | | TQ-17 | | TR 40.7 | |
| TQIP / BLOOD Cryoprecipitate 24hrs | | | | TR 40.11 | |
| TQIP / BLOOD Cryoprecipitate Measurements | | | | TR 40.29 | |
| TQIP / BLOOD Cryoprecipitate Conversion | | | | TR 40.30 | |
| TBI: | | | | | |
| TQIP / TBI Highest Total GCS | | TQ-01 | | TR 39.1 | |
| TQIP / TBI GCS Motor Component | | TQ-02 | | TR 39.2 | |
| TQIP / TBI GCS Qualifiers | | TQ-03 | | TR 39.3 | |
| Highest GCS 40- Motor | | TQ-04 | | TR 39.40.2 | |
| Highest GCS 40- Motor Pediatric | | | | TR 40.2 | |

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| TQIP / TBI Pupillary Response | | TQ-05 | | TR 40.32 | |
| TQIP / TBI Midline Shift | | TQ-06 | | TR 40.33 | |
| TQIP / TBI Cerebral Monitor Type | | TQ-07 | | TR 39.4 | |
| TQIP / TBI Cerebral Monitor Date | | TQ-08 | | TR 39.5 | |
| TQIP / TBI Cerebral Monitor Time | | TQ-09 | | TR 39.6 | |
| 10. NTDB Pre-existing/ Hospital Events- Elements listed in Appendix | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Comorbid conditions- See end of document | | CC-01- CC-26 | | TR 21.21 | |
| Comorbid notes | | | | TR 21.23 | |
| List of NTDB complications- can select all No then check the YES | | | | | |
| 11. COMPLICATIONS/ PI | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Complications | | | | TR 23.1 | |
| Severe Complications | | | | TR 200.13 | |
| Peer Review Status | | | | TR 23.15 | |
| Occurrence Date | | | | TR 23.13 | |
| Occurrence Time | | | | TR 23.20 | |
| Location of occurrence | | | | TR 23.19 | |
| Complication staff involved (drop down) | | | | | |
| Peer Review Date | | | | TR 23.6 | |
| Peer Review Time | | | | TR 23.18 | |
| Correction Actions | | | | TR 23.9 | |
| Correction Action Order | | | | TR 23.10 | |
| Determination | | | | TR 23.11 | |
| Further explanation/ actions | | | | TR 23.8 | |
| Preventability | | | | TR 23.12 | |
| Findings | | | | TR 23.14 | |
| Additional Notes: | | | | | |
| Staff | | | | TR 23.1.14 | |

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|------------------------|--|--|--|------------|--|
| Source | | | | TR 23.1.13 | |
| Type | | | | TR 23.1.12 | |
| Group | | | | TR 23.1.16 | |
| Notes | | | | TR 23.1.15 | |
| PI Audits: | | | | | |
| Audit | | | | TR 31.4 | |
| Patient Death Y/N | | | | TR 23.30 | |
| Mortality | | | | TR 23.30.1 | |
| Open / closed status | | | | TR 31.9 | |
| Occurrence Date | | | | TR 31.7 | |
| Occurrence Time | | | | TR 31.8 | |
| Location of occurrence | | | | TR 31.17 | |
| Audit staff involved | | | | TR 31.14 | |
| Peer Review Date | | | | TR 31.8 | |
| Peer Review Time | | | | TR 31.19 | |
| Action | | | | TR 31.1 | |
| Determination | | | | TR 31.3 | |
| Further explanation | | | | TR 31.10 | |
| Preventability | | | | TR 31.5 | |
| Findings | | | | TR 31.6 | |
| Additional notes: | | | | | |
| Staff | | | | TR 31.14 | |
| Source | | | | TR 31.13 | |
| Type | | | | TR 31.12 | |
| Group | | | | TR 31.16 | |
| Notes | | | | TR 31.15 | |

| 12. OUTCOME SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
|------------------------------------|-------|-------|--|-------------------|--|
| Discharge Information: | | | | | |
| Hospital Discharge Service | | | | TR 25.31 | |
| Discharge order written Date | | ED-27 | | TR 25.93 | |
| Discharge order written Time | | ED-28 | | TR 25.94 | |
| Discharge hospital Date | | O-04 | | TR 25.34 | |
| Discharge hospital Time | | O-05 | | TR 25.48 | |
| Total Hospital Days (physical D/C) | | | ADMIT- D/C | TR 25.44 | |
| LOS until D/C orders written | | | D/C ORDERS WRITTEN TUNTIL PHYSICAL D/C | TR 25.44.written | |
| Hospital LOS (minutes) | | | | TR 25.44mins | |
| Impediments to discharge | | | | TR 25.96 | |
| Total ICU Days | | O-1 | | TR 26.9 | |
| Total Ventilator Days | | O-2 | | TR 26.58 | |
| Disability at Admission: | | | | | |
| Feeding | | | | TR 26.62 | |
| Locomotion | | | | TR 26.63 | |
| Expression | | | | TR 26.64 | |
| Disability at admission score | | | | TR 26.65 | |
| Disability at discharge: | | | | | |
| Feeding | | | | TR 26.54 | |
| Locomotion | | | | TR 26.55 | |
| Expression | | | | TR 26.56 | |
| Disability at discharge score | | | | TR 26.61 | |
| General condition at discharge | | | | TR 25.46 | |

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| Financial Information: | | | | | |
| Primary method of payment | | F-1 | | TR2.5 | |
| Other billing source | | | | TR 2.13 | |
| Secondary method of payment | | | | TR 2.7 | |
| Secondary other billing source | | | | TR 2.14 | |
| Third method of payment | | | | TR 2.18 | |
| Third other billing source | | | | TR 2.19 | |
| Reimbursed charges | | | | TR 2.8 | |
| Total hospital charges billed | | | | TR 2.9 | |
| Work related | | I-3 | eSit.14 | TR 2.10 | |
| Occupational Industry | | I-4 | eSit.15 | TR 2.6 | Subset of TR 2.10 |
| Industry description | | | | TR 2.7 | |
| Occupation | | I-5 | eSit.16 | TR 2.11 | |
| Occupation description | | | | TR 2.12 | |
| Discharge disposition | | O-3 | | TR 25.27 | |
| If Alive & Transferred to another facility: | | | | | |
| Hospital discharge destination determination | | | | TR 25.42 | |
| Hospital discharge destination determination- Other | | | | TR 25.42. other | |
| Hospital transferred to | | | | TR 25.35 | |
| Other Facility Name | | | | TR 25.39 | |
| Other Facility City | | | | TR 25.40 | |
| Other Facility State | | | | TR 25.41 | |
| Transport mode | | | | TR 25.43 | |
| If Death: | | | | | |
| Date death occurred | | | | TR 25.36 | |
| Time death occurred | | | | TR 25.36.1 | |
| Death Location | | | | TR 25.30 | |
| Circumstance of death | | | | TR 25.32 | |

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| Circumstance of death notes | | | | TR 25.53 | |
| Organ Donation | | | | TR 25.29 | |
| Autopsy performed | | | | TR 25.37 | |
| Autopsy report number | | | | TR 25.71 | |
| Organs donated | | | | TR 25.70 | |
| Advanced Directive | | | | TR 25.28 | |
| Medical Examiner notified | | | | TR 25.65 | |
| Did Medical examiner investigate pt death | | | | TR 25.66 | |
| 13. NOTES SECTION | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| Note type | | | | TR 5.27 | |
| Note | | | | TR 5.24 | |
| Note entered by | | | | TR 5.26 | |
| Date / Time | | | | TR 5.25 | |
| SURGEON SPECIFIC REPORTING | REMSA | NTDB | NEMESIS | REMSIS IT Element | |
| National Provider Identifier – OPTIONAL AT THIS TIME | | S-1 | | | |
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| 2021 NTDB Pre-existing conditions TR 21.21 | 2021 NTDB Hospital Events TR 23.1 |
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| ADVANCED DIRECTIVE LIMITING CARE ALCOHOL USE DISORDER ANGINA PECTORIS ANTICOAGULANT THERAPY ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER BLEEDING DISORDER CEREBRAL VASCULAR ACCIDENT (CVA) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) CHRONIC RENAL FAILURE CIRRHOSIS CONGENITAL ANOMALIES CONGESTIVE HEART FAILURE (CHF) CURRENT SMOKER CURRENTLY RECEIVING CHEMOTHERAPY FOR CANCER DEMENTIA DIABETES MELLITUS DISSEMINATED CANCER FUNCTIONALLY DEPENDENT HEALTH STATUS HYPERTENSION MENTAL/PERSONALITY DISORDERS MYOCARDIAL INFARCTION (MI) PERIPHERAL ARTERIAL DISEASE (PAD) PREGNANCY PREMATURITY STEROID USE SUBSTANCE USE DISORDER | ACUTE KIDNEY INJURY (AKI) ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) ALCOHOL WITHDRAWAL SYNDROME CARDIAC ARREST WITH CPR CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTION (CLABSI) DEEP SURGICAL SITE INFECTION DEEP VEIN THROMBOSIS (DVT) DELIRIUM EXTREMITY COMPARTMENT SYNDROME - Retired MYOCARDIAL INFARCTION (MI) ORGAN/SPACE SURGICAL SITE INFECTION OSTEOMYELITIS PULMONARY EMBOLISM (PE) PRESSURE ULCER SEVERE SEPSIS STROKE/CVA SUPERFICIAL INCISIONAL SURGICAL SITE INFECTION UNPLANNED ADMISSION TO ICU UNPLANNED INTUBATION UNPLANNED VISIT TO THE OPERATING ROOM VENTILATOR-ASSOCIATED PNEUMONIA (VAP) |

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