

**NEW YORK
STATE TRAUMA
REGISTRY

DATA DICTIONARY**

**Version 8.0
February, 2015**

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NYS Trauma Registry Case Definition:

The New York State Trauma Registry (NYSTR) is intended to collect information on patients with traumatic injuries that were treated in New York State hospitals. Any patient discharged from a hospital in New York State with a discharge diagnosis on the attached ICD-9 list (see Appendix II) is eligible for inclusion in the registry. Additionally, any patient who dies in an emergency department (without being admitted to the hospital) from traumatic injury is included in the registry.

All hospitals in New York State (NYS) who care for traumatically injured patients are required to submit registry data electronically to the New York State Department of Health (NYSDOH) through Image Trend, the vendor that serves as the State repository (<https://newyork.emsbridge.com/patientregistry>), on the following schedule:

First Quarter (January, February, March) discharges are due **July 1st** of the year.

Second Quarter (April, May, June) discharges are due **October 1st** of the year.

Third Quarter (July, August, September) discharges are due **January 1st** of the following year.

Fourth Quarter (October, November, December) discharges are due **April 1st** of the following year.

Data may be submitted earlier, and facilities are encouraged to communicate with the NYSDOH to determine an appropriate submission schedule.

Hospitals in NYS submit information electronically regarding diagnosis and procedure codes to the Statewide Planning and Research Cooperative Systems database (SPARCS). The SPARCS database is queried for diagnosis codes documented on the list in Appendix II. Hospitals that submit cases to the NYSTR have their records checked against the inpatient and outpatient SPARCS datasets to ensure that all appropriate cases are entered into the trauma registry. Hospitals also have Vital Records Files queried for trauma cases. It is possible for a record to be submitted to the State registry that does not have a corresponding SPARCS record.

The core data points in the National Trauma Data Set (NTDS) are required data elements in the NYSTR. Each year, there will be automatic inclusion in the NYSTR of any new data elements introduced in the new edition of the NTDS. The current data dictionary for the NTDS can be found at: <http://www.facs.org/trauma/ntdb/index.html>. The NYSTR manual only describes the NYS- specific data elements that are in addition to those core NTDS data elements. **These are mandatory data elements that must be completed for each trauma patient.** Each field is detailed with definitions, constraints, value choices, source, type, etc.

The state-specific data elements, field choices and data collection instructions are the responsibility of the NYSDOH working in conjunction with the Registry Subcommittee of the New York State Trauma Advisory Committee (STAC). The process for change is as follows:

Process, Implementation and Evaluation:

- The Registry Subcommittee, or any member of STAC, proposes one or several changes to the NYSTR (recommendations are made to the Chair of the Registry Subcommittee).
- Trauma Centers and members of STAC comment.
- Definitions are locked down.
- Members of STAC vote on the proposed change(s) **no later than April 1st with implementation on January 1st of the following year.**
- The finalized change(s) are communicated by the Department in writing to Image Trend. The technical aspect of the change(s) will be locked down by July 1st and will be communicated to all involved vendors.
- The Department notifies all hospitals of the change(s) and start date.
- The Department confirms that the change(s) are downloading appropriately and that the data appears valid. Any problems with a download will be communicated by the Department to the involved facility and vendor.

Guidelines For Inclusion & Exclusion:

The guidelines listed below define the requirements for inclusion and exclusion.

Guidelines:

1. Use the ICD-9 list in Appendix II to identify patient records that should be included in the NYSTR. The list applies to ALL patients, regardless of age. Any patient with one or more diagnosis codes on the list should be included in the NYSTR.
2. Appendix III contains the E-codes that might make a case ineligible for the NYSTR. These include: E850-869.9, E870-E879, E890-899 (except E891.8 and 891.9), E900-904.9, E910-915, E924-924.9, E929, E930-940, E959, E969, E977, E989, E999.
3. Records with a principal diagnosis of V57 are excluded (unless the records reflect trauma deaths in the Emergency Department).
4. Every record that is “eligible” for inclusion in the registry should be reviewed. In certain cases the reviewer may determine that the record should not be included. In this case, the reviewer completes an Exclusion Report for the record (see section on “Who To Exclude”) and submits these quarterly to the Department through the HCS.

5. A trauma admission includes an injured patient who has either inpatient admission or a 23-hour observation status, regardless of the location of care.
6. The NYSTR should contain only one record for each patient's traumatic injury. While Level III and IV centers will maintain their own registries, only the final hospital should submit the case to the NYSTR. In the event the patient expires in the ED of the Level III or IV center, this would be considered the final hospital and that institution would be responsible for submitting the case to the NYSTR.

The final hospital should collect information related to the care provided at the referring hospital and enter that into the registry. In the event of a transfer, only information from the first PCR will be captured initially. Once information is uploaded to the State repository, additional PCR information can be added to the case.

WHO TO EXCLUDE: (Also refer to Appendix IV: Exclusion Format) When a record is reported as an exclusion, that record must be recorded on the Exclusion Form located in Appendix IV.

1. Exclude the record if the reason for admission is not related to traumatic injury and the injury does not warrant admission. For example, a patient suffers an MI, falls and sustains an injury. The patient is admitted for treatment of the MI only; the trauma sustained does not require admission. This record would be excluded. However, a patient who sustains an MI and then trauma from a resulting fall who is admitted for care of the trauma AND the MI would be included in the registry. These kinds of cases will need to be reviewed carefully with the Trauma Program Manager, Trauma Medical Director or Regional Trauma Center coordinator.
2. Exclude the record if the ICD-9 code initially assigned is incorrect and the correct code following review is not on the State list.
3. Exclude the record if the patient is transferred to another trauma center in New York State (however keep this patient for your registry). Only the final hospital should submit data to the NYSTR. Note: If the patient is transferred to a hospital that does not participate in data collection for the NYSTR, collect the record at your facility.
4. Exclude the record if the patient was brought to the ED for the sole purpose of being pronounced dead. There must be no attempt at any resuscitation in the ED for this field to be selected. Time of arrival in the ED must match time of death.
5. Exclude the record if the injury occurred more than 30 days prior to this hospitalization.
6. Exclude the record if this is a re-admission for treatment of an injury already captured in the registry. NOTE: These records may be combined into one.

7. Exclude the record if there is no evidence of trauma.
8. Exclude newborn injury.
9. Exclude injury that occurred as an inpatient in an acute care hospital. Inpatient falls in nursing homes are included.
10. In rare instances, a record may be excluded because it cannot be located despite multiple attempts to locate it over several months.

Identification of cases for inclusion:

1. Hospitals can generate a monthly discharge list of any patient with an ICD-9 code of 800-959. The list is then reviewed and NYS cases based on ICD-9 codes and age are selected **OR** hospitals can generate a monthly discharge list of only those ICD-9 codes on the NYS list.
2. The SPARCS list is not the daily trauma census. The two will not match. The SPARCS list will include many patients with whom the trauma team may not have been involved. Each record on the SPARCS list must be reviewed and either collected or excluded.
3. DO NOT wait for a SPARCS list to begin the process of data collection. SPARCS lists are generated 12-18 months after patient discharge.
4. Identify the ED trauma deaths by either: reviewing the ED log; or asking the ED Manager for a monthly list of all deaths so you may select the trauma cases. Deaths occurring in the ED after traumatic injury are included.

Reconciling the SPARCS list and Vital Records Files list with data submission:

In order for the assessments of hospital performance to be valid, it is critical that all qualified records for each hospital be submitted to the NYSTR. The NYSDOH matches the identifiers found in NYSTR records against the identifiers found in the SPARCS and Vital Records files. This matching process looks at identifiers in both the referring hospital portion and the final hospital portion of the NYSTR record.

For a match to be valid, the PFI and medical record number must match exactly. In addition, either the admission or the discharge date must be within one day of the dates reported to SPARCS or the Vital Records File.

Common Null Values:

Definition

These values are to be used with each of the NYS data elements described in this document which have been defined to accept the Null Values.

Field Values

- 1 Not Applicable
- 2 Not Known/Not Recorded

Additional Information

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.

- Not Applicable (NA): This null value code applies if, at the time of patient care documentation, the information requested was “Not Applicable” to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be “Not Applicable” if a patient self-transported to the hospital.
- Not Known/Not Recorded (NK/NR): This null value applies if, at the time of patient care documentation, information was “Not Known” (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 a patient transported by EMS).

Field: Medical Record Number

Definition: The medical record number that is reported to SPARCS by the final hospital for this patient.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element.

Picklist used

Additional Information:

- This field is for linking purposes only and will not be made public.
- This field is crucial for matching against SPARCS and Vital Record Files.

Data Source: Hospital Admission (Face) Sheet.

Data Type: Character, Size 17

Software Notes:	Lancet screen:	NYS Pathway page 1
	NTRACS screen:	Demographic
	ImageTrend screen:	

SAS Field trmedrec

Date last Reviewed/Revised/Added: Reviewed 1/2013

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Relevant value for data element.
If the patient's social security number is unknown, enter "0000".

Picklist used

Additional Information:

The last four (4) digits of the patient's Social Security number is used to create a unique identifier that will be used for matching purposes. This will not be made public.

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:
Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

0 - 200 Not Applicable Not Known/Not Recorded

Picklist used

Additional Information:

-Does not include the height of the patient. -A fall from standing is a level surface fall and not a 6-foot fall. -For a same level fall, enter 0. -Estimate 1 foot per "step". A fall down 6 steps is estimated as a 6 feet fall and the corresponding E-code is assigned. -Estimate 10-12 feet per "story". -If the mechanism of injury is not a fall, enter "Not Applicable". -Use only whole numbers, no decimals.
--

Data Source:

Data Type:

Software Notes:	Lancet screen:	<input type="text" value="NYS Pathway page 2"/>
	NTRACS screen:	<input type="text" value="Injury"/>
	ImageTrend screen:	<input type="text"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Blunt
- 2. Penetrating
- 3. Burn

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:	Lancet screen:	<input type="text" value="NYS Pathway page 3"/>
	NTRACS screen:	<input type="text" value="Injury"/>
	ImageTrend screen:	<input type="text"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:
Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

<input type="text" value="Relevant value for data element."/> <input type="text" value="Not Applicable"/> <input type="text" value="Not Known/Not Recorded"/>	<input checked="" type="checkbox"/> Picklist used
---	--

Additional Information:

-Four (4)-digit PCR Field "Agency Code". Up to date listings can be found at:
http://www.health.ny.gov/professionals/ems/state_trauma/trauma_registry_data_dictionary.htm
 -In the event of a transfer, this is the first ACR/PCR.
 -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
 -Use "Not Applicable" if the patient was not transported by ambulance.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text" value="NYS Pathway page 3"/>
NTRACS screen:	<input type="text" value="Pre Hosp – PCR and Vitals"/>
ImageTrend screen:	<input type="text"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
 Data Dictionary

SASFIELD
 NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | | |
|-----------------------|----------------------------|
| 1. Scene | 6. Nursing Home |
| 2. Referring Hospital | 7. Supervised Living |
| 3. Clinic/M.D. Office | 8. Urgent Care |
| 4. Jail | 9. Not Applicable |
| 5. Home | 10. Not Known/Not Recorded |

Picklist used

Additional Information:

- Use "scene" if the patient arrives directly from the scene of injury to your facility.
- "Referring Hospital" means an acute care facility or any facility providing acute nursing care including acute rehab & psychiatric facilities.
- "Clinic/M.D. Office" means any outpatient clinic or private physician's office.
- Use "Home" if the scene of the accident is the patient's current primary residence. If the accident occurred at a residence that is not the patient's primary residence, use "Scene".
- "Nursing Home" means any Skilled Nursing Facility where the patient permanently resides.
- "Supervised Living" means foster care, group homes or Assisted Living Facilities.
- "Urgent Care" means any stand-alone Emergency Treatment Center.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 16.22"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

Field:

Initial Field Diastolic BP

Definition:

The first recorded diastolic blood pressure in mmHg.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

Relevant value for data element.
Not Known/Not Recorded

Picklist used

Additional Information:

-This is the first set of pre-hospital vital signs.
-Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.

Data Source:

ACR/PCR

Data Type:

Numeric, 3 characters

Software Notes:

Lancet screen:
NTRACS screen:

ImageTrend screen:

TR 18.68

SAS Field

Date last Reviewed/Revised/Added:

Reviewed 1/2013

ERRATA
Data Dictionary

SASFIELD
NOTES

(New Field)

Field: Pre-Hospital Treatments: Chest Decompression

Definition: Was chest decompression (relief of pressure within the chest) performed by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

- 1. Needle Thoracostomy
- 2. Tube Thoracostomy
- 3. Not Performed
- 4. Not Applicable
- 5. Not Known/Not Recorded

X

Picklist used

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
 - If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
 -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
 -Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen: TR 15.44

SAS Field

Date last Reviewed/Revised/Added: Added 1/2013; reviewed 2/2015

ERRATA Data Dictionary

SASFIELD NOTES (New Field)

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | |
|--|
| <ol style="list-style-type: none"> 1. CPR initiated by crew 2. CPR in progress 3. Not Performed 4. Not Applicable 5. Not Known/Not Recorded |
|--|

Picklist used

Additional Information:

<ul style="list-style-type: none"> -This field is crucial for modeling. -Record treatments from the ACR/PCR. Each treatment should be documented in the PCR. - If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available. -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.

Data Source:

Data Type:

Software Notes:	Lancet screen:	<input type="text"/>
	NTRACS screen:	<input type="text"/>
	ImageTrend screen:	<input type="text" value="TR 15.39"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Pre-Hospital Treatments: Airway Management

Definition: Did the patient's airway require intervention by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

- 1. Airway cleared (includes suction)
- 2. Assisted with BVM
- 3. Alternative Airway Device
- 4. Endotracheal tube
- 5. Not Performed
- 6. Not Applicable
- 7. Not Known/Not Recorded

Picklist used

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
 - If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
 -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
 -Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source: ACR/PCR, Emergency Department Notes

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen: TR 15.40

SAS Field phcomp

Date last Reviewed/Revised/Added: Revised 1/2013; Reviewed 2/2015

ERRATA Data Dictionary

SASFIELD NOTES (New Field)

Field:

Pre-Hospital Treatments: Pre-Hospital IV/IO Fluids

Definition:

Were pre-hospital fluids administered either intravenously or intraosseously?

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

- | | |
|-----------------------------|------------------------------|
| 1. IV fluids < or = 500 cc | 7. IV fluids attempted |
| 2. IV fluids 500-2000 cc | 8. IV fluids unknown amount |
| 3. IV fluids > or = 2000 cc | 9. IO fluids attempted |
| 4. IO fluids < or = 500 cc | 10. IO fluids unknown amount |
| 5. IO fluids 500-2000 cc | 11. Not Performed |
| 6. IO fluids > or = 2000 cc | 12. Not Applicable |
| | 13. Not Known/Not Recorded |

**Picklist
used****Additional Information:**

- Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
- Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
- Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source:

ACR/PCR, Emergency Department Notes

Data Type:**Software Notes:**

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 15.30

SAS Field

phtrfluid

Date last Reviewed/Revised/Added:

Revised 1/2013

ERRATA
Data DictionarySASFIELD
NOTES

(New Field)

Field:

Pre-Hospital Treatments: Oxygen Administered

Definition:

Was oxygen administered by EMS personnel?

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

- 1. Oxygen by Cannula
- 2. Oxygen by Mask
- 3. Not Performed
- 4. Not Applicable
- 5. Not Known/Not Recorded

Picklist used

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
 - If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
 -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
 -Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source:

ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:
 NTRACS screen:

ImageTrend screen:

TR 18.134

SAS Field

Date last Reviewed/Revised/Added:

Revised 1/2013; Reviewed 2/2015

ERRATA
 Data Dictionary

SASFIELD
 NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | |
|--|
| <ul style="list-style-type: none"> 1. Yes 2. Not Performed 3. Not Applicable 4. Not Known/Not Recorded |
|--|

Picklist used

Additional Information:

-Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
 - If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
 -Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
 -Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 15.48"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Pre-Hospital Treatments: Pre-Hospital Immobilization

Definition:

Was immobilization performed by EMS personnel?

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

- 1. Spine
- 2. Limb(s)
- 3. Both Spine & Limb(s)
- 4. Not Performed
- 5. Not Applicable
- 6. Not Known/Not Recorded

Picklist used

Additional Information:

- Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
- Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
- Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source:

ACR/PCR, Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 15.47

SAS Field

Date last Reviewed/Revised/Added:

Revised 1/2013; Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Field:

Pre-Hospital Treatments: Pre-Hospital Hemorrhage Control

Definition:

Did EMS personnel perform a procedure to control hemorrhage?

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

- | | |
|------------------------|---------------------------|
| 1. Pressure | 6. Not Applicable |
| 2. Tourniquet | 7. Not Known/Not Recorded |
| 3. Hemostatic Dressing | |
| 4. Pelvic Binder | |
| 5. Not Performed | |

Picklist used**Additional Information:**

- Record treatments from the ACR/PCR. Each treatment should be documented in the PCR.
- If documentation exists in the medical record (trauma flow sheet, physician H&P, consult notes) this may also be used if the PCR is not available.
- Instructions on where this information is located on a PCR or e-PCR can be found in Appendix VIII.
- Patients arriving by private vehicle should have "Not Applicable" entered.

Data Source:

ACR/PCR, Emergency Department Notes

Data Type:**Software Notes:**

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 15.42

SAS Field**Date last Reviewed/Revised/Added:**

Revised 1/2013; Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Field:

EMS Report Status

Definition:

The presence and/or completeness of the Pre-Hospital Care Report (PCR).

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

- 1. Not Applicable
- 2. Complete
- 3. Incomplete
- 4. Missing
- 5. Not Known/Not Recorded

X

Picklist used

Additional Information:

- Use "Not Applicable" if the patient was not transported by ambulance.
- An "Incomplete" PCR is one that is missing any of the following: pulse, systolic BP, respiratory rate or GCS.

Data Source:

ACR/PCR

Data Type:

Software Notes:

Lancet screen:
NTRACS screen:

ImageTrend screen:

TR 15.38

SAS Field

Date last Reviewed/Revised/Added:

Added 1/2013; Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

- This field is for linking purposes only and will not be made public.
- This field is crucial for matching against SPARCS and Vital Record Files.

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD NOTES

Field:

Transport Mode

Definition:

The mode of transport used to deliver the patient to the referring hospital.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

1. Ground Ambulance
2. Helicopter Ambulance
3. Fixed-wing Ambulance
4. Private/Public Vehicle/Walk-in
5. Police
6. Other
7. Not Known/Not Recorded

Picklist used**Additional Information:**

If EMS response times are provided, Transport Mode cannot be 4 (Private/Public Vehicle/Walk-in)

Data Source:

ACR/PCR, Emergency Department Notes

Data Type:**Software Notes:**

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 33.48

SAS Field**Date last Reviewed/Revised/Added:**

Added 1/2013

ERRATA
Data DictionarySASFIELD
NOTES

Field: Referring Hospital PFI Number

Definition: The Permanent Facility ID number (PFI) of the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Four (4)-digit code assigned to each hospital by New York State (listed in Appendix VII)

Picklist used

Additional Information:

NOTE: The hospital PFI number is different from the three (3)-digit EMS number that EMS agencies use to indicate the hospital to which the patient was transported.
 - Use "0000" if there is no referring hospital.

Data Source: Hospital Admission (Face) Sheet.

Data Type: numeric

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 33.60

SAS Field

Date last Reviewed/Revised/Added: Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

- Collected as YYYY-MM-DD.
 - If the patient was brought to the ED, enter the date the patient arrived at the ED. If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.2"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

-Collected as HH:MM military time.
-If the patient was brought to the ED, enter the time the patient arrived at the ED. If the patient was directly admitted to the hospital, enter the time the patient was admitted to the hospital.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.41"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

- Collected as YYYY-MM-DD.
- This field is used to calculate the length of stay (time from ED arrival to hospital discharge).
- This field is crucial for matching.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR33.30"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Discharge Time

Definition:

The time the patient was discharged from the referring hospital.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

Relevant value for data element.

Picklist used

Additional Information:

Collected as HH:MM military time.

Data Source:

Emergency Department Notes, Nursing Notes

Data Type:

numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 33.42

S32AS Field

Date last Reviewed/Revised/Added:

Reviewed 1/2013

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Referring Hospital CCS-Eye

Definition: First recorded Glasgow Coma Score (eye) in the ED/hospital within 30 minutes or less of arrival at the referring hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

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
- Not Known/Not Recorded

Picklist used

Additional Information:

-Used to calculate Overall GCS.
 -GCS is the best response at maximal arousal after resuscitation.
 -GCS should be recorded on all trauma patients. If the GCS is not documented but the record reflects "alert and oriented x 3, moving all extremities" then the score for eye opening can be entered as four (4). If the eyes are noted to be swollen shut, enter one (1).
 -Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".
 -The eye component of the GCS is unchanged for preverbal children.

Data Source: Emergency Department Notes

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen: TR 33.12

SAS Field

Date last Reviewed/Revised/Added: Reviewed 1/2013

ERRATA Data Dictionary

SASFIELD NOTES

Field:
Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- Pediatric (< or = to 2 years):
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
- Not Known/Not Recorded

Picklist used

Additional Information:

-Used to calculate Overall GCS.
 -If the patient is intubated then the GCS Verbal Score is equal to one (1).
 -If the notes reflect a patient who is moaning, enter a score of two (2).
 -Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".

Data Source:

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
 Data Dictionary

SASFIELD NOTES

Field:
Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Pediatric (< or = to 2 years): 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. Obevs commands

Picklist used

Additional Information:

-Used to calculate Overall GCS. -GCS should be recorded on all trauma patients. If the GCS is not documented but the record reflects "alert and oriented x 3, moving all extremities" then the motor score should be entered as six (6). -If the notes do not specify a motor score but instead documents "decerebrate" movement, enter a score of two (2). -If the notes do not specify a motor score but instead documents "decorticate" movement, enter a score of three (3). -If the notes document "purposeful movement" enter a score of four (4). -Avoid leaving any of the GCS fields blank. Do not enter "Not Applicable".
--

Data Source:

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA Data Dictionary

SASFIELD NOTES

Field:

Calculated Glasgow Coma Score

Definition:

Total Glasgow Coma Score at the referring hospital.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

Picklist used

Additional Information:

-Autocalculated if the scores for eye, verbal and motor are documented.
-GCS range is from 3-15.
Not Known/Not Recorded

Data Source:

Emergency Department Notes

Data Type:

Software Notes:

Lancet screen:
NTRACS screen:

ImageTrend screen:

TR 33.15

SAS Field

Date last Reviewed/Revised/Added:

Added 1/2013

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Patient chemically sedated or paralyzed
- 2. Obstruction to the patient's eye
- 3. Patient intubated
- 4. Valid GCS: patient was not sedated, not intubated, and did not have obstruction to the eye

Picklist used

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.).

-If an intubated patient has recently received a medication (succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium or pancuronium) that results in neuromuscular blockade (paralyzation) such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.

-Check all that apply.

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.7"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.5"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.40"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.6"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 33.8"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Oxygen Saturation

Definition: The first recorded oxygen saturation, within 30 minutes or less of arrival at the referring hospital (expressed as a percentage).

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

Picklist used

Additional Information:

Data Source: Emergency Department Notes

Data Type: numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen: TR 33.11

SAS Field

Date last Reviewed/Revised/Added: Reviewed 1/2013

ERRATA Data Dictionary

SASFIELD NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Activated
- 2. Level I
- 3. Level II
- 4. Consultation

Picklist used

Additional Information:

-A Level I trauma activation is the highest level of activation resulting in the response of the full trauma team as defined by the trauma center.
 -A Level II trauma activation is a partial trauma team response as defined by the trauma center.
 -A consultation is considered the lowest level of activation. The patient did not meet criteria for activation but required evaluation by the trauma team.

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 18.13"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Laboratory Testing: Serum Sodium

Definition: The serum sodium (Na+) level first measured upon arrival to the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

Picklist used

Additional Information:

-The serum sodium (Na+) level is used to calculate the serum anion gap, which is used to predict survival after injury.
 -This field is crucial for modeling.
 -The normal range is generally 132-150 mmol/L.

Data Source: Laboratory Reports

Data Type: numeric

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen: TR 18.114

SAS Field

Date last Reviewed/Revised/Added: Reviewed 1/2013

ERRATA Data Dictionary

SASFIELD NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

-The serum potassium (K+) level is used to calculate the serum anion gap, which is used to predict survival after injury.
 -This field is crucial for modeling.
 -The normal range is generally 3.2-5.5 mmol/L.

Data Source:

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field: Laboratory Testing: Serum Chloride

Definition: The serum chloride (CL-) level as first measured upon arrival at the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

Relevant value for data element
Not Known/Not Recorded

Picklist used

Additional Information:

-The serum chloride (CL-) level is used to calculate the serum anion gap which is used to predict survival after injury.
 -This field is crucial for modeling.
 -The normal range is generally 95-120 mmol/L.

Data Source: Laboratory Reports

Data Type: numeric

Software Notes: Lantcet screen:
 NTRACS screen:
 ImageTrend screen: TR 18.116

SAS Field

Date last Reviewed/Revised/Added: Reviewed 1/2013

ERRATA Data Dictionary

SASFIELD NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

Picklist used

Additional Information:

-The serum bicarbonate (HCO3) level can be used to calculate the serum anion gap, which is used to predict survival after injury.
 -This field is crucial for modeling.
 -The normal range is generally 20-40 mmol/L

Data Source:

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Not Performed
- 3. Intubated
- 4. Surgical Airway
- 5. Not Known/Not Recorded

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Not Performed
- 3. CPR Initiated
- 4. CPR in Progress, continued
- 5. Not Known/Not Recorded

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Applied
- 3. Arrived with Tourniquet
- 4. Not Known/Not Recorded

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Performed
- 3. Not Performed
- 4. Not Known/Not Recorded

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Performed
- 3. Not Performed
- 4. Not Known/Not Recorded

Picklist used

Additional Information:

Data Source:

Data Type:

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Not Applicable
- 2. Packed Red Blood Cells (PRBCs)
- 3. Fresh Frozen Plasma (FFP)
- 4. Platelets
- 5. Massive Blood Transfusion Protocol Initiated
- 6. Cryoprecipitate
- 7. Not Known/Not Recorded

Picklist used

Additional Information:

- Choose all that apply
 - Only select blood products given in the Emergency Department. There is no longer a requirement to document all blood products given in the first 48 hours nor units administered.

Data Source:

Data Type:

Software Notes: Lancet screen:
 NTRACS screen:
 ImageTrend screen:

SAS Field

Date last Reviewed/Revised/Added:

ERRATA Data Dictionary

SASFIELD NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- 1. Discharged/transferred to inpatient rehabilitation facility or dedicated rehabilitation unit
- 2. Discharged to prison/jail/law enforcement
- 3. Discharged/transferred to inpatient psychiatric facility or dedicated psychiatric unit
- 4. Discharged to shelter/ homeless
- 5. Discharged to foster care
- 6. Died-full code
- 7. Died-withdrawal of care
- 8. Died-DNR/DNI
- 9. Died-brain death
- 10. Discharged/transferred to TBI rehabilitation facility or dedicated TBI unit
- 11. Discharged/transferred to Spinal Cord Injury rehabilitation facility or dedicated Spinal Cord Injury unit
- 12. Discharged to SNF (return to SNF)
- 13. Discharged to new SNF (new placement at SNF)
- 14. Transfer out of State
- 15. Alternate Level of Care Status

Picklist used

Additional Information:

-Full code: Patient was NOT a DNR/DNI (Do Not Resuscitate/Do Not Intubate) at the time of death, care was not withdrawn.

-DNR/DNI: Patient had a Do Not Resuscitate/Do Not Intubate order, resuscitation was not provided at the time of death.

- Care Withdrawn: Treatment was withdrawn or stopped prior to the patient's death. Documentation of "terminal weaning" or "discontinuation of life support" may suggest that care was withdrawn.

-Brain Death Criteria: Select only if brain death criteria was met and the patient was declared dead using this criteria.

-Alternate Level of Care: An order for discharge was written for the patient but because of social issues (i.e. homeless status, no bed available at an adult home or long term care facility) the patient remains at the facility only for shelter. The date of discharge is the date the physician documents the patient is at an Alternate Level of Care status.

-This field is crucial for modeling.

Data Source:

Data Type:

Software Notes:

Lancet screen:
NTRACS screen:

TR 25.27

ImageTrend screen:

SAS Field

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Date last Reviewed/Revised/Added:

Revised 1/2013

Revised 1/2013

ERRATA
Data Dictionary

--

SASFIELD
NOTES

--

Field:

Glasgow Coma Score

Definition:

The total Glasgow Coma Score at the time of discharge from the final hospital.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

Relevant value for data element

Picklist used

Additional Information:

-GCS range is from 3-15.

Data Source:

Discharge Summary, Nurses Notes

Data Type:

numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 25.64

SAS Field

Date last Reviewed/Revised/Added:

Reviewed 1/2013

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | | |
|----------------------------|---------------------------|
| 1. Not Applicable | 4. Dependent/Partial Help |
| 2. Independent | 5. Dependent/Total Help |
| 3. Independent with Device | 6. Not Known/Not Recorded |

Picklist used

Additional Information:

-Independent: Patient walked a minimum of 150 feet safely without any assistive device, did not use a wheelchair prior to injury.

-Independent with Device: Walked a minimum of 150 feet but used a brace, prosthesis, special adaptive shoes, cane, crutches or walker prior to the injury.

-Dependent/Partial Help: If ambulatory required standby supervision, cuing or coaxing to go a minimum of 150 feet or walked independently only short distances (minimum 50 feet) prior to the injury.

-Dependent/Total Help: Required assistance of one or more persons prior to the injury.

- Enter "Not Applicable" if the patient is less than two (2) years old.

Data Source:

Data Type:

Software Notes:

Lancet screen:	
NTRACS screen:	
ImageTrend screen:	TR 26.63

SAS Field

Date last Reviewed/Revised/Added:

ERRATA Data Dictionary

SASFIELD NOTES

Page Number

60

SECTION

NY Outcome Information

Field:

Functional Independence Measure Prior to Injury: Expression

Definition:

The patient's ability to express themselves prior to the injury that lead to this hospitalization

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

1. Not Applicable

2. Independent

3. Independent with Device

4. Dependent/Partial Help

5. Dependent/Total Help

6. Not Known/Not Recorded

X

Picklist used

Additional Information:

-Independent: Patient able to express complex or abstract ideas intelligently and fluently, verbally or nonverbally, including either signing or writing prior to the injury.

-Independent with Device: Patient had mild difficulty expressing complex or abstract ideas. May have required an augmentative communication device or system prior to the injury.

- Dependent/Partial Help: Patient was able to express basic needs and ideas about everyday situations half (50%) of the time. Required some prompting but required that prompting less than half (50%) of the time prior to the injury.

- Dependent/Total Help: Patient was able to express basic needs and ideas less than half (50%) of the time. Needed prompting more than half (50%) of the time or unable to express basic needs appropriately or consistently despite prompting prior to the injury.

- Enter "Not Applicable" if the patient is less than five (5) years old.

Data Source:

ACR/PCR, Emergency Department Notes, Nursing Notes, Admitting History & Physical, Nursing Admission Assessment, Physical/Occupational Therapy Notes

Data Type:

numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 26.64

SAS Field

Date last Reviewed/Revised/Added:

Added 1/2013; Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | | |
|----------------------------|---------------------------|
| 1. Not Applicable | 4. Dependent/Partial Help |
| 2. Independent | 5. Dependent/Total Help |
| 3. Independent with Device | 6. Not Known/Not Recorded |

Picklist used

Additional Information:

- Independent: Patient able to eat from a dish and drink from a cup or glass presented in the customary manner on a table or tray. Used ordinary knife, fork, and spoon prior to the injury.
- Independent with Device: Patient used an adaptive or assistive device such as a straw, spork, rocking knife or required more than a reasonable time to eat prior to the injury.
- Dependent/Partial Help: Patient performed half or more of the feeding tasks, but required supervision (standby, cuing, coaxing), setup, or other help prior to the injury.
- Dependent/Total Help: Patient performed less than half (50%) of feeding tasks or did not eat or drink full meals by mouth but required at least in part some other means of alimentation such as parenteral or enteral feedings prior to the injury.
- Enter "Not Applicable" if the patient is less than three (3) years old.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
Image Trend screed:	<input type="text" value="TR 26.62"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD NOTES

Field: Functional Independence Measure at Time of Hospital Discharge: Locomotion

Definition: The patient's ability to move independently at the time of discharge from the final hospital.

Required in NYS Trauma registry	REQUIRED
Required in NTDS	NOT REQUIRED

Field Values:

- | | |
|----------------------------|---------------------------|
| 1. Not Applicable | 4. Dependent/Partial Help |
| 2. Independent | 5. Dependent/Total Help |
| 3. Independent with Device | 6. Not Known/Not Recorded |

Picklist used

Additional Information:

-Independent: Patient walks a minimum of 150 feet safely without any assistive device, does not use a wheelchair. Performs safely.

-Independent with Device: Walks a minimum of 150 feet but uses a brace, prosthesis, special adaptive shoes, cane, crutches or walker at the time of discharge.

-Dependent/Partial Help: If ambulatory requires standby supervision, cuing or coaxing to go a minimum of 150 feet or walks independently only short distances (minimum 50 feet).

-Dependent/Total Help: Requires assistance of one or more persons.

- Enter "Not Applicable" if the patient is less than two (2) years old.

Data Source: ACR/PCR, Emergency Department Notes, Nursing Notes, Admitting History & Physical, Nursing Admission Assessment, Physical/Occupational Therapy Notes

Data Type: numeric

Software Notes: Lancet screen: []

NTRACS screen: []

ImageTrend screen: TR 26.55

SAS Field []

Date last Reviewed/Revised/Added: Reviewed 2/2015

ERRATA Data Dictionary []

SASFIELD NOTES []

Page Number

63

SECTION

NY Outcome Information

Field:

Functional Independence Measure at Time of Discharge: Expression

Definition:

The patient's ability to express themselves at the time of discharge from the final hospital.

Required in NYS Trauma registry

REQUIRED

Required in NTDS

NOT REQUIRED

Field Values:

1. Not Applicable

2. Independent

3. Independent with Device

4. Dependent/Partial Help

5. Dependent/Total Help

6. Not Known/Not Recorded

Picklist used

Additional Information:

- Independent: Patient able to express complex or abstract ideas intelligently and fluently, verbally or nonverbally, including either signing or writing at the time of discharge.
- Independent with Device: Patient has mild difficulty expressing complex or abstract ideas. May require an augmentative communication device or system at the time of discharge.
- Dependent/Partial Help: Patient able to express basic needs and ideas about everyday situations half (50%) of the time. Requires some prompting but requires that prompting less than half (50%) of the time at the time of discharge.
- Dependent/Total Help: Patient able to express basic needs and ideas less than half (50%) of the time. Needs prompting more than half (50%) of the time or unable to express basic needs appropriately or consistently despite prompting at the time of discharge.
- Enter "Not Applicable" if the patient is less than five (5) years old.

Data Source:

ACR/PCR, Emergency Department Notes, Nursing Notes, Admitting History & Physical, Nursing Admission Assessment, Physical/Occupational Therapy Notes

Data Type:

numeric

Software Notes:

Lancet screen:

NTRACS screen:

ImageTrend screen:

TR 26.56

SAS Field

Date last Reviewed/Revised/Added:

Reviewed 2/2015

ERRATA
Data Dictionary

SASFIELD
NOTES

Field:

Definition:

Required in NYS Trauma registry	<input type="text" value="REQUIRED"/>
Required in NTDS	<input type="text" value="NOT REQUIRED"/>

Field Values:

- | | |
|----------------------------|---------------------------|
| 1. Not Applicable | 4. Dependent/Partial Help |
| 2. Independent | 5. Dependent/Total Help |
| 3. Independent with Device | 6. Not Known/Not Recorded |

Picklist used

Additional Information:

- Independent: Patient able to eat from a dish and drink from a cup or glass presented in the customary manner on a table or tray. Uses ordinary knife, fork, and spoon at the time of discharge.
- Independent with Device: Patient uses an adaptive or assistive device such as a straw, spork, rocking knife or requires more than a reasonable time to eat at the time of discharge.
- Dependent/Partial Help: Patient performs half or more of the feeding tasks, but requires supervision (standby, cuing, coaxing), setup, or other help at the time of discharge.
- Dependent/Total Help: Patient performs less than half (50%) of feeding tasks or does not eat or drink full meals by mouth but requires at least in part some other means of alimentation such as parenteral or enteral feedings at the time of discharge.
- Enter "Not Applicable" if the patient is less than three (3) years old.

Data Source:

Data Type:

Software Notes:

Lancet screen:	<input type="text"/>
NTRACS screen:	<input type="text"/>
ImageTrend screen:	<input type="text" value="TR 26.54"/>

SAS Field

Date last Reviewed/Revised/Added:

ERRATA
Data Dictionary

SASFIELD
NOTES

Appendix I- Explanation Of Fields On The Data Dictionary Page

Section: There are 6 sections of data in the trauma registry: Demographic Information (information unique to the patient); Injury Information (information related to the injury sustained); Pre-Hospital Information (information specific to the pre-hospital care provided to the patient); Referring Hospital Information (information detailing the care provided to the patient at the referring hospital); Emergency Department Information (information detailing the care and services provided to the patient in the emergency department of the final hospital); and Outcome Information (information regarding the final outcome for the patient).

Field: Descriptive name of the data element in the trauma registry.

Definition: The definition for the data element requested for this field.

Required in NYS Trauma Registry: Is it mandatory to complete this field for NYS?

Required in NTDS: Is this data element considered mandatory by the National Trauma Data Bank?

Field Values: Prescribed choices (or pick lists) and acceptable values for this data element.

Additional Information: Additional information for this data element.

Data Source: Where the registrar may find the information in the medical record.

Data Type: Constraints on the types of values for the data element, i.e., dates must be YYYY/MM/DD.

Software Notes: Information specific to Lancet, Digital Innovations and Image Trend as applicable.

SAS Field: Information for data analysis.

Date Last Reviewed/Revised/Added: Documents when this data element was last reviewed, revised or when it was added to the data dictionary.

Appendix II- New York State Trauma Registry ICD-9 Inclusion Codes

CODES FOR INCLUSION	DEFINITION FOR NEWLY ADDED CODES (those added 1/1/2014)
800-808	
809	Ill-defined fractures of bones of trunk
810	Fracture of clavicle
811	Fracture of scapula
812	Fracture of humerus
813	Fracture of radius & ulna
817	Multiple fractures of hand bones
818	Ill-defined fractures of upper limb
819	
820	Fracture of neck of femur
821	
822	Fracture of patella
823-824	
827	Other multiple & ill-defined fractures of lower limb
828	
829	Fracture of unspecified bones
836	
839	
850-854	
860-868	
869	Internal injury to unspecified or ill-defined organs
870	Open wound of ocular adnexa
871	Open wound of eyeball
872	Open wound of ear
873	Open wound of head
874	
875	Open wound of chest (wall)
876	Open wound of back
877	Open wound of buttock
878	Open wound of genital organs (external) including traumatic amputation
879	Open wound of other & unspecified sites except limbs
880	Open wound of shoulder & upper arm
881	Open wound of elbow forearm & wrist
882	Open wound of hand except finger(s) alone
883	Open wound of finger(s)
884	Multiple & unspecified open wound of upper limb

885	Traumatic amputation of thumb (complete) (partial)
886	Traumatic amputation of other finger(s) (complete) (partial)
887	
890	Open wound of hip & thigh
891	Open wound of knee leg (except thigh) & ankle
892	Open wound of foot except toe(s) alone
893	Open wound of toe(s)
894	Multiple & unspecified open wound of lower limb
895	Traumatic amputation of toe(s) (complete) (partial)
896-897	
900-904	
925	
926	Crushing injury of trunk
927-928	
929	Crushing injury of multiple & unspecified sites
950	
951	Injury to other cranial nerve(s)
952-956	
957	Injury to other & unspecified nerves
958	
959	Injury other & unspecified

Peri-prosthetic hip fractures are excluded from submission to the registry.

Appendix III- Guidelines for E-Codes

Visit: <http://www.eicd.com/Guidelines/Ecodes.htm>

The following E-codes are unlikely to generate an injury with ICD-9 codes on the NYSTR inclusion list. Should a case present with one of these E codes the registrar should give the case careful review. It is possible that such a record would qualify for exclusion, and in such case the registrar should complete an exclusion form. Or, it is possible that a more accurate E code could be assigned, and in such case the registrar should change the E code prior to submission to the state registry.

E837.3
E850-869.9
E870-879.9
E890-899
E900-904.9
E906.0, E906.3
E910-915
E923.0 .1 .2 .8 .9
E924.0 .1 .2 .8 .9
E925.1 .8 .9
E926.1
E929.0-.9
E930-949
E950.0-.7
E954.
E958.1
E959.
E968.3
E968.7
E969.
E977.
E980.0-.9
E981-982
E983.0-.9
E984.
E989.
E999.0-.1

Appendix IV- New York State Trauma Registry Exclusion Report Format

As discussed during the September 2013 STAC meeting, the following revision of the exclusion file will be used effective with 2014 discharges:

Reason	Definition	Example
1	Injury occurred while an inpatient in an acute care hospital.	Fall in hospital. Birth trauma. Intraoperative complication.
2	Injury occurred more than 30 days prior to this admission.	Fell 8 weeks ago and now presents with ongoing pain. Do not use this for cases with ‘history of multiple falls’. Patient was in crash 4 years ago and now presents with herniated disc.
3	This is a readmission for further treatment of an injury already in the registry.	Readmission for infection or cellulitis, DVT, hardware removal etc, operative treatment of an injury originally treated non- operatively. Note: first admission should be in the registry, make note of MRN and discharge date for that admission.
4	The ICD-9 code is <i>incorrect</i> , and the correct code is not on state list.	Patient had an intracerebral bleed and a fall, but the intracerebral bleed was the cause of the fall, not caused by the fall. Must have radiographic or neurology or neurosurgery documentation that the intracerebral bleed was not traumatic. OR Diagnosis was ‘rule out’ an injury, the patient was proven not to have that injury but it was coded. OR Pathologic fracture but coded as acute fracture. OR Injury was coded but radiographs and CT scan were negative.
5	This hospital is not the final hospital (transferred to another NYS Trauma Center).	Admitted to this hospital and then transferred to another NYS trauma center for acute care. The final hospital will enter the case. If the transfer is for rehabilitation purposes only—do not use this choice, but instead enter the case. If the next hospital is not a NYS Trauma Center (is an out of state hospital or a non-trauma center) then enter and submit the case from your hospital. A list of NYS Trauma Centers is available at http://www.health.ny.gov/professionals/ems/state_trauma/trauma2.htm
6	Death occurred in the field.	Case appears on the Vital Records File, but the patient was brought in only to be pronounced. No attempts at any resuscitation were made. Time of death must be within 3 minutes of the time of arrival. (This should be a rarely used exclusion.)
7	Medical Record cannot be located.	Hospital closed. Hospital unable to locate medical record despite multiple attempts over many months. (This should be a rarely used exclusion.)
8	Record sent to SPARCS in error.	Occasionally a hospital submits a record to SPARCS for a patient who was not actually admitted to the hospital. Should this occur, use this reason for exclusion.
9	This admission is for rehabilitation only.	Only used by hospitals with inpatient rehab units.
10	Patient admitted for medical reasons, not trauma.	The patient sustained trauma but was admitted for medical reasons only; the trauma did not require admission. These cases should be carefully reviewed with the Trauma Program Manager.

Guidelines for Exclusion:

The NYSTR should be an accurate reporting of seriously injured patients during the acute phase of injury. Coding constraints, documentation limitations, and ICD-9 coding limitations can result in a case having an ICD-9 Code on the inclusion list but in fact is not a seriously injured trauma patient.

In general:

- Include or exclude based on clinical documentation in the record, not on admitting service, patient outcome, or the involvement of the trauma team.
- If there is any question in your mind as to the record being included or excluded you should discuss the case with another registrar or your Trauma Program Manager.
- Incorrect ICD-9 codes should be brought to the attention of the hospital's Coding Department. Coding constraints may preclude changing the codes, but the opportunity should be offered.

Considerations:

Hospitals may wish to track re-admissions for traumatic injury. In that event, enter the first hospitalization in the Referring Hospital portion of the registry, and the re-admission in the Emergency Department, Hospital Procedure and Diagnosis Information.

Admission to a hospital for an injury that was undiagnosed during the first hospitalization should be entered. If there were two admissions, combine them into one record. If there was an outpatient or emergency department visit, and the patient who had been sent home was then re-called for admission of a 'missed' injury, the record should be included in the registry.

Medical conditions that result in a fall and subsequent injury are eligible for inclusion in the State registry. For example, a patient with known seizure disorder who falls during a seizure and sustains a subdural hematoma is IN. A patient with Parkinson's disease who falls and sustains an open tib/fib fracture is IN.

Documentation can often be incomplete, confusing or even conflicting. It is important to review exclusions with a clinical person (such as the Trauma Program Manager or Trauma Medical Director) if there is any question as to the inclusion or exclusion of a particular case.

****Reviewed with/by :**

- 1 = Hospital Trauma Program Manager
- 2 = Regional Trauma Center Program Manager
- 3 = Trauma Medical Director
- 4 = Other
- 5 = None

Microsoft Excel - NYS- E-exclusion-Oct07.xls

File Edit View Insert Format Tools Data Window Help

L30

	A	B	C	D	E	F	G	H	I	J
1	Data Abstractor:									
2	<i>Note: Position cursor over cell (or click on cell) with column heading to view detailed instructions.</i>									
3	PFI	Medical Record Number	SP/DF Record	Region	Admission Date	Discharge Date	ICD-9 Codes	Reason for Exclusion	Explanation	Review with/by
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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37										

Print version for Guidelines Guidelines for exclusion Exclusion cases

Draw AutoShapes

Appendix V- Hospital PFI Numbers

Visit: <http://www.health.state.ny.us/nysdoh/ems/counties/map.htm>

Suffolk and Nassau

Hospital	PFI	EMS
SUFFOLK		
UNIVERSITY HOSPITAL-SUNY STONY BROOK	0245	527
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CTR INC	0885	525
SOUTHAMPTON HOSPITAL	0889	520
EASTERN LONG ISLAND HOSPITAL	0891	514
JOHN T MATHER MEMORIAL HOSP OF PORT JEFFERSON	0895	517
ST. CHARLES HOSPITAL	0896	528
HUNTINGTON HOSPITAL	0913	516
SOUTHSIDE HOSPITAL	0924	521
GOOD SAMARITAN HOSPITAL	0925	515
PECONIC BAY MEDICAL CENTER	0938	513
ST. CATHERINE OF SIENNA HOSPITAL	0943	523
NORTHPORT VA	*524	524
NASSAU		
NORTH SHORE UNIVERSITY HOSPITAL AT GLEN COVE	0490	692
LONG BEACH MEMORIAL HOSPITAL	0495	696
WINTHROP-UNIVERSITY HOSPITAL	0511	704
MERCY HOSPITAL (ROCKVILLE)	0513	945
NORTH SHORE LONG ISLAND JEWISH	0518	694
SOUTH NASSAU COMMUNITIES HOSPITAL	0527	706
NASSAU UNIVERSITY MEDICAL CENTER EAST MEADOW	0528	702
NORTH SHORE UNIVERSITY HOSPITAL(MANHASSET)	0541	705
NORTH SHORE LONG ISLAND JEWISH	0550	703
ST. JOSEPH HOSPITAL	0551	701
NORTH SHORE LONG ISLAND JEWISH - PLAINVIEW	0552	691
ST FRANCIS HOSPITAL (FLOWER HILL)	0563	707

New York City

Hospital	PFI	EMS
New York City		
NEW YORK NEW YORK		
NY DOWNTOWN HOSPITAL	1437	941
BELLEVUE HOSPITAL CENTER	1438	712
BETH ISRAEL MEDICAL CENTER	1439	713
HARLEM HOSPITAL CENTER	1445	721
NYU HOSPITAL FOR JOINT DISEASES	1446	735
HOSPITAL FOR SPECIAL SURGERY	1447	723
LENOX HILL HOSPITAL	1450	728
MANHATTAN EYE EAR AND THROAT HOSPITAL	1452	730
MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	1453	731
METROPOLITAN HOSPITAL CENTER	1454	732
MOUNT SINAI HOSPITAL	1456	734
NY PRESBYTERIAN HOSPITAL-WEIL CORNELL CAMPUS	1458	737
NY EYE AND EAR INFIRMARY	1460	736
NY UNIVERSITY MEDICAL CENTER	1463	739
NY PRESBYTERIAN HOSPITAL –COLUMBIA UNIVERSITY MEDICAL CENTER	1464	742
ROCKEFELLER UNIVERSITY HOSPITAL	1465	743
ST LUKES ROOSEVELT HOSP CTR-ROOSEVELT HOSP	1466	759
MOUNT SINAI ST LUKES	1469	745
ST VINCENTS MANHATTAN	1471	748
GOLDWATER HOSPITAL	1486	720
COLER-GOLDWATER SPECIALTY HOSPITAL & NURSING FACILITY	1487	714
NORTH GENERAL HOSPITAL	2968	758
NY PRESBYTERIAN HOSPITAL – ALLEN PAVILLIAN	3975	749
MANHATTAN VA	*724	724
BRONX		
BRONX VA	*634	634
JACOBI MEDICAL CENTER	1165	621
MONTEFIORE MEDICAL CENTER-NORTH DIVISION	1168	627
MONTEFIORE MED CTR-HENRY & LUCY MOSES DIV	1169	637
LINCOLN MEDICAL & MENTAL HEALTH CENTER	1172	626
CALVARY HOSPITAL INC	1175	624
ST BARNABAS HOSPITAL	1176	629
BRONX-LEBANON HOSPITAL CENTER-CONCOURSE DIV	1178	635
MONTEFIORE WESTCHESTER SQUARE	1185	623
NORTH CENTRAL BRONX HOSPITAL	1186	628
MONTEFIORE MEDCTR-JACKDWEILER HOSP OF EINSTEIN	3058	639
BRONX VA	*634	634

KINGS		
BROOKDALE HOSPITAL MEDICAL CENTER	1286	902
NY COMMUNITY HOSPITAL OF BROOKLYN INC	1293	905
CONEY ISLAND HOSPITAL	1294	921
INTERFAITH MEDCTR-JEWISH HOSP MEDCTR OF BRKLYN	1300	910
KINGS COUNTY HOSPITAL CENTER	1301	672
SUNY DOWNSTATE MEDICAL CENTER AT LICH	1302	934
LUTHERAN MEDICAL CENTER	1304	913
MAIMONIDES MEDICAL CENTER	1305	914
NY METHODIST HOSPITAL	1306	915
INTERFAITH MEDICAL CENTER	1309	916
KINGSBROOK JEWISH MEDICAL CENTER	1315	927
WYCKOFF HEIGHTS MEDICAL CENTER	1318	935
UNIVERSITY HOSPITAL OF BROOKLYN	1320	918
BETH ISRAEL MEDICAL CENTER-KINGS HIGHWAY DIVISION	1324	926
WOODHULL MEDICAL & MENTAL HEALTH CENTER	1692	903
BROOKLYN VA	*0925	925
QUEENS		
ELMHURST HOSPITAL CENTER	1626	764
FLUSHING HOSPITAL MEDICAL CENTER	1628	765
JAMAICA HOSPITAL	1629	768
LONG ISLAND JEWISH MEDICAL CENTER	1630	763
PENINSULA HOSPITAL CENTER	1632	773
QUEENS HOSPITAL CENTER	1633	775
ST JOHNS EPISCOPAL HOSPITAL-SOUTH SHORE	1635	776
NY HOSPITAL MEDICAL CENTER OF QUEENS	1637	762
FOREST HILLS HOSPITAL	1638	769
MOUNT SINAI HOSPITAL-MOUNT SINAI HOSPITAL OF QUEENS	1639	761
RICHMOND		
STATEN ISLAND UNIVERSITY HOSP-SOUTH	1737	782
RICHMOND UNIVERSITY MEDICAL CENTER	1738	783
STATEN ISLAND UNIVERSITY HOSP-NORTH	1740	784
STATEN ISLAND UNIVERSITY HOSP-CONCORD DIV	1741	781

Western New York

Hospital	PFI	EMS
Western New York		
ERIE		
BUFFALO VA	*655	655
BUFFALO GENERAL MEDICAL CENTER	0207	643
WOMEN & CHILDRENS HOSPITAL OF BUFFALO	0208	937
ERIE COUNTY MEDICAL CENTER	0210	646
SHEEHAN MEMORIAL HOSPITAL	0211	647
MERCY HOSPITAL	0213	657
MILLARD FILLMORE HOSPITAL	0215	651
ROSWELL PARK CANCER INSTITUTE	0216	661
SISTERS OF CHARITY HOSPITAL	0218	654
KENMORE MERCY HOSPITAL	0267	648
BERTRAND CHAFFEE HOSPITAL	0280	641
SISTERS OF CHARITY HOSPITAL-ST JOSEPH CAMPUS	0292	656
MILLARD FILLMORE SUBURBAN HOSPITAL	3067	652
NIAGARA		
EASTERN NIAGARA HOSPITAL-LOCKPORT DIVISION	0565	313
NIAGARA FALLS MEMORIAL MEDICAL CENTER	0574	316
DEGRAFF MEMORIAL HOSPITAL	0581	317
MOUNT ST MARYS HOSPITAL & HEALTH CENTER	0583	314
EASTERN NIAGARA HOSPITAL-NEWFANE DIVISION	0585	312
WYOMING		
WYOMING COUNTY COMMUNITY HOSPITAL	1153	601
ALLEGANY		
CUBA MEMORIAL HOSPITAL INC	0037	021
MEMORIAL HSP OF WM F & GERTRUDE F JONES	0039	023
CATTARAUGUS		
OLEAN GENERAL HOSPITAL	0066	041
TLC HEALTH NETWORK TRI-COUNTY MEMORIAL HOSPITAL	0074	662
CHAUTAQUA		
BROOKS MEMORIAL HOSPITAL	0098	061
WOMAN'S CHRISTIAN ASSOCIATION	0103	065
WESTFIELD MEMORIAL HOSPITAL INC	0111	064
TLC HEALTHCARE NETWORK LAKESHORE HOSPITAL	0114	063
ORLEANS		
MEDINA MEMORIAL HOSPITAL	0718	362
GENESEE		
UNITED MEMORIAL MEDICAL CENTER NORTH STREET CAMPUS	0339	181
BATAVIA VA	*183	183

Central New York

Hospital	PFI	EMS
Central New York		
OSWEGO		
ALBERT LINDLEY LEE MEMORIAL HOSPITAL	0724	371
OSWEGO HOSPITAL	0727	372
CAYUGA		
AUBURN COMMUNITY HOSPITAL	0085	053
ST LAWRENCE		
CLAXTON-HEPBURN MEDICAL CENTER	0798	441
MASSENA MEMORIAL HOSPITAL	0804	445
EDWARD JOHN NOBLE HOSPITAL OF GOUVERNEUR	0812	448
CANTON-POTSDAM HOSPITAL	0815	446
CLIFTON-FINE HOSPITAL	0817	442
JEFFERSON		
SAMARITAN MEDICAL CENTER	0367	223
RIVER HOSPITAL INC	0377	227
CARTHAGE AREA HOSPITAL INC	0379	221
HERKIMER		
LITTLE FALLS HOSPITAL	0362	212
ONEIDA		
ROME MEMORIAL HOSPITAL, INC	0589	324
FAXTON - ST.LUKES HEALTHCARE - FAXTON DIVISION	0597	322
ST ELIZABETH MEDICAL CENTER	0598	326
FAXTON - ST LUKES HEALTHCARE - ST. LUKES' DIVISION	0599	327
BROOME		
UNITED HEALTH SVCS HOSPITALS INC - BINGHAMTON GENERAL	0042	031
OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	0043	034
UNITED HEALTH SVCS HOSPITALS INC - WILSON MEDICAL	0058	032
CHENANGO		
CHENANGO MEMORIAL HOSPITAL INC	0128	081
CORTLAND		
CORTLAND REGIONAL MEDICAL CENTER INC	0158	114
LEWIS		
LEWIS COUNTY GENERAL HOSPITAL	0383	241
MADISON		
ONEIDA HEALTHCARE CENTER	0397	262
COMMUNITY MEMORIAL HOSPITAL INC	0401	261
ONONDAGA		
SYRACUSE VA	*338	338
UPSTATE UNIVERSITY HOSPITAL AT COMMUNITY GENERAL	0628	331
ST JOSEPHS HOSPITAL HEALTH CENTER (SYRACUSE)	0630	334
UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER	0635	336
CROUSE HOSPITAL	0636	332

Finger Lakes

Hospital	PFI	EMS
Finger Lakes		
ONTARIO		
CANANDAIGUA VA	*345	345
GENEVA GENERAL HOSPITAL	0671	343
CLIFTON SPRINGS HOSPITAL AND CLINIC	0676	341
F F THOMPSON HOSPITAL	0678	342
STEUBEN		
BATH VA	*505	505
CORNING HOSPITAL	0866	502
ST JAMES MERCY HOSPITAL	0870	504
IRA DAVENPORT MEMORIAL HOSPITAL INC	0873	503
SCHUYLER		
SCHUYLER HOSPITAL	0858	481
YATES		
SOLDIERS AND SAILORS MEMORIAL HOSP OF YATES CO	1158	612
MONROE		
HIGHLAND HOSPITAL (ROCHESTER)	0409	272
ROCHESTER GENERAL HOSPITAL	0411	276
STRONG MEMORIAL HOSPITAL	0413	278
MONROE COMMUNITY HOSPITAL	0414	285
LAKESIDE MEMORIAL HOSPITAL	0461	273
THE UNITY HOSPITAL OF ROCHESTER	0471	275
LIVINGSTON		
NICHOLAS H NOYES MEMORIAL HOSPITAL	0393	251
WAYNE		
NEWARK-WAYNE COMMUNITY HOSPITAL INC	1028	584
CHEMUNG		
ST JOSEPHS HOSPITAL (ELMIRA)	0118	072
ARNOT-OGDEN MEDICAL CENTER	0116	071

Northeastern New York

Hospital	PFI	EMS
Northeastern New York		
ALBANY		
ALBANY VA	*016	016
ALBANY MEDICAL CENTER HOSPITAL	0001	018
ALBANY MEMORIAL	0004	014
ST PETERS HOSPITAL	0005	015
CAPITAL REGION GERIATRIC CENTER INC <i>(Does not receive acute care patients)</i>	4001	013
CLINTON		
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED CTR	0135	091
COLUMBIA		
COLUMBIA MEMORIAL HOSPITAL	0146	101
ESSEX		
ELIZABETHTOWN COMMUNITY HOSPITAL	0303	151
ADIRONDACK MEDICAL CENTER-LAKE PLACID SITE	0306	154
MOSES-LUDINGTON HOSPITAL	0309	153
FRANKLIN		
ALICE HYDE MEDICAL CENTER	0325	161
DELAWARE		
O'CONNOR HOSPITAL	0165	125
MARGARETVILLE MEMORIAL HOSPITAL	0170	123
DELAWARE VALLEY HOSPITAL INC	0174	122
SCHENECTADY		
ELLIS HOSPITAL	0829	462
ELLIS HOSPITAL-MCCLELLAN DIVISION	0830	464
ELLIS HOSPITAL-BELLEVUE WOMEN'S CARE CENTER DIV	0848	465
WARREN		
GLENS FALLS HOSPITAL	1005	561
RENSSELAER		
SETON HEALTH SYSTEM-ST MARY'S CAMPUS	0755	413
SAMARITAN HOSPITAL	0756	412
SARATOGA		
SARATOGA HOSPITAL	0818	453
FULTON		
NATHAN LITTAUER HOSPITAL	0330	172
MONTGOMERY		
ST MARY'S HEALTHCARE-AMSTERDAM MEMORIAL CAMPUS	0482	281
ST MARYS HEALTHCARE	0484	282
OTSEGO		
AURELIA OSBORN FOX MEMORIAL HOSPITAL	0739	381
MARY IMOGENE BASSETT HOSPITAL	0746	383
SCHOHARIE		
MARY IMOGENE BASSETT HOSPITAL OF SCHOHARIE COUNTY	0851	471

Hudson Valley

Hospital	PFI	EMS
Hudson Valley		
DUTCHESS		
NORTHERN DUTCHESS HOSPITAL	0192	132
MIDHUDSON REGIONAL HOSPITAL OF WESTCHESTER MEDICAL CENTER	0180	136
VASSAR BROTHERS MEDICAL CENTER	0181	134
ORANGE		
BON SECOURS COMMUNITY HOSPITAL	0708	353
KELLER ARMY HOSPITAL	*359	359
ORANGE REGIONAL MEDICAL CENTER	0699	351
ORANGE REGIONAL MEDICAL CENTER - MIDDLETOWN CAMPUS	0686	354
ST ANTHONY COMMUNITY HOSPITAL	0704	363
ST LUKES CORNWALL HOSPITAL/ CORNWALL	0698	352
ST LUKES CORNWALL HOSPITAL/ NEWBURGH	0694	357
PUTNAM		
PUTNAM HOSPITAL CENTER	0752	392
ROCKLAND		
GOOD SAMARITAN HOSPITAL OF SUFFERN	0779	431
HELEN HAYES HOSPITAL	0775	437
NYACK HOSPITAL	0776	436
SULLIVAN		
CATSKILL REGIONAL MEDICAL CENTER	0971	796
ULSTER		
BENEDICTINE HOSPITAL	0989	551
ELLENVILLE REGIONAL HOSPITAL	1002	552
KINGSTON HOSPITAL	0990	553
WESTCHESTER		
BLYTHEDALE CHILDRENS HOSPITAL	1138	821
WINIFRED MASTERTON BURKE REHABILITATION HOSPITAL	1046	820
CASTLE POINT VA HOSPITAL		
ST JOHNS RIVERSIDE HOSPITAL-DOBBS FERRY PAVILLION	1124	804
HUDSON VALLEY HOSPITAL CENTER	1039	825
LAWRENCE HOSPITAL CENTER	1122	806
MONTROSE VA HOSPITAL	*805	805
MOUNT VERNON HOSPITAL	1061	808
NORTHERN WESTCHESTER HOSPITAL	1117	810
PHELPS MEMORIAL HOSPITAL ASSN	1129	812
MONTEFIORE NEW ROCHELLE	1072	809
ST JOHNS RIVERSIDE HOSPITAL – ST JOHN'S DIVISION	1097	814
ST JOHNS RIVERSIDE HOSPITAL - PARK CARE PAVILION	1099	818
ST JOSEPHS MEDICAL CENTER	1098	815
ST JOSEPH'S MEDICAL CENTER – ST VINCENTS WESTCHESTER DIVISION	1133	824
WESTCHESTER MEDICAL CENTER	1139	803
WHITE PLAINS HOSPITAL CENTER	1045	817

Others :

TOMPKINS	PFI	EMS
CAYUGA MEDICAL CENTER AT ITHACA	0977	542

Appendix VI – Instructions for Data Abstraction from New York State EMS Pre-Hospital Report

#	Location	Prompt	Trauma Registry Field	
1	Upper left corner	MM DD YY Date of call	Date called	Date EMS was called
2	Top, right	----- Agency	Transport agency	EMS agency providing care
3		Vehicle type	Mode of transport	Method of transport
4	Upper right	CALL REC'D	Time called	Time EMS was called
5	Upper right	ENROUTE	Time left for scene	Time EMS left for scene
6	Upper right	AT SCENE	Time at scene	Time EMS arrived at scene
7	Upper right	FROM SCENE	Time departed scene	Time EMS departed scene
8	Upper right	AT DESTIN.	Destination time	Time EMS arrived at final destination
9	Top right	No prompt, circles: residence, health, etc...	Place of occurrence	ICD-9 location code of injury
10	Middle right	Seat Belt Used?	Protective Devices	
11	Lower half, starting at left and moving to right	Vital signs: Time	Time of vitals	
12	Lower half, starting at left and moving to right	Resp Rate:	Respiratory Rate	
13	Lower half, starting at left and moving to right	Pulse	Heart Rate	
14	Lower half, starting at left and moving to right	BP	Systolic BP	Above the line
15	Lower half, starting at left and moving to right	BP	Diastolic BP	Below the line.
16	Lower half, starting at left and moving to right	GCS _____ Total score	Glasgow Coma Score	
17	Bottom half, left	Objective physical assessment	SaO2	If SaO2 is noted, it is often written here.

18	Lower third	Treatment Given	Treatments	
19	Bottom center	DISP CODE -- -	Actual destination	Hospital code to which patient was transported.

The PCR/ACR can be useful in determining the circumstances of injury. Often the PCR/ACR can assist in the following fields:

- Location of injury, city, state, county
- Date and time of injury, time from injury to ED
- Is this work related injury?
- Place of occurrence code of injury
- E-code of injury

Patient demographic information is recorded on the PCR/ACR, but is probably best collected from the hospital admission sheet.

Appendix VII – Summary of Field Changes

Data dictionary Changes effective **7/1/2014**

Key: **Red** indicates NYSTR data element being kept
Green indicates NYSTR data element being deleted
Blue indicates new data element

Common null values: Not Applicable
 Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSSStatus	FieldValues	Notes
Demographics	Admission Date	Date of admission to final hospital	REQUIRED	REQUIRED	MM/DD/YYYY	Moved to “ED Information”, equivalent to: NTDB “ED Discharge Date”. YYYY/MM/DD NTDB format
Demographics	Admission Time	Time of admission to final hospital	REQUIRED	REQUIRED	HH:MM Military Time	Moved to “ED Information”, equivalent to: NTDB “ED Discharge Time”
Demographics	Medical Record Number	The patient’s medical record number that is reported to SPARCS	REQUIRED	NOT REQUIRED	Relevant value for data element	
Demographics	Trauma Number	The patient’s encounter or visit number				Deleted
Demographics	Date of Birth	The patient’s date of birth	REQUIRED	REQUIRED	MM/DD/YYYY	YYYY/MM/DD NTDB format
Demographics	Age	The patient’s age at the time of injury	REQUIRED	REQUIRED	Relevant value for data element	

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Demographics	In	The time unit in which the value for age is calculated	REQUIRED	REQUIRED	Years, Months, Weeks, Days	Renamed "Age Units" per NTDB & new NTDB picklist: Hours, Days Months, Years
Demographics	Sex	Patient's sex	REQUIRED	REQUIRED	M or F	New NTDB picklist: 1- Male, 2- Female
Demographics	Race (up to two)	Patient's race	REQUIRED	REQUIRED	White; Black; Asian or Pacific; Indian/Esk/Ale; Other	NTDB picklist :1 –Asian; 2- Native Hawaiian or other Pacific Islander; 3- Other Race; 4-American Indian; 5 – Black or African American; 6- White
Demographics	Hispanic?	Patient's ethnicity	REQUIRED	REQUIRED	Y or N	Renamed "Ethnicity" as per NTDB. Picklist changed to NTDB:1- Hispanic or Latino 2 – Not Hispanic or Latino
Demographics	Zip	Patients home zip code	REQUIRED	REQUIRED	Relevant value for data element	Renamed "Pt's Home Zip Code" as per NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Demographics	City	Patient's home city	REQUIRED	REQUIRED	Relevant value for data element	Renamed "Patient's Home City" as per NTDB
Demographics	County	Patient's home county	REQUIRED	REQUIRED	Relevant value for data element	Renamed "Patient's Home County" as per NTDB
Demographics	State	Patient's home state	REQUIRED	REQUIRED	Two character state code; not applicable	Renamed "Patient's Home State" as per NTDB
Demographics	Patient's Home Country	The country where the patient resides	REQUIRED	REQUIRED	2 digit alpha country code	New field
Demographics	Alternate Home Residence	Documentation of the type of patient without a home zip code	REQUIRED	REQUIRED		New field w/picklist: 1- Homeless; 2- Undocumented Citizen; 3- Migrant Worker; 4- Foreign Visitor
Demographics	Patient's first name	The patient's first name	REQUIRED	NOT REQUIRED	Relevant value for data element	New field required for matching
Demographics	Patient's last name	The patient's last name	REQUIRED	NOT REQUIRED	Relevant value for data element	New field required for matching
Demographics	Patient's SS#	The last 4 digits of the patients social security #	REQUIRED	NOT REQUIRED	Relevant value for data element	New field required for matching

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details (RENAMED "INJURY INFORMATION" AS PER NTDB)	Injury Date	Date of Incident	REQUIRED	REQUIRED	MM/DD/YYYY	Renamed "Injury Incident Date" as per NTDB. YYYY/MM/DD NTDB format
Injury Details	Injury Time	Time of Incident	REQUIRED	REQUIRED	HH:MM Military Time	Renamed "Injury Incident Time" as per NTDB
Injury Details	Time Between Injury & ED	Time between injury and arrival at first hospital				Deleted - Calculatable
Injury Details	Care in Progress	Type of care in progress when EMS arrived				Deleted
Injury Details	County of Injury	County in which injury occurred	REQUIRED	REQUIRED	Pick list for New York State counties	Renamed "Incident County" as per NTDB
Injury Details	Location Code of Injury	EMS location code				Deleted – City & postal code captured
Injury Details	Fall Height	The distance in feet the patient fell, measured from the lowest point of the patient to the ground	REQUIRED	NOT REQUIRED	0 – 200; Not applicable, Not Known/Not Recorded	Renamed "Height of Fall"
Injury Details	Extraction Performed?	Did this patient require extraction from vehicle or injury location?				Deleted – no longer captured on ePCR
Injury Details	Minutes	How long did extraction take?				Deleted – no longer captured on ePCR

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Work-Related Injury?	Indicates if the patient was working or at work when the injury producing event occurred	REQUIRED	REQUIRED	Y or N	Renamed "Work-Related" as per NTDB. Picklist changed: 1 – Yes; 2 – No
Injury Details	Place of Occurrence Code	Location of where injury occurred E849.0 – E849.9	REQUIRED	REQUIRED	Home; Farm; Mine or Quarry; Industrial; Recreation or Sport; Street or Highway; Public Building; Residential Institution; Other Specified Place; Other Unspecified Place	Information captured under "ICD-9 Place of Occurrence External Cause Code" & "ICD-10 Place of Occurrence External Cause Code", picklist changed: 0- Home, 1- Farm, 2- Mine, 3- Industry, 4- Recreation, 5- Street, 6- Public Building, 7- Residential Institution, 8 Other, 9- Unspecified

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Protective Devices	Protective devices in use at time of injury	REQUIRED	REQUIRED	A/B Deployed; A/B Not Deployed; A/B not present; A/B unknown; Seatbelt Used; S/B Not Used; S/B Unknown; Child Rest.Use; Helmet Used; Helmet Not Used; Helmet Unknown; None; NA	Picklist changed to NTDB: 1 – None; 2- Lap Belt; 3 – Personal Floatation Device; 4 – Protective non-clothing; 5 – Eye protection; 6 - Child restraint; 7 – Helmet (e.g., bicycle, skiing, motorcycle) 8 – Airbag present ; 9 - Protective clothing (e.g., padded leather pants); 10 – Shoulder belt; 11 – other Other choices available under “Child Specific Restraint” & “Airbag Deployment” in NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	ICD-9 E-Code	The ICD-9-CM external cause of injury code for the event that was most responsible for the principal anatomic injury to the patient	REQUIRED	REQUIRED	E800.0 – E999.1	Renamed “ICD-9 Primary External Cause Code” & “ICD-10 Primary External Cause Code” as per NTDB
Injury Details	Injury Class	Type of injury	REQUIRED	NOT REQUIRED	B or P	Changed to “Trauma Type” w/ new pick list: Blunt; Penetrating; Burn; Other Autofilled based on ICD – 9 code (CDC Matrix)
Injury Details	Patient’s Occupational Industry	Pt’s occupational industry at the time of the injury	REQUIRED	REQUIRED		New field
Injury Details	Patient’s Occupation	Pt’s occupation at the time of the injury	REQUIRED	REQUIRED		New field
Injury Details	ICD 9 Additional External Cause Code & ICD-10 Additional External Cause Code	Additional E-code to describe another external cause of injury such as mass casualty event	REQUIRED	REQUIRED		New field
Injury Details	Incident Location Zipcode	The zip code of the incident location	REQUIRED	REQUIRED		New field
Injury Details	Incident Country	The country where the incident took place	REQUIRED	REQUIRED		New field
Injury Details	Incident State	The state where the patient was found or to which the unit responded	REQUIRED	REQUIRED		New field

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury Details	Incident City	The city or township where the patient was found or to which the unit responded (or best approximation).	REQUIRED	REQUIRED		New field
Injury Details	Child Specific Restraint	Protective child restraint devices used by patient at the time of the injury	REQUIRED	REQUIRED		New field w/picklist: 1- Child Car Seat; 2- Infant Car Seat; 3- Child Booster Seat
Injury Details	Airbag Deployment	Indication of airbag deployment during a motor vehicle crash	REQUIRED	REQUIRED		New field w/picklist: 1- Airbag Not Deployed; 2- Airbag Deployed Front; 3- Airbag Deployed Side; 4- Airbag Deployed Other
Injury Details	Report of Physical Abuse	A report of suspected physical abuse was made to law enforcement &/or protective services	REQUIRED	REQUIRED		New field w/picklist: 1- Yes; 2-No
Injury Details	Investigation of Physical Abuse	An investigation by law enforcement &/or protective services was initiated because of the suspected physical abuse	REQUIRED	REQUIRED		New field w/picklist: 1- Yes; 2-No
Injury Details	Caregiver at Discharge	The patient was dischg'd to a caregiver different than the caregiver at adm due to suspected physical abuse	REQUIRED	REQUIRED		New field w/picklist: 1- Yes; 2-No

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR (RENAMED "PRE-HOSPITAL INFORMATION" AS PER NTDB)	PCR Form	From which PCR does this info come from?				Deleted
Prehospital #1-3 PCR	PCR Number	Number printed on PCR form				Deleted – PCRs no longer have numbers printed on them
Prehospital #1-3 PCR	Date Called	Date EMS was called	REQUIRED	REQUIRED	MM/DD/YYYY	Renamed "EMS Dispatch Date" as per NTDB. YYYY/MM/DD NTDB format
Prehospital #1-3 PCR	Time Called	Time EMS was called	REQUIRED	REQUIRED	HH:MM Military Time	Renamed "EMS Dispatch Time" as per NTDB
Prehospital #1-3 PCR	Time Left For Scene	The time unit transporting left for scene				Deleted
Prehospital #1-3 PCR	Time at Scene	Time EMS arrived at scene or transferring facility	REQUIRED	REQUIRED	HH:MM Military Time	Changed to "EMS Unit Arrival Time at Scene or Transferring Facility" as per NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR	Time Departed Scene	EMS unit departure time from scene or transferring facility	REQUIRED	REQUIRED	HH:MM Military Time	Renamed "EMS Unit Departure Time From Scene or Transferring Facility" as per NTDB
Prehospital #1-3 PCR	Destination Time	The time the unit transporting the patient to your hospital arrived	REQUIRED	REQUIRED	HH:MM Military Time	Moved to "ED Information-ED/Hospital Arrival Time"
Prehospital #1-3 PCR	Actual Destination	Destination Code of Facility to which patient was transported (EMS code)				Deleted. PFI # Captured in "ED/Hospital Information"
Prehospital #1-3 PCR	Transport Agency	The identification code of the agency that provided the care described on this ACR/PCR	REQUIRED	NOT REQUIRED	Four-Digit Agency Code: 0000-9999	Renamed "Service"

<p>Prehospital #1-3 PCR</p>	<p>Treatments:</p>	<p>Prehospital treatments provided to patient</p>	<p>REQUIRED</p>	<p>NOT REQUIRED</p>		<p>Picklist changed: <u>Airway Management-</u> (Airway cleared (includes suction); Assisted w/BVM; Alternative airway device; Endotracheal tube; Not performed), <u>Oxygen administered-</u> (Oxygen by cannula; Oxygen by mask; not performed), <u>Pre-hospital CPR-(CPR initiated by crew; CPR in progress; Not performed);</u> <u>Pre-hospital EKG-(yes; not performed)</u> <u>IV/IO fluids administered-</u> (IV fluids < or = 500; IV fluids 500-2000; IV fluids > or =</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						<p>2000; IO fluids < or = 500; IO fluids 500-2000; IO fluids > or = 2000; IV</p> <p>IV fluids attempted; IV fluids unknown amount; IO fluids attempted</p>

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						fluids attempted; IV fluids unknown amount; IO fluids attempted; IO fluids unknown amount; Not performed) <u>Immobilization</u> -(spine; limb(s); both spine & limb(s); Not performed) <u>Chest Decompression</u> -(Needle thoracostomy ; Tube thoracostomy ; Not performed) <u>Hemorrhage control</u> -(pressure; tourniquet; hemostatic dressing; pelvic binder; Not performed)

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital #1-3 PCR	Mode of Transport	Mode of transport	REQUIRED	REQUIRED	EMS ground; EMS air; Private; Police; Other	Renamed "Transport Mode" as per NTDB w/new picklist: 1- Ground ambulance; 2- Helicopter ambulance; 3- Fixed-wing ambulance; 4- Private/Public Vehicle/Walk-In; 5- Police; 6-Other
Prehospital #1-3 PCR	Transport Type					Deleted
Prehospital #1-3 PCR	Level of Certification					Deleted
Pre-Hospital Information	EMS Unit Arrival Date at Scene or Transferring Facility	The date the unit arrived on the scene/transferring facility	REQUIRED	REQUIRED	YYYY/MM/DD	New field
Pre-Hospital Information	EMS Unit Departure Date From Scene or Transferring Facility	The date EMS left the scene	REQUIRED	REQUIRED	YYYY/MM/DD	New field

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Pre-Hospital Information	Other Transport Mode	All other modes of transport during patient care event	REQUIRED	REQUIRED		New field w/picklist: 1- Ground ambulance; 2- Helicopter ambulance; 3- Fixed-wing ambulance; 4- Private/public vehicle/walk-in; 5-Police; 6- Other
Pre-Hospital Information	Arrived From	Where pt was transported from	REQUIRED	NOT REQUIRED		New field w/picklist: Scene; Referring hospital; Clinic/M.D. office; Jail; Home; Nursing home; Supervised Living; Urgent Care
Pre-Hospital Information	EMS Report Status	Status of PCR	REQUIRED	NOT REQUIRED		New field w/picklist: Not applicable; Complete; Incomplete; Missing; Not Known/Not Recorded

<p>Pre-Hospital Information</p>	<p>Trauma Center Criteria</p>	<p>Physiologic & anatomic EMS trauma triage criteria for transport to a trauma center as defined by the CDC & ACS-COT</p>	<p>REQUIRED</p>	<p>REQUIRED</p>	<p>New field w/picklist: 1- GCS < 14; 2- Systolic BP < 90 mm Hg; 3- Resp rate < 10 or > 29 (< 20 in infants aged < 1 yr) or need for ventilator support; 4- All penetrating injuries to head, neck, torso & extremities proximal to elbow or knee; 5- Chest wall instability or deformity; 6-2 or more proximal long-bone fx; 7-Crushed, degloved, mangled, or pulseless extremity; 8- Amputation proximal to wrist or ankle; 9- Pelvic Fx; 10- Open or depressed skull fx;</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						11-Paralysis

<p>Pre-Hospital Information</p>	<p>Vehicular, Pedestrian, Other Risk Injury</p>	<p>EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the CDC & ACS-COT</p>	<p>REQUIRED</p>	<p>REQUIRED</p>		<p>New field w/picklist: 1-Fall adults: > 20'; 2-Fall children: > 10' or 2-3 times the height of the child; 3-Crash intrusion, including roof: > 12" occupant site, > 18" an site; 4-Crash ejection (partial or complete) from vehicle; 5-Crash death in same passenger compartment ; 6-Crash vehicle telemetry data consistent w/high risk injury; 7-Auto v. pedestrian/bi cyclist thrown, run over, or > 20 mph impact; 8-Motorcycle crash</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						> 20 mph
Prehospital Vitals #1-3	Which PCR form?	PCR form VS were taken				Deleted
Prehospital Vitals #1-3	Vitals Number	Set of VS being entered				Deleted
Prehospital Vitals #1-3	Time of Vitals	Time VS taken				Deleted
Prehospital Vitals #1-3 (RENAMED "PRE-HOSPITAL INFORMATION" AS PER NTDB)	Pulse Rate	First recorded pulse (palpated or auscultated) expressed as a number per minute.	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Pre-Hospital Information" & renamed "Initial Field Pulse Rate" as per NTDB
Prehospital Vitals #1-3	Respiratory Rate	The first recorded respiratory rate per minute.	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Pre-Hospital Information" & renamed "Initial Field Respiratory Rate" as per NTDB
Prehospital Vitals #1-3	Abnormal?	Was unassisted resp rate abnormal?				Deleted
Prehospital Vitals #1-3	Pediatric Airway	How is airway maintained for pediatric pt?				Deleted
Prehospital Vitals #1-3	Systolic BP	The first recorded systolic blood pressure in mmHg	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Pre-Hospital Information" & renamed "Initial Field Systolic Blood Pressure" as per NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Prehospital Vitals #1-3	Diastolic BP	The first recorded diastolic blood pressure in mmHg.	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to "Pre-Hospital Information" & renamed "Initial Field Diastolic Blood Pressure"
Prehospital Vitals #1-3	SaO2	First recorded oxygen saturation.	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Pre-Hospital Information" & renamed "Initial Field Oxygen Saturation" as per NTDB
Prehospital Vitals #1-3	GCS	The Glasgow Coma Score	REQUIRED	REQUIRED	3-15	Moved to "Pre-Hospital Information" & renamed "Initial Field GCS-Total" as per NTDB
Prehospital Vitals #1-3	Evidence of GCS less than 15					Deleted
Prehospital Vitals #1-3	Revised Trauma Score					Deleted
Pre-Hospital Information	Initial Field GCS-Eye	First recorded Glasgow Coma Score (eye) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	New field
Pre-Hospital Information	Initial Field GCS-Verbal	First recorded Glasgow Coma Score (Verbal) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	New field
Pre-Hospital Information	Initial Field GCS-Motor	First recorded Glasgow Coma Score (motor) measured at the scene of injury	REQUIRED	REQUIRED	Relevant value for data element	New field

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Pre-Hospital Information	Inter-Facility Transfer	Was the pt transferred to your facility from another acute care facility?	REQUIRED	REQUIRED		New field w/picklist: 1 – Yes; 2 - No
Referring Hospital Information (NEW SECTION- consolidation of “First (Referring) Hospital ED Treatment” & all other “First Hospital” information)	Medical Record #	Medical Record # for this pt at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Transport Mode (formerly titled “Mode of Transport” under “Prehospital #1 PCR”)	Mode of transport	REQUIRED	NOT REQUIRED		New section w/picklist: 1- Ground ambulance; 2- Helicopter ambulance; 3- Fixed-wing ambulance; 4- Private/Public vehicle/Walk-in; 5-Police; 6- Other
Referring Hospital Information	PFI #	PFI # of referring hospital	REQUIRED	NOT REQUIRED	4 digit number	New section
Referring Hospital Information	Arrival Date	The date the pt arrived at the referring hospital	REQUIRED	NOT REQUIRED	YYYY/MM/DD	New section
Referring Hospital Information	Arrival Time	The time the pt arrived at the referring hospital	REQUIRED	NOT REQUIRED	HH:MM Military time	New section

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	Discharge Date	The date the pt was discharged from the referring hospital	REQUIRED	NOT REQUIRED	YYYY/MM/DD	New section Field previously named "First ED Exit Date"
Referring Hospital Information	Discharge Time	The time the pt was discharged from the referring hospital	REQUIRED	NOT REQUIRED	HH:MM Military time	New section Field previously named "First ED Exit Time"
Referring Hospital Information	Initial GCS-Eye	Eye component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial GCS-Verbal	Verbal component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial GCS-Motor	Motor component of Glasgow Coma Score	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial GCS-Total	GCS is the sum of the Eye, Motor and Verbal Scores. Range is from 3-15. This will be auto-calculated if scores have been entered for Eye, Motor and Verbal.	REQUIRED	NOT REQUIRED	3-15	New section

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	Initial GCS Assessment Qualifiers (expansion of previous field "Intubated during GCS?")	Factors that affect assessment of GCS.	REQUIRED	NOT REQUIRED		New section w/picklist: 1- Pt chemically sedated or paralyzed; 2- Obstruction to the pt's eye; 3- Patient intubated; 4- Valid GCS: Pt was not sedated, not intubated, and did not have obstruction to the eye
Referring Hospital Information	Initial Temperature	First body temperature in Celsius as measured in the referring Hospital ED	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial Systolic BP	The first systolic blood pressure in mmHg as measured in the referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial Diastolic BP	The first diastolic blood pressure in mmHg as measured at the referring hospital.	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial Pulse Rate	First recorded pulse in the referring hospital ED (palpated or auscultated) as a number per minute.	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial Respiratory Rate	First recorded respiratory rate at the referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	New section
Referring Hospital Information	Initial SaO2	First recorded oxygen saturation at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	New section

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Referring Hospital Information	ICD-9 Referring Hospital Procedures (previously captured through a picklist in "Treatment" field under "First (Referring) Hospital ED Treatment")	ICD-9 codes for procedures performed at referring hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	New section Replaces "Treatment" field in ("First (Referring) Hospital ED Treatment")
Final ED Assessment (RENAMED "EMERGENCY DEPARTMENT INFORMATION" AS PER NTDB)	Hospital PFI #	PFI # of the final hospital	REQUIRED	NOT REQUIRED	4 digit number	Moved to "Emergency Department Information" as per NTDB
Final ED Assessment	Arrival Date	The date the pt arrived at the final hospital's ED	REQUIRED	REQUIRED	MM/DD/YYYY	Moved to "Emergency Department Information" & changed to "ED/Hospital Arrival Date" as per NTDB, NTDB format of YYYY/MM/DD
Final ED Assessment	Arrival Time	The time the patient arrived at the final hospital's ED	REQUIRED	REQUIRED	HH:MM Military time	Moved to "ED/Hospital Department Information" & renamed "ED/Hospital Arrival Time"

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Prior Trauma Phase					Deleted
Final ED Assessment	Time of Vitals					Deleted
Final ED Assessment	Abnormal?	Is the unassisted respiratory rate abnormal?				Deleted
Final ED Assessment	Unassisted Respiratory Rate	Pt's initial respiratory rate	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Respiratory Rate"
Final ED Assessment	SaO2	First recorded oxygen saturation in the ED/hospital (expressed as a percentage)	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Oxygen Saturation"
Final ED Assessment	Pulse Rate	First recorded pulse in the ED/hospital (palpated or auscultated), expressed as a number per minute	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Pulse Rate"
Final ED Assessment	Pediatric Airway	For Patients under age 13, how is airway maintained				Deleted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Systolic BP	First recorded systolic blood pressure in the ED/hospital	REQUIRED	REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital Systolic Blood Pressure”
Final ED Assessment	Diastolic BP	First recorded diastolic blood pressure in the ED/hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital Diastolic Blood Pressure”
Final ED Assessment	Eye Opening	Eye component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital GCS-Eye”
Final ED Assessment	Verbal Response	Verbal component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital GCS-Verbal”

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Motor Response	Motor component of Glasgow Coma Score	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Motor"
Final ED Assessment	GCS	Total GCS	REQUIRED	REQUIRED	3-15	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital GCS-Total"
Final ED Assessment	Intubated during GCS?	Was patient intubated during GCS?				Deleted, information captured in Initial ED/Hospital GCS Assessment Qualifiers
Final ED Assessment	Evidence GCS < 15?					Deleted
Final ED Assessment	Revised Trauma Score (RTS)					Deleted
Final ED Assessment	Temp	Body temperature in Celsius as measured in the final hospital	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Temperature"
Final ED Assessment	In					Deleted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	Weight	Pt's weight	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Weight"
Final ED Assessment	In					Deleted
Final ED Assessment	Height	Pt's height	REQUIRED	REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Height"
Final ED Assessment	In					Deleted
Final ED Assessment	BMI					Deleted
Final ED Assessment	Lab result: HCT					Deleted
Final ED Assessment	Na+	Sodium level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to "ED/Hospital Department Information" & renamed "Initial ED/Hospital Laboratory Testing-Serum Sodium"

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Assessment	K +	Potassium level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital Laboratory Testing-Serum Potassium”
Final ED Assessment	Cl-	Chloride level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital Laboratory Testing-Serum Chlorides”
Final ED Assessment	CO2	Carbon Dioxide level as measured on arrival at the final hospital				Deleted
Final ED Assessment	HCO3	Bicarbonate level as measured on arrival at the final hospital	REQUIRED	NOT REQUIRED	Relevant value for data element	Moved to “ED/Hospital Department Information” & renamed “Initial ED/Hospital Laboratory Testing-Serum Bicarbonate”

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	Trauma Team Activated ? (Formerly titled "Activation Level")	The level of trauma team activation for this patient.	REQUIRED	NOT REQUIRED		New title & picklist: Not Activated; Level 1; Level 2; Consultation; Not Applicable; Not Known/Not Recorded
Emergency Department Information	Initial ED/Hospital Respiratory Assistance	Determination of resp assistance assoc w/initial ED/hospital resp rate within 30 mins or less of pt arrival	REQUIRED	REQUIRED		New field w/picklist: 1- Unassisted resp rate; 2- Assisted resp rate
Emergency Department Information	Initial ED/Hospital Supplemental Oxygen	Presence of supplemental oxygen during initial 30 mins	REQUIRED	REQUIRED		New field w/picklist: 1- No supplemental oxygen; 2- Supplemental oxygen

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	Alcohol Use Indicator	Use of alcohol by the patient	REQUIRED	REQUIRED		New field w/ picklist: Not applicable; 1- No (not tested); 2- No (confirmed by test); 3- Yes (confirmed by test [trace levels]); 4- Yes (confirmed by test [beyond legal limit]); Not Known/Not Recorded
Emergency Department Information	Drug Use Indicator	Use of drugs by the patient	REQUIRED	REQUIRED		New field w/picklist: Not Applicable; 1- No (not tested); 2- No (confirmed by test); 3- Yes (confirmed by test [prescription drug]); 4- Yes (confirmed by test [illegal use drug]); Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Emergency Department Information	ED Discharge Disposition	Disposition of the pt at the time of discharge from the ED	REQUIRED	REQUIRED		New field w/picklist: Not applicable; 1- Floor bed; 2- Observation unit; 3- Telemetry/step-down unit; 4- Home w/services; 5- Died/expired; 6- Other; 7- Operating rm; 8- ICU; 9- Home w/o services; 10- LAMA; 11- Transferred to another hsp
Emergency Department information	Signs of Life		REQUIRED	REQUIRED		New field w/picklist: 1 – Arrived with no signs of life; 2- Arrived with signs of life

Emergency Department information	ED Treatments	Treatments performed in the ED of the final hospital	REQUIRED	NOT REQUIRED		New field w/picklist: <u>Airway management</u> - (not performed; intubated; surgical airway); <u>CPR performed</u> - (not performed; CPR initiated; CPR in progress, continued); <u>Tourniquet</u> - (Applied; Arrived w/tourniquet; Not applied); <u>Chest tube</u> - (Performed; Not performed); <u>Thoracotomy</u> - (Performed; Not performed); <u>Blood & blood products</u> - (Packed red blood cells; FFP; Platelets; Massive blood transfusion protocol

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						initiated, cryoprecipitate)
Final ED Treatments	Specialty					Deleted
Final ED Treatments	Called					Deleted
Final ED Treatments	Arrived					Deleted
Final ED Treatments	Response time					Deleted
Final ED Treatments	Activation Level		REQUIRED	NOT REQUIRED		Moved to "ED Information" & renamed "Trauma Team Activated?" (SEE ABOVE)
Final ED Treatments	Treatment		REQUIRED	NOT REQUIRED		Moved to "ED Information" & renamed "ED Treatments" (SEE ABOVE)
Final ED Treatments	Study		REQUIRED	REQUIRED		Moved to "Hospital Procedure Information" and renamed "ICD-9 or 10 Hospital Procedures" as per NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Treatments	Results date		REQUIRED	REQUIRED		Moved to "Hospital Procedure Information" and renamed "Hospital Procedures Start Date"
Final ED Treatments	Result Time					Deleted
Final ED Treatments	Final ED Exit Date		REQUIRED	REQUIRED	MM/DD/YYYY	Moved to "ED Information" and renamed "ED Discharge Date" as per NTDB collected as YYYY/MM/DD
Final ED Treatments	Final ED Exit Time		REQUIRED	REQUIRED	HH:MM Military time	Moved to "ED Information" and renamed "ED Discharge Time" as per NTDB
Final ED Treatments	Final ED Disposition		REQUIRED	REQUIRED		Moved to "ED Information" & renamed "ED Discharge Disposition". Picklist changed to NTDB (SEE ABOVE)
Final ED Treatments	Next Trauma Phase					Deleted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Final ED Treatments	Number of Hours in ED					Deleted
Direct Admits	Direct Admit Patient?					Deleted
Direct Admits	Hospital PFI Code?					Deleted
Direct Admits	SaO2?					Deleted
Direct Admits	Systolic BP					Deleted
Direct Admits	Respiratory Rate					Deleted
Direct Admits	Eye Opening					Deleted
Direct Admits	Verbal Response					Deleted
Direct Admits	Motor Response					Deleted
Direct Admits	GCS					Deleted

<p>Pre-existing conditions (NO LONGER A STAND ALONE SECTION)</p>	<p>Pre-Existing Condition</p>	<p>Conditions the pt had on arrival to the hospital</p>	<p>REQUIRED</p>	<p>REQUIRED</p>	<p>None; Alcoholism; Ascites hx; Bleeding d/o; Chemotherapy hx; Congenital anomalies; CHF; Smoker; Dialysis; S/p CVA; DM, Diss cancer; DNR; Esop. varices; Dep health status; Angina hx; MI hx 6 mos; PVD hx; HTN on med; AH MS; Prematurity; Obesity; Resp disease; Steroid use</p>	<p>Renamed “Co-Morbid Conditions” and moved to “Diagnosis Informantion” as per NTDB. Picklist changed to: 2- Alcoholism; 3- Ascites w/in 30 days; 4-Bleeding d/o; 5- Currently receiving chemo for cancer; 6- Congenital anomalies; 7- CHF; 8- Current smoker; 9- Chronic renal failure; 10- CVA/residual neurological deficit; 11- DM; 12- Disseminated cancer; 13- Advanced directive limiting care; 14- Esophageal varices; 15- Functionally dependent</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						health status; 16 h/o angina w/in 30 days; 17 h/o MI; 18 history of PVD; 19 HTN requiring medication; 20
						21- Prematurity; 22-Obesity; 23- Respiratory disease; 24- Steroid use; 25-Cirrhosis; 26-Dementia; 27-Major psychiatric illness; 28- Drug abuse or dependence; 29-Pre-hsp cardiac arrest w/resuscitativ e efforts by healthcare provider; 1- Other

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Treatments (RENAMED “HOSPITAL PROCEDURE INFORMATION” AS PER NTDB)	Date	The date for every procedure	REQUIRED	REQUIRED	MM/DD/YYYY	Moved to “Hospital Procedure Information” & renamed “Hospital Procedure Start Date” as per NTDB w/NTDB format of YYYY/MM/DD
Treatments	Start Time	Time of Procedure	REQUIRED	REQUIRED	HH:MM Military time	Moved to “Hospital Procedure Information” & renamed “Hospital Procedure Start Time” as per NTDB
Treatments	ICD-9	Procedures performed during this hospitalization	REQUIRED	REQUIRED	Relevant value for data element	Moved to “Hospital Procedure Information” & renamed “ICD-9 or 10 Hospital Procedures” as per NTDB
Treatments	Proc Text					Deleted
Injury – SPARCS (RENAMED “INJURY SEVERITY INFORMATION” AS PER NTDB)	ICD-9	Injury diagnoses	REQUIRED	REQUIRED	Relevant value for data element	Moved to “Diagnoses Information” & renamed “ICD-9 or 10 Injury Diagnoses” as per NTDB

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Injury - SPARCS	AIS Value	AIS value for each injury	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Injury Severity Information" & renamed "AIS Severity" as per NTDB
Injury - SPARCS	Body Part	Body part injured	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Injury Severity Information" & renamed "ISS Body Region" as per NTDB
Injury - SPARCS	Injury ICD-9 Text					Deleted
Injury - SPARCS	Injury Severity Score		REQUIRED	REQUIRED	Relevant value for data element	Moved to "Injury Severity Information" & renamed "Locally Calculated ISS" as per NTDB
Injury - SPARCS	Probability of Survival					Deleted
Injury - SPARCS	New ISS					Deleted
Injury Severity Information	AIS Predot Code	AIS PreDot codes that reflect pt's injuries	REQUIRED	REQUIRED		New field
Injury Severity Information	AIS version	Software used to calculate AIS severity codes	REQUIRED	REQUIRED		New field

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Non Injury SPARCS (NO LONGER A STAND ALONE CATEGORY)	ICD-9 code for non-injury diagnoses		REQUIRED	REQUIRED		Moved to "Diagnoses Information" & renamed "ICD-9 & 10 Injury Diagnoses"
Non Injury SPARCS	Non-Injury ICD-9 Text					Deleted

<p>Non injury SPARCS (RENAMED "QUALITY ASSURANCE INFORMATION" AS PER NTDB)</p>	<p>Complications</p>	<p>Any complication that occurred during the pt's stay</p>	<p>REQUIRED</p>	<p>REQUIRED</p>	<p>Abd wnd dehiscence; Ac renal failure; Arrhythmia; Arterial occlusion; Cholecystitis; Coagulopathy; CHF; Decubitus; DVT-central vein; DVT-lwr extremities; Empyema; Encephalopathy; Enteric cutaneous fistula; Evisceration; Hemothorax; Hyperbilirubinemia; Intra-abd abscess; Liver failure; MI; None; Other abscess; Pneumonia; Pneumothorax; Post-hemorrhage anemia; Pseudomembranous colitis; Resp failure; Rhabdomyolysis; Sepsis-like syndrome; Septicemia; Shock; SBO; Stroke; UTI</p>	<p>Moved to "Quality Assurance Information" & picklist changed to: 4- Ac kidney injury; 5- Acute lung injury/ARDS; 8-Cardiac arrest w/resuscitative efforts by healthcare provider; 11- Decubitus ulcer; 12- Deep surgical site infection; 13-Drug or alcohol withdrawal syndrome; 14- DVT/thrombophlebitis; 15- Extremity compartment syndrome; 16- Graft/prostheses/flap failure; 18- MI; 19- Organ/space surgical site infection; 20- Pneumonia; 21-PE; 22-</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						CVA; 23- superficial surgical site infection; 25 unplanned intubation; 27 UTI; 28 catheter- related blood stream infection; 29 osteomyelitis ; 30 unplanned return to the OR; 31 unplanned return to the ICU; 32 severe sepsis; 1 other
						Related blood stream infection; 29- Osteomyelitis ; 30- Unplanned return to the OR; 31- Unplanned return to the ICU; 32- Severe sepsis; 1- Other

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Modifications (NO LONGER A CATEGORY)						Deleted- modifications no longer necessary for matching
Discharge (RENAMED "OUTCOME INFORMATION" AS PER NTDB)	Final Outcome					Deleted
Discharge	Discharge Date	The date the patient was discharged from the final hospital	REQUIRED	REQUIRED	MM/DD/YYYY	Moved to "Outcome Information" & renamed "Hospital Discharge Date" w/NTDB format of YYYY/MM/DD
Discharge	Discharge Time	The time the patient was discharged from the final hospital	REQUIRED	REQUIRED	HH:MM Military time	Moved to "Outcome Information" and renamed "Hospital Discharge Time" as per NTDB
Discharge	Length of Stay (Days)					Deleted
Discharge	Prior Trauma Phase					Deleted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Discharge Disposition	Where the patient went after discharge	REQUIRED	REQUIRED	Home, No svc; Home w/svc; AMA; Homeless; Prison/jail; Foster care; Died-full code; Died-withdrawal of care; Died-DNR/DNI; Died-brain death; Died-unknown; Ac rehab; Sub ac rehab; TBI rehab; SCI rehab; SNF; New SNF; Other hospital inpt; Other hospital ED; Inpt psych care; Out of state transfer	Moved to “Outcome Information” and renamed “Hospital Discharge Disposition”. Picklist changed to: 1- Dischg’d/transferred to short-term general hsp; 2- Dischg’d/transferred to an ICF; 3- Dischg’d/transferred to home under organized home health service; 4- Left AMA; 5- Expired; 6- Dischg’d home w/no home services; 7- Dischg’d/transferred to SNF; 8- Dischg’d/transferred to hospice care;

						<p>10- Dischg'd/transferred to court/law enforcement;</p> <p>11- Dischg'd/transferred to inpt rehab or designated unit;</p> <p>12- Dischg'd/transferred to LTC hospital;</p> <p>13- Dischg'd/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital;</p> <p>14- Dischg'd/transferred to another type of institution not defined elsewhere;</p> <p>Homeless/shelter; Foster care; Died-full code; Died-withdrawal of care; Died-DNR/DNI; Died-brain death; TBI rehab;</p>
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Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
						Spinal cord injury rehab; SNF (return to SNF); New SNF; Out of state transfer; Alternate level of care status
Discharge	Eye Opening					Deleted
Discharge	Verbal Response					Deleted
Discharge	Motor Response					Deleted
Discharge	GCS		REQUIRED	REQUIRED	3-15	Moved to "Outcome Information" & renamed "GCS at Time of Discharge"
Discharge	Locomotion	Locomotion disability at discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 2	Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not applicable; 1 Dependent-Total Help; 2- Dependent-Partial Help; 3- Independent w/Device; 4- Independent; Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Expression	Expression disability at discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 5	Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not Applicable; 1 Dependent- Total Help; 2- Dependent- Partial Help; 3- Independent w/Device; 4- Independent; Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge	Feeding	Feeding disability at time of discharge	REQUIRED	NOT REQUIRED	Independent; Indep w/dev; Dep/part help; Dep/tlt help; Age < 3	Moved to "Outcome Information" under "Disability at Discharge" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded
Outcome Information	FIM score	A score calculated to derive a baseline of trauma patient disability at discharge using scores re: feeding, locomotion & expression	REQUIRED	NOT REQUIRED		Moved to "Outcome Information" under "Disability at Discharge"-autocalculated

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Feeding	Feeding disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		Moved to "Outcome Information" under "Disability at Admission" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Locomotion	Locomotion disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		Moved to “Outcome Information” under “Disability at Admission” w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Outcome Information	Expression	Expression disability prior to injury that lead to this admission	REQUIRED	NOT REQUIRED		Moved to "Outcome Information" under "Disability at Admission" w/picklist: Not Applicable; 1 Dependent-Total Help; 2-Dependent-Partial Help; 3-Independent w/Device; 4-Independent; Not Known/Not Recorded
Outcome Information	FIM Score	A score calculated to derive a baseline of trauma patient disability at discharge using scores re: feeding, locomotion & expression	REQUIRED	NOT REQUIRED		Moved to "Outcome Information" under "Disability at Admission"-autocalculated

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
Discharge (THIS FIELD MOVED TO "FINANCIAL INFORMATION" PER NTDB)	Primary payor		REQUIRED	REQUIRED	Blue Cross; Champus/VA; Commercial; Corrections; HMO; Medicaid; Medicaid pend; Medicare; No charge; No Fault; None documented; Oth Gov't; Other; Self Insured; Self-Pay; Worker's Comp	Moved to "Financial Information" & renamed "Primary Method of Payment" as per NTDB. Picklist: 1- Medicaid; 2- Not Billed; 3- Self Pay; 4- Private/Com mercial Insurance; 5- No Fault Automobile; 6-Medicare; 7-Other Gov't; 8- Worker's Compensatio n; 9-Blue Cross/Blue Shield; 10- Other
Discharge	Secondary Payor					Deleted
ICU (NO LONGER SEPARATE SECTION, UNDER "OUTCOME INFORMATION" PER NTDB)	Special Care Unit					Deleted
ICU	Hospital					Deleted

Section	FieldName	Definition	StateStatus	NTDSStatus	FieldValues	Notes
ICU	ICU Stay	How many days was the patient in ICU?	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Outcome Information" & renamed "Total ICU Length of Stay" as per NTDB
ICU	Ventilation Days	Number of days patient mechanically ventilated	REQUIRED	REQUIRED	Relevant value for data element	Moved to "Outcome Information" & renamed "Total Ventilator Days" as per NTDB
QA	QA Issue					Deleted
QA	Hospital PFI No.					Deleted
QA	QA Text					Deleted
Download to SPH	Is the Record Complete?					Deleted
Download to SPH	SPH?					Deleted

Date in effect	Change	Page #	STAC date	Comment
January 2011	Added “FFP, PRBC, Platelets” in treatment picklist under Referring ED, Final ED	p97, p208	09/2010	Change approved for immediate implementation 9/10
January 2011	Added fields for “GCS eye, GCS verbal, GCS motor score” in PCR	p58, p59, p60	09/2010	Change approved for immediate implementation 9/10
January 2011	Deleted “Care in progress” in PCR, Referring Hospital, and Final ED		09/2010	Change approved for immediate implementation 9/10
January 2011	Deleted “Level of Certification” in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	Deleted “Is the unassisted respiratory rate abnormal?” in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	Deleted “Pediatric Airway” in PCR page		09/2010	Change approved for immediate implementation 9/10
January 2011	Deleted “Prior Trauma Phase” before Discharge		09/2010	Change approved for immediate implementation 9/10
January 2010	Added “Na, K, Cl, CO ₂ (HCO ₃)” in Referring ED and Final ED	p93-97, p262-266	09/2009	Change approved for 2010 data
January 2010	Added “Tourniquet” in treatment pick lists under Prehospital, ED, Referring ED	p48, p100, p264	09/2009	Change approved for 2010 data
April 2009	Deleted NYSTR List 2		04/2009	Change approved for immediate implementation 4/09
January 2009	Change “Prehospital treatment” picklist to shorten the field choices	p47, App. VI	02/28/2008	Change approved for immediate implementation 9/08
January 2009	Change “ED/TRA treatment” picklist to add “surgical airway and units of PRBC”	p99, 263	02/28/2008	Change approved for immediate implementation 9/08
January 2009	Change “Discharge disposition”n to include details of circumstances of death	P154, App. XII	02/28/2008	Change approved for immediate implementation 9/08
January 2009	Change “ED Disposition” to include NTDS resuscitation descriptions at time of ED death	p105, 269	02/28/2008	Change approved for immediate implementation 9/08

January 2008	Changed Exclusion Form: altered choices to one of 8	App. IV pg309	09/2007	To provider clearer instruction and fewer choices
January 2008	Changed “Discharge disposition” picklist choices: Added subacute rehabilitation, inpatient psychiatric	154 See App. XII p 340	09/2007	
January 2008	Added “GCS motor, GCS eye and GCS verbal scores” for direct admissions	114,115,116 282,283,284	09/2007	Prior to change, only total GCS was collected for direct admissions
January 2008	Changed Birthday to Date of Birth		NA	Consistent with NTDS
January 2008	Changed “Mode of Transport”picklist	48, 188, 217	09/2007	Change approved for immediate implementation 9/08
January 2007	Replaced “Pre-existing conditions” with NTDS Comorbid Condition list	119 See App. X page 330	09/2007	For compliance with NTDS. STAC approved \$3000 to support mapping of old data to new. DOH unable to fund.
January 2007	Replaced “Complication” picklist with NTDS Complication list	136 See App. XI p335	09/2007	For compliance with NTDS
January 2007	Added field for “Trauma Team Activation Level”	98	03/2006	
January 2007	Added field for “Body Mass Index” (Note: with this addition, height and units of height are no longer required)		03/2006	
January 2007	Added “Ventilator Days”	168		
January 2007	Changed ED and TRA treatment picklists (removed ATLS and ACLS and mover aortography)	99, 265	05/2007	
January 2007	Changed Radiology Study picklist (added Ultrasound, aortography, MRI and ECHO)	100, 266	05/2007	
January 2007	Deleted Field was weight actual or estimated		03/2006	
January 2007	Added ICD9 Codes 958.90.93 and .99		10/2006	
January 2007	Changed Time Between Injury and ED picklist	24	03/2006	Clinical relevance

October 2006	Added ICD9 958.4, 958.90-958.93, 958.99 to NYSTR List 1	313	10/2006	
January 2006	Added Field for Sa02 to all vital signs: prehospital, referring hospital and trauma receiving area.	61,73,201, 230,244	06/2005	
January 2006	Added Field: Is this a work related injury	31	06/2005	For compliance with NTDS
	Changed prehospital treatment picklist to reflect volume of IVF administered: < 500 cc; 5011000 cc; > 1000 cc or unknown			
January 2006	Changed Discharge Disposition picklist	154	2005	Again changed in 2008
January 2006	Changed Special Care picklists to add CT, NI, MC and SD	165, 289	03/2007 and 11/2006	
January 2006	Changed Care in Progress picklist (from 32 data points to 4)	25	03/2006	
2006	Delete BP measured by	348	03/2006	
2006	Delete			
June 2005	Added ICD9 865.09, 865.19 in NYSTR List1	313	06/2005	
2004	Deleted field DOA?	344	2005	NYSTR seeks to collect info on deaths from trauma in the ED
2004	Deleted field Patient Status from PCR Critical / Stable /	342	2005	Other prehospital fields provide less subjective information.
2004	Deleted Level of Consciousness from PCR / ACR AVPU	343	2005	Prehospital GCS is a field that is more accurate