STATE OF NEW HAMPSHIRE

TRAUMA MEDICAL REVIEW COMMITTEE

NEW HAMPSHIRE TRAUMA DATA STANDARD:
DATA DICTIONARY | 2018

APPROVED: DECEMBER 2017
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# NEW HAMPSHIRE TRAUMA DATA STANDARD | 2018

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Injury Information

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**Dictionary Overview:**

**Introduction:**

The New Hampshire Trauma Data Standard (NHTDS) represents the culmination of many years of work by the all-volunteer Trauma Medical Review Committee (TRMC). Together with the New Hampshire Bureau of Emergency Medical Services, the TRMC is responsible for the administration of the State of New Hampshire Trauma System. The NHTDS and the New Hampshire Trauma Registry (NHTR) are the hallmarks of the collaborative trauma system improvement and high patient care standards for which the TRMC stands. This Data Dictionary is designed to be a resource for trauma registrars and trauma program managers who submit data to the NHTR directly or by digital upload.

The NHTDS and this Data Dictionary are designed as a companion to the National Trauma Data Standard (NTDS) which is published by the American College of Surgeons. The NHTDS collects all of the required elements listed in the National Trauma Data Bank (NTDB) plus many additional items which the TMRC believes are necessary to Trauma System Improvement in the State of New Hampshire. NTDS standards and data dictionary can be found at: [https://www.facs.org/quality-programs/trauma/ntdb/ntds/about-ntds](https://www.facs.org/quality-programs/trauma/ntdb/ntds/about-ntds).

**Field Values:**

All required fields must be non-blank. This can be accomplished by either entering a Common Null Value (CNV) or a Real Value (RV). Some required fields accept “Not Known/Reported” but do not accept “Not Applicable (N/A)”. Optional fields for direct data entry agencies may allow a “blank” however; all effort should be made to enter a RV or CNV in these fields.
**Required Fields:**

In the NHTDS, required fields are those fields which are required by the NTDS and/or those fields which the TMRC deemed necessary for statewide trauma system improvement. Failure to complete these fields will result in a validation score less than 100% for those organizations that directly enter data into the NHTR, and record rejection for those agencies that digitally upload data into the NHTR. Required Fields are highlighted in purple on each individual data element page. Fields that are not designated as required are not collected from all agencies, but remain active for those agencies that directly enter data into the NHTR as their only trauma registry.

**Suggested Data Source Hierarchy:**

With the exception of EMS specific fields, The New Hampshire Bureau of EMS and TMRC recommend the following Data Source Hierarchy:

- Face Sheet/Billing Sheet
- Admission Form
- Triage/Trauma Flow Sheet
- History & Physical
- Case Management/Social Services Notes
- Lab Results
- Pharmacy Records
- EMS Run Report

**REPORTING REQUIREMENTS:**

**Reporting Overview:**

All designated trauma centers within the New Hampshire Trauma System are required to submit data to the NHTR. This can be accomplished in two ways:

1. Direct Data entry into the NHTR by trauma registrars
2. Digital Upload (data dumping) by hospital registry software into the NHTR
The NHTR is built by ImageTrend, and maintained by New Hampshire Bureau of EMS staff. All questions or issues regarding NHTR access and data entry should be directed to: Gerard Christian, Clinical Systems Program Coordinator: 603-223-4200 | trauma@dos.nh.gov

Patient & Reporting Agency Confidentiality:

The TRMC and New Hampshire Bureau of EMS recognize the concerns for patient confidentiality that Hospital administrators and risk managers have, particularly regarding the reporting of patient names and dates of birth. The collection of this data by the Bureau of EMS and the maintenance of patient confidentiality are addressed in State Law.

RSA 21-P:12-b(g) Regarding Bureau of EMS Authority:

“Establish a data collection and analysis capability that provides for the evaluation of the emergency medical and trauma services system and for modifications to the system based on identified gaps and shortfalls in the delivery of emergency medical and trauma services. The data and resulting analysis shall be provided to the bodies established under this chapter, provided that such use does not violate the confidentiality of recipients of emergency medical care. The provisions of RSA 126 shall be followed with regard to other uses of this data for research and evaluation purposes, and for protecting the confidentiality of data in those uses. All analyses shall be public documents, provided that the identity of the recipients of emergency medical care are protected from disclosure either directly or indirectly”.

RSA 126:24-b,c,d Regarding Collection, Use, & Protection of Confidential Patient Data:

“The bureau of health statistics and data management within the department is designated the health statistics center of New Hampshire in accordance with Public Law 95-623 section V(c)(1). The bureau is authorized to coordinate and disseminate health-related information for the purposes of protecting public health while adhering to privacy requirements. In carrying out its
duties, the department shall use the minimum amount of information that is reasonably necessary to protect the health of the public. The department shall have a direct and tangible interest in vital records data including personal identifiers. The secretary of state shall provide continuous electronic access to the department of the entire contents of the data files on a 24-hour, 7-day per week basis. If a means of electronic access becomes possible that will allow access at a faster rate, the department may utilize such new means of access, provided that it assumes the full cost of implementing the new means of access. Such access shall be provided in standard database format that establishes a remote electronic link from the secretary of state's office to the department that would not restrict the ability of the department to transfer data. However, under no circumstance shall any information relative to any adoption or any restricted record as determined by a court of law be provided to the department. All protected health information possessed by the department shall be considered confidential, except that the commissioner shall be authorized to provide vital record information to institutions and individuals both within and outside of the department who demonstrate a need for such information for the purpose of conducting health-related research. Any such release shall be conditioned upon the understanding that once the health-related research is complete that all information provided will be returned to the department or destroyed. All releases of information shall be consistent with the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and regulations promulgated thereunder by the United States Department of Health and Human Services (45 C.F.R. Part 160 and Part 164). This shall include the requirement that all proposed releases of vital records information to institutions and individuals both within and outside the department for the purposes of health-related research be reviewed and approved by the board, under RSA 126:24-e, before the requested information is released.”
RSA 153-A:4 II, VI, VII Regarding the TRMC’s Authority:

“Routinely assess the delivery of emergency medical services, based on information and data provided by the department and from other sources the board deems appropriate, with particular attention to the quality and availability of care. Approve statewide trauma policies, procedures, and protocols of the statewide trauma system and the establishment of minimum standards for system performance and patient care proposed by the commissioner prior to their adoption under RSA 541-A. Coordinate interstate cooperation and delivery of emergency medical and trauma services”.

The TMRC and New Hampshire Bureau of EMS also recognize the additional concerns of those facilities that enter data into the NHTR as their only trauma registry regarding the confidentiality of their Process Improvement, Peer Review, and TQIP data. Unless given permission from a Reporting Agency when requesting assistance for technical support, State NHTR administrators do not have access to view or utilize this data in any way. Additionally, none of the reports that State NHTR administrators can run include this data. The interests of the TMRC and the Bureau of EMS lie in the collection of data for statewide Trauma System Improvement, not for auditing reporting agency performance.

Inclusion Criteria:

To ensure the consistency of data submitted from hospitals across the State of New Hampshire, patients that meet the following parameters shall be considered a “trauma patient” and therefore included in the NHTR:

1. Patients who present to acute care with complaint of Traumatic Injury \textit{AND};

2. Meet inclusion criteria as defined by the ACS NTDS Data Dictionary (see ACS 2017 page iv) \textit{AND};
3. Present to acute care within twenty-one (21) days from date of injury **AND**: 
4. Were admitted to ANY inpatient unit, including the Operating room and patients held in the Emergency Department at times of patient surge
Data Submission Details:

Data Submission Timeframe:

The TMRC and New Hampshire Bureau of EMS have no formal timeframe for the submission of data to the NHTR. However, it is recommended that data be submitted at least quarterly as utilized by ACS for data submission to NTDB.

Data Verification for Agencies that directly enter data to the NHTR:

From within the Incident Report Form: Validation scores can be found under the wrench icon in the tool bar on the far right of the screen. Within this screen Registrars can see a description of the validation error messages (See photo left)

From the main “Incidents” tab screen: Validation scores are found in the far left column for each report (See photo right)

Data Verification for Agencies that digitally upload data to the NHTR:

It is the expectation of the TMRC and the New Hampshire Bureau of EMS that agencies that choose to maintain their own trauma patient registries shall ensure data accuracy and completeness prior to submission to the NHTR.

NHTR Incident Report Form Types:

Trauma Short Form (ICD-10)

The trauma short form satisfies the minimum NTDB requirements. It is ideal for Level IV facilities and those facilities beginning the data entry process.
Trauma Incident Form (ICD-10)

The standard trauma incident form satisfies all NTDB requirements and is ideal for any non-TQIP facility. This Data Dictionary follows the layout of this form.

Trauma + TQIP (ICD-10)

The Trauma + TQIP form is the standard form for any Level I or II facility and any facility who wishes to closely monitor process improvement.

**USEFUL TERMS & DEFINITIONS:**

**American College of Surgeons (ACS):** A scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. Through its Committee on Trauma, works to improve the care of injured and critically ill patients—before, en route to, and during hospitalization. Works to encourage hospitals to upgrade their trauma care capabilities and maintains a voluntary verification/consultation program for trauma centers.

**Common Null Value (CNV):** A place holder used to signify missing or unknown values (e.g. Not Applicable (N/A) or Not Known/Recorded)

**Data Dictionary:** A document which describes the process of data entry into a data registry. Also, a document which collects and defines a registry’s Data Elements

**Data Element:** Any unit of data defined for processing. (e.g. Patient Name, Injury Type, Diagnosis ICD-10 Code)

**Data Entry:** The way in which Real Values (RV) are entered into a data element field (e.g. Multi Select, Single Select, Yes/No, Date, Time, Date/Time, Free Text)

**Data Format:** The specific type of Real Value (RV) that the field requires (e.g. String (text), Integer (numbers), Date, Time)
Field Constraints: Limitations or Restrictions placed on a field (e.g. Invalid data format, too many or too few characters in a text field, assessment score does not equal appropriate range)

Field Values: The expected values for a given field (e.g. the date of a procedure in the correct format or other specific values as outlined in NTDS)

National Trauma Data Bank (NTDB): The nationwide, standardized registry of all trauma patients cared for at certified trauma centers in the United States. Administered and maintained by the American College of Surgeons (ACS).

National Trauma Data Standard (NTDS): A collection of all data elements and values which are required for inclusion into the National Trauma Data Bank (NTDB).

New Hampshire Bureau of Emergency Medical Services: A Branch of the Division of Fire Standards and Training and Emergency Medical Services; The agency responsible for the administration of the State of New Hampshire’s Emergency Medical Services System. Authority granted under RSA 21-P:12-b

New Hampshire Trauma Data Standard (NHTDS): A collection of all data elements and values which are required for inclusion into the New Hampshire Trauma Registry (NHTR). The minimum NHTDS elements are required by the National Trauma Data Standard (NTDS) and/or the New Hampshire Trauma Medical Review Committee.

New Hampshire Trauma Medical Review Committee (TRMC): An all-volunteer State committee which is responsible for the administration of the State’s Trauma System. Authority granted under RSA 153-A:8

New Hampshire Trauma Registry (NHTR): A standardized databank for all trauma patients cared for at certified trauma centers in New Hampshire
**Real Value (RV):** The information that the data element is looking for (e.g. date, weight, GCS score, ICD-10 Code, Patient Name). Any data that is *not* a CNV

**Record Occurrence:** Describes if a field must be filled in, and how many times in which it may be filled in. Expressed as a ratio where the first number denotes if the field is mandatory and the second number denotes if the field may be completed more than once. (e.g. 0:1 = not mandatory & may be filled out only once. 1: Many = mandatory and may be filled out many times)

### DATA ELEMENTS:

#### Sample Data Element Page

<table>
<thead>
<tr>
<th>The NHTDS Element Name and Number will appear here</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
</tr>
</tbody>
</table>

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DEMOGRAPHIC INFORMATION
### Patient First Name

<table>
<thead>
<tr>
<th><strong>TR1_8 Patient’s First Name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Text of patient’s first name</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Max 25 Characters</td>
</tr>
</tbody>
</table>

**Notes:**
### TR1_9 Patient’s Last Name

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>NTDS Required:</td>
<td>No</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Free Text</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Text of patient’s last name</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Max 50 Characters</td>
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**Notes:**
## Date of Birth

<table>
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<tr>
<th>TR1_7 Date of Birth</th>
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<tbody>
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</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Notes:
- Field used to calculate patient age in minutes, hours, days, months or years
- If date of birth “Not Know/Recorded” you must manually complete the Age and Age Units fields
- If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth
### Age

<table>
<thead>
<tr>
<th>TR1_12 Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>D_08 Age</td>
</tr>
<tr>
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<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Patient age at time of injury</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Age out of valid range 0-120</td>
</tr>
</tbody>
</table>

**Notes:**
- Field used to calculate patient age in minutes, hours, days, months or years
- If date of birth “Not Know/Recorded” you must manually complete the Age and Age Units fields
- If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth
- If age completed manually, age units must also be completed manually
### Age Units

#### TR1_14 Age Units

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>D_09 Age Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>Integer</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Free Text</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
</tbody>
</table>

**Field Values:**

1. Hours
2. Days
3. Months
4. Years
5. Minutes

**Field Constraints:**

- Value entered is not a valid menu option
- Field must be N/A when Age is N/A
- Field must be Not Known/Reported when age is Not known/Reported

**Field Values:**

- Value entered is not a valid menu option
- Field must be N/A when Age is N/A
- Field must be Not Known/Reported when age is Not known/Reported

**Notes:**

- Field used to calculate patient age in minutes, hours, days, months or years
- If date of birth “Not Know/Recorded” you must manually complete the Age and Age Units fields
- If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth
- If age units completed manually, Age must also be completed manually
### Race

**TR1_16 Race**

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>D_10 Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Multi-Select</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See Specific Values Below</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

#### Field Values:

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

#### Notes:

- Completion of this field is based on self-reporting or as identified by family member
- Field values based on the 2010 US Census Bureau
## Ethnicity

<table>
<thead>
<tr>
<th>TR1_17 Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> D_11 Ethnicity</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong> String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong> Single-Select</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong> Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong> See Specific Values Below</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

### Field Values:
1. Hispanic or Latino
2. Not Hispanic or Latino

### Notes:
- Completion of this field is based on self-reporting or as identified by family member
- Field values based on the 2010 US Census Bureau
Gender

<table>
<thead>
<tr>
<th>TR1_15 Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**

1. Male
2. Female

**Notes:**
- Patients who have undergone surgical and/or hormonal gender reassignment are coded using their current assignment
<table>
<thead>
<tr>
<th>TR1_18 Patient Primary Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

**Field Values:**
- 123 Fake Street (Avenue, Boulevard, Circle, Drive, Place, Terrace, Way) Apartment (Building, Suite, Unit ) 4

**Notes:**
- Street address of the patient’s Primary Residence
### Patient Home Zip Code

<table>
<thead>
<tr>
<th><strong>TR1_20 Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td>D_01 Patient’s home zip code</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td>Integer (</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td>Pt home zip code</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
<tr>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- Field is used to populate patient home State, County, and City
- If field is N/A manually complete Alternate Home Residence
- If field is Not Known/Recorded manually complete patient home country, and for US Residents manually complete patient home state, county, city
- If zip code is reported, patient home country must also be reported
## Patient Home Country

<table>
<thead>
<tr>
<th>TR1_19 Country</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
- Two Character FIPS codes representing country patient resides in

### Notes:
- If patient’s home country is not US, then home state, county, and city must be N/A
### Patient Home State

<table>
<thead>
<tr>
<th>TR1_23 State</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>D_03 Patient’s home state</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Code for pt’s home state (e.g. NH for New Hampshire)</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Field Values:**
- Two Character FIPS codes representing state patient resides in

**Notes:**
- Field is only completed manually when home zip code is Not Known/Recorded and country is US
- Field used to calculate FIPS code
### Patient Home County

<table>
<thead>
<tr>
<th>TR1_22 County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
- Three Character FIPS codes representing county patient resides in

**Notes:**
- Field is only completed manually when home zip code is Not Known/Recorded and home country is US
- Field used to calculate FIPS code
**Patient Home City**

<table>
<thead>
<tr>
<th>TR1_21 City</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>D_05 Patient’s home city</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Code for pt’s home city, township, or village</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Field Values:**
- Five Character FIPS codes representing city patient resides in

**Notes:**
- Field is only completed manually when home zip code is Not Known/Recorded and home country is US
- Field used to calculate FIPS code
Alternate Home Residence

<table>
<thead>
<tr>
<th>TR1_13 Alternate Home Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

Field Values:
1. Homeless
2. Undocumented Citizen
3. Migrant Worker

Notes:
- Field is only completed manually when zip code is N/A
- **Homeless**: A person who lacks housing OR a person living in transitional housing OR a person living in a supervised public or private facility providing temporary living quarters
- **Undocumented Citizen**: A national of another country who has entered or stayed in another country without permission
- **Migrant Worker**: A person who temporarily leaves their principle place of residence within a country to accept seasonal employment in the same or different country
INJURY INFORMATION
## Incident Date

<table>
<thead>
<tr>
<th>TR5_1 Incident Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>I_01 Injury Incident Date</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Date</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Date Injury Occurred</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Date is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- Estimates of date of injury should be based upon report by patient, witness, family or healthcare provider
- 9-1-1 call times/other proxy measures should not be used
## Incident Time

<table>
<thead>
<tr>
<th>TR5_18 Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>I_02 Injury Incident Time</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Time</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Time Injury Occurred</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Time is not valid</td>
</tr>
</tbody>
</table>

### Notes:
- Estimates of time of injury should be based upon report by patient, witness, family or healthcare provider
- 9-1-1 call times/other proxy measures should not be used
## Trauma Registry Number

<table>
<thead>
<tr>
<th>TR5_12 Incident Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
## Work Related

<table>
<thead>
<tr>
<th>TR2_10 Work Related</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
- 1. Yes
- 2. No

### Notes:
- If field is completed, then you must also complete the Patient’s Occupational Industry Field and the Patient’s Occupation Field.
- Field should be “Yes” even if patient’s occupation is N/A or Not Known/Recorded
- Field should be “Yes” even if patient’s occupational industry is N/A or Not Known/Recorded
Patient Occupational Industry

<table>
<thead>
<tr>
<th>TR2_6 Patient Occupational Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

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

**Notes:**
- If field is completed, then Work Related Field should be “Yes” and the Patient’s Occupation Field should be completed.
- Field should be N/A if Work Related is “No”
- Field Values based on US Bureau of Labor Statistics Industry Classification
## Patient Occupation

<table>
<thead>
<tr>
<th>TR2_11 Patient Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

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

### Notes:
- If field completed; Work related field should be “Yes”, & patient’s occupational industry should be completed
- Field should be N/A if Work Related field is “No”
Injury External Cause Code (ICD-10)

<table>
<thead>
<tr>
<th>TR200_3_1 ICD-10 Injury Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Value entered (code) should describe the mechanism/external factor that caused the traumatic injury OR the main reason the patient is admitted to the hospital
- ICD-10-CM codes are accepted in this element, activity codes should not be entered here
- Completion of this field auto populates: Trauma Type and Intentionality fields
## Additional Injury External Cause Code (ICD-10)

### TR5_8 Injury Supplemental Cause

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>I_08 ICD-10 Additional External Cause Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Free Text</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Relevant ICD-10-CM code for additional causes of Injury Event</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>E-Code is not a valid ICD-10-CM code (ICD-10-CM only)</td>
</tr>
</tbody>
</table>

### Notes:
- Field should be N/A if no Additional External Cause Codes are used
- Value entered (code) should describe any additional mechanisms/external factors that caused the traumatic injury
- **Multiple Cause Coding Hierarchy:** If multiple events cause separate injuries, an external cause code should be selected for each event. Codes should be selected in the following order:
  1. Codes for child & adult abuse take priority over all other external cause codes
  2. Codes for terrorism take priority over all other external cause codes *EXCEPT:* child and adult abuse
  3. Codes for Cataclysmic event take priority over all other external cause codes *EXCEPT:* child and adult abuse or terrorism
  4. External cause codes for Transport Accidents take priority over all other external cause codes *EXCEPT:* child and adult abuse, terrorism, and cataclysmic events
  5. The first listed code should correspond to the cause of the most serious diagnosis due to assault, accident or self-harm following the hierarchy above
## External Cause of Injury

<table>
<thead>
<tr>
<th>TR200_3_3 Trauma Type w/ ICD-10 COI Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

Notes:
### Intentionality

<table>
<thead>
<tr>
<th><strong>TR200_3_2 Injury Intentionality w/ ICD-10 COI Codes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> Auto-populated field from Injury External Cause Code(s)</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong> String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong> Auto-Populate</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong> No</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Auto-populated based on completion of the External Cause Code(s) fields</td>
</tr>
</tbody>
</table>

**Notes:**
- Field values are auto-populated based on the completion of the External Cause Code(s) Fields and the CDC matrix
## Place of Occurrence External Cause Code (ICD-10)

<table>
<thead>
<tr>
<th>TR200_5 ICD-10 Location Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**

- Only ICD-10-CM codes will be accepted for ICD-10 Place of Occurrence External Cause Code
- **Multiple Cause Coding Hierarchy:** If multiple events cause separate injuries, an external cause code should be selected for each event. Codes should be selected in the following order:
  1. Codes for child & adult abuse take priority over all other external cause codes
  2. Codes for terrorism take priority over all other external cause codes **EXCEPT:** child and adult abuse
  3. Codes for Cataclysmic event take priority over all other external cause codes **EXCEPT:** child and adult abuse or terrorism
  4. External cause codes for Transport Accidents take priority over all other external cause codes **EXCEPT:** child and adult abuse, terrorism, and cataclysmic events
  5. The first listed code should correspond to the cause of the most serious diagnosis due to assault, accident or self-harm following the hierarchy above
Incident Address

<table>
<thead>
<tr>
<th>TR5_5 Incident Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
- 123 Fake Street (Avenue, Boulevard, Circle, Drive, Place, Terrace, Way) Apartment (Building, Suite, Unit ) 4

**Notes:**
- Street address of the incident location *OR* the nearest street address to scene of injury
Incident City

<table>
<thead>
<tr>
<th>TR5_10 City</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

- Five Character FIPS codes representing city occurred in

**Notes:**
- Field is only completed manually when home zip code is Not Known/Recorded and home country is US
- Field used to calculate FIPS code
Incident Zip Code

<table>
<thead>
<tr>
<th>TR5_6 Postal Code</th>
<th>I_09 Incident Location Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>I_09 Incident Location Zip Code</td>
</tr>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>Integer</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Free Text</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Zip code for location of incident</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

Notes:
- Field is used to populate Incident State, County, and City
- If field is Not Known/Recorded manually complete Incident Country, State, County, & City Fields
- If zip code is completed, incident country must also be completed
### Incident Country

<table>
<thead>
<tr>
<th>TR5_11 Country</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
- Two Character FIPS codes representing country incident occurred in

**Notes:**
- If incident country is not US, then incident state, county, and city must be N/A
### Incident State

<table>
<thead>
<tr>
<th>Field Values:</th>
<th>Code for state where incident occurred (e.g. NH for New Hampshire)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Constraints:</td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

#### Notes:
- Field is only completed manually when incident zip code is Not Known/Recorded and country is US
- Field used to calculate FIPS code
<table>
<thead>
<tr>
<th>Incident County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TR5_9 County</strong></td>
</tr>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

**Field Values:**
- Three Character FIPS codes representing county incident occurred in

**Notes:**
- Field is only completed manually when incident zip code is Not Known/Recorded and incident country is US
- Field used to calculate FIPS code
### TR29_10 Safety Equipment Description

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>I_14 Protective Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Multi-Select</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**Field Values:**
1. None
2. Lap Belt
3. Personal Floatation Device
4. Protective Gear (non-clothing e.g. shin guard)
5. Eye Protection
6. Child Restraint (booster seat or child car seat)
7. Helmet (e.g. bicycle, motorcycle, skiing, industrial)
8. Airbag Present
9. Protective Clothing (e.g. padded pants and jacket)
10. Shoulder Belt
11. Other

**Notes:**
- Fields may be completed based on direct observation or reported use
- If “Child Restraint” is selected you must complete the “Child Specific Restraint” field
- If “Airbag Present” is selected you must complete the “Airbag Deployment” field
- If EMS reports patient was “Restrained” but does not further specify, select “Lap Belt”
- If EMS reports patient was secured via “Three Point Restraint”, select “Lap Belt” and “Shoulder Belt”
**Child Specific Restraint**

<table>
<thead>
<tr>
<th>TR29_13 Child Restraint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Child Car Seat
2. Infant Car Seat
3. Child Booster Seat

**Notes:**
- Field may be completed based on direct observation or reported use
- Field is completed only when Protective Device field includes “Child Restraint”
- Field may be N/A when Protective Device field does not include “Child Restraint”
Airbag Deployment

<table>
<thead>
<tr>
<th>TR29_3 Airbag Present</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Airbag not deployed
2. Airbag deployed front
3. Airbag deployed side
4. Airbag deployed other (e.g. knee, air belt, curtain, etc.)

**Notes:**
- Field may be completed based on direct observation or reported use
- If EMS reports or patient states airbags deployed, but does not specify type, use “Airbag Deployed Front”.
- Field is completed only when Protective Device field includes “Airbag Present”
- Field may be N/A when Protective Device field does not include “Airbag Present”
# Report of Physical Abuse

<table>
<thead>
<tr>
<th>TR41_1 Report of Physical Abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>I_17 Report of Physical Abuse</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>See below for specific values</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**Field Values:**
1. Yes
2. No

**Notes:**
- Field is completed when a report of suspected Physical abuse is made to Law Enforcement and/or Protective Services
  - Includes but is not limited to physical abuse of a
    - Child
    - Elder
    - Spouse
    - Intimate Partner
- If field is completed, must also complete Investigation of Physical Abuse *AND* Caregiver at Discharge fields.
Investigation of Physical Abuse

<table>
<thead>
<tr>
<th>TR41_2 Investigation of Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Yes
2. No

**Notes:**
- Field is completed when an investigation is initiated by Law Enforcement and/or Protective Services because of the report of suspected Physical abuse
  - Includes but is not limited to physical abuse of a
    - Child
    - Elder
    - Spouse
    - Intimate Partner
- Field may be N/A when Report of Physical Abuse Field is “No”
# Caregiver at Discharge

**TR41_3 Caregiver at Discharge**

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>I_19 Caregiver at Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Values:</th>
<th>Field Constraints:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Field is answered regarding whether the patient was discharged to a different caregiver than the caregiver at admission due to suspected physical abuse
- Only completed for minors who are not emancipated
- Field may be N/A if:
  - Report of Physical Abuse field is “No”
  - The patient is older than the state/local definition of a minor **OR** is emancipated
  - The patient expires prior to discharge
PRE-HOSPITAL INFORMATION

The Following fields should auto-populate through the use of the “EMS Lookup” tool in the NHTR
EMS Agency Name

<table>
<thead>
<tr>
<th>TR7_3 Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>NTDS Required:</td>
<td>No</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Single Select</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Name of the EMS service the patient was transported by</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- Field should be completed with RV if at all possible.
- Field may be N/A in the case of patients who are not transported by EMS
### EMS Agency Run Number

<table>
<thead>
<tr>
<th>TR7_1 EMS Incident Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be completed with RV if at all possible.
- Field may be N/A in the case of patients who are not transported by EMS
### EMS Agency PCR Number

<table>
<thead>
<tr>
<th>TR9_11 EMS PCR Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>NTDS Required:</td>
<td>No</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>No</td>
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<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>0:Many</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Auto-Populate</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>Yes</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Auto-populate EMS agency run number(s) if EMS PCR data is pulled in from TEMSIS</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be completed with RV if at all possible.
- Field may be N/A in the case of patients who are not transported by EMS
## EMS Dispatch Date

<table>
<thead>
<tr>
<th>TR9_1 Unit Notified Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total EMS Time field
- For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance was dispatched/assigned to transport this trauma patient to your facility
- For Scene patients, field represents the date that the transporting ambulance was dispatched to the scene of the injury for this trauma patient
- Field may be N/A in the case of patients who are not transported by EMS
## EMS Dispatch Time

<table>
<thead>
<tr>
<th>TR9_10 Unit Notified Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Notes:
- Auto generates Total EMS Time field
- For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was dispatched/assigned to transport this trauma patient to your facility
- For Scene patients, field represents the time that the transporting ambulance was dispatched to the scene of the injury for this trauma patient
- Field may be N/A in the case of patients who are not transported by EMS
## EMS Scene Arrival Date

<table>
<thead>
<tr>
<th>TR9_2 Arrive Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

### Notes:
- Auto generates Total EMS Time field AND Total EMS Scene Time field
- For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance arrived at the transferring facility to transport this trauma patient to your facility
- For scene patients, field represents the date that the transporting ambulance arrived to the scene of the injury for this trauma patient
- Field may be N/A in the case of patients who are not transported by EMS
### EMS Scene Arrival Time

**TR9_2_1 Time Unit Arrived on Scene**

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>P_04 EMS Unit Arrival Time at Scene or Transferring Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
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<tr>
<td>Data Format:</td>
<td>Integer</td>
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<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Time</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Time EMS Arrived On Scene</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Time is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total EMS Response Time *AND* Total EMS Scene Time
- For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was arrived at the transferring facility to transport this trauma patient to your facility
- For scene patients, field represents the time that the transporting ambulance arrived to the scene of the injury for this trauma patient
- Field may be N/A in the case of patients who are not transported by EMS
# EMS Scene Departure Date

<table>
<thead>
<tr>
<th>TR9_3 Leave Scene</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td><strong>P_05 EMS Unit Departure Date From Scene or Transferring Facility</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Date</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Date EMS Left Scene</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Date is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total EMS Scene Time field
- For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance left the transferring facility to transport this trauma patient to your facility
- For scene patients, field represents the date that the transporting ambulance left the scene of the injury to transport this trauma patient to your facility
- Field may be N/A in the case of patients who are not transported by EMS
# EMS Scene Departure Time

<table>
<thead>
<tr>
<th>TR9_3_1 Time Unit Left Scene</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>P_06 EMS Unit Departure Time From Scene or Transferring Facility</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
<td>Time</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
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</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Time EMS Left Scene</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Time is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total EMS Response Time AND Total EMS Scene Time
- For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was arrived at the transferring facility to transport this trauma patient to your facility
- For scene patients, field represents the time that the transporting ambulance arrived to the scene of the injury for this trauma patient
- Field may be N/A in the case of patients who are not transported by EMS
### EMS Transport Mode

<table>
<thead>
<tr>
<th>TR8_10 EMS Transport Mode From Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Ground Ambulance  
2. Helicopter Ambulance  
3. Fixed Wing Ambulance  
4. Private/Public Vehicle/Walk-in  
5. Police  
6. Other

**Notes:**
- Field should be “Private/Public Vehicle/Walk-in” when EMS times are “N/A”
Other EMS Transport Mode

<table>
<thead>
<tr>
<th>TR8_11 Other Modes of EMS Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number: P_08 Other Transport Mode</td>
</tr>
<tr>
<td>NTDS Required: Yes</td>
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<tr>
<td>NHTDS Required: Yes</td>
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<tr>
<td>Data Format: String</td>
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<td>Record Occurrence: 1:Many</td>
</tr>
<tr>
<td>Data Entry: Multi-Select</td>
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<tr>
<td>Accepts CNV: Yes</td>
</tr>
<tr>
<td>Accepts “Blank”: No</td>
</tr>
<tr>
<td>Field Values: See Below for Specific Values</td>
</tr>
<tr>
<td>Field Constraints: Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

Field Values:
1. Ground Ambulance
2. Helicopter Ambulance
3. Fixed Wing Ambulance
4. Private/Public Vehicle/ Walk-in
5. Police
6. Other

Notes:
- Field refers to all other transport modes utilized prior to the patient’s arrival at your facility EXCEPT the mode that delivered the patient to your facility (e.g. ground ambulance transported patient to a landing zone where the helicopter that brought the patient to your facility as waiting)
- Field should be “N/A” if no other transport mode was used in addition to the mode that delivered the patient to your facility
## Initial Field Systolic Blood Pressure

<table>
<thead>
<tr>
<th><strong>TR18_67 Systolic Blood Pressure</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Notes:
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury.
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”.
- Recorded value must be without the assistance of CPR or Mechanical Chest Compressions.
  - For these patients record the value when obtained when compressions are paused.
### Initial Field Pulse Rate

<table>
<thead>
<tr>
<th><strong>TR18_69 Pulse Rate</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>P_10 Initial Field Pulse Rate</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
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</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>First Recorded Pulse Rate Measured at Scene of Injury</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

#### Notes:
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
- Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  - For these patients record the value when obtained when compressions are paused
## Initial Field Respiratory Rate

<table>
<thead>
<tr>
<th>TR16_70 Respiratory Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

### Field Value Ranges:
- Age <6yrs: RR Cannot exceed 120/minute
- Age ≥6yrs: RR Cannot exceed 99/minute
- Age/Age Units not valued: RR should not exceed 99/minute $\text{MAX}$ 120/minute

### Notes:
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
Initial Field Oxygen Saturation

<table>
<thead>
<tr>
<th><strong>TR18_31 Oxygen Saturation</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>P_12 Initial Field Oxygen Saturation</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>First Recorded Oxygen Saturation Measured at Scene of Injury</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
- Recorded value should be based on initial assessment prior to administration of supplemental oxygen
## Initial Field GCS – Eye

<table>
<thead>
<tr>
<th>TR18_60 Glasgow Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
1. No eye movement when assessed
2. Opens eyes to painful stimulation
3. Opens eyes to verbal stimulation
4. Opens eyes spontaneously

### Notes:
- Auto generates “Overall GCS – EMS Score” field
- If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient’s pupils are PERRL”) document GCS Score (e.g. GCS Eye of 4)
  - Be sure to double check for contraindicating documentation (e.g. “patient’s eyes open to verbal only”) prior to assigning score
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
# Initial Field GCS – Verbal

## TR18_61_2 Glasgow Verbal

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>P_14 Initial Field GCS – Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
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<tr>
<td>NHTDS Required:</td>
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<tr>
<td>Data Format:</td>
<td>String</td>
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<td>Record Occurrence:</td>
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<td>Accepts “Blank”:</td>
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</tr>
<tr>
<td>Field Values:</td>
<td>See Below for Specific Values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Values PEDIATRIC (Age ≤ 2yrs):</th>
<th>Field Values ADULT (Age &gt; 2yrs):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No vocal response</td>
<td>1. No verbal response</td>
</tr>
<tr>
<td>2. Inconsolable, agitated</td>
<td>2. Incomprehensible sounds</td>
</tr>
<tr>
<td>3. Inconsistently consolable, moaning</td>
<td>3. Inappropriate words</td>
</tr>
<tr>
<td>4. Cries but is consolable</td>
<td>4. Confused</td>
</tr>
<tr>
<td>5. Smiles, followers objects, interacts</td>
<td>5. Oriented</td>
</tr>
</tbody>
</table>

**Notes:**

- Auto generates “Overall GCS – EMS Score” field
- If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient is alert and oriented”) document GCS Score (e.g. GCS Verbal of 5)
  - Be sure to double check for contraindicating documentation (e.g. “patient making incomprehensible sounds”) prior to assigning score
- Field should equal “1” for intubated patients
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
## Initial Field GCS – Motor

<table>
<thead>
<tr>
<th>TR18_62_2 Glasgow Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Values PEDIATRIC (Age ≤ 2yrs):</th>
<th>Field Values ADULT (Age &gt; 2yrs):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No motor response</td>
<td>1. No motor response</td>
</tr>
<tr>
<td>2. Extension to pain</td>
<td>2. Extension to pain</td>
</tr>
<tr>
<td>3. Flexion to pain</td>
<td>3. Flexion to pain</td>
</tr>
<tr>
<td>4. Withdrawal from pain</td>
<td>4. Withdrawal from pain</td>
</tr>
<tr>
<td>5. Localizing pain</td>
<td>5. Localizing pain</td>
</tr>
<tr>
<td>6. Appropriate response to stimulation</td>
<td>6. Obeys Commands</td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates “Overall GCS – EMS Score” field
- If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient withdraws from pain”) document GCS Score (e.g. GCS Motor of 4)
  - Be sure to double check for contraindicating documentation (e.g. “patient flexes to pain”) prior to assigning score
- Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
Initial Field GCS – Total

<table>
<thead>
<tr>
<th>TR18_65 GCS Total Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be auto populated if other EMS GCS fields are completed
- If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g. GCS Total of 15)
  - Be sure to double check for contraindicating documentation (e.g. “patient was sedated, paralyzed, and intubated”) prior to assigning score
- Field should be “Not Known/Recorded” is used when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
- Field should be “N/A” for patients who arrived to your facility by “Private/Public Vehicle/Walk-in”
Inter-Facility Transfer

<table>
<thead>
<tr>
<th>TR25_54 Inter-Facility Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

Field Values:
1. Yes     2. No

Notes:
- Field should not be “Not Known/Recorded”
- Patients transferred to your facility from a private doctor’s office, stand-alone ambulatory surgery center, or delivered by non-EMS transport are not considered inter-facility transfers
- Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities
### EMS Trauma Triage Criteria

<table>
<thead>
<tr>
<th>TR17_22 Trauma Alert Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values (Consistent with NEMSIS v3):
1. Glasgow Coma Score ≤ 13
2. SBP <90mmHg
3. RR <10 OR >29 (<20 in infants age <1yr) or need for ventilator support
4. All penetrating injuries to head, neck, torso, & extremities proximal to elbow or knee
5. Chest all instability/deformity (e.g. flail chest)
6. Two (2) or more proximal long bone fractures
7. Crushed, degloved, mangled, or pulseless extremity
8. Amputation proximal to wrist or ankle
9. Pelvic fracture
10. Open or depressed skull fracture
11. Paralysis

### Notes:
- Field values entered must come from the EMS Run Report
- “N/A” should be used to indicate that the patient did not arrive by EMS OR if the EMS run report indicates that the patient did not meet any Trauma Center Criteria
- “Not Known/Reported” should be used if this information is marked “Not Known/Reported on the EMS Run Report OR if the EMS run report is not available
## EMS Mechanism of Injury Risk Criteria

### TR17_47 Vehicular Injury Indicators

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>P_19 Vehicular, Pedestrian, Other Risk Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
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<td>Data Format:</td>
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<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
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<td>Accepts CNV:</td>
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<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

### Field Values (Consistent with NEMSIS v3):

1. Fall: adults >20ft (one story = 10ft)
2. Fall: children > 10ft OR 2-3 times the height of the child
3. Crash: intrusion (including roof) >12in at occupant site OR >18in at any site
4. Crash: ejection partial or complete
5. Crash: death in same passenger compartment
6. Crash: vehicle tele data consistent with high risk injury
7. Auto v. pedestrian/bicyclist thrown, run over, or >20MPH impact
8. Motorcycle crash >20MPH
9. Adults >65yrs: SBP <110
10. Patient on anticoagulants or with bleeding disorder
11. Pregnancy >20 weeks
12. EMS provider judgement
13. Burns
14. Burns w/ Trauma

### Notes:
- Field values entered must come from the EMS Run Report
- “N/A” should be used to indicate that the patient did not arrive by EMS OR if the EMS run report indicates that the patient did not meet any Trauma Center Criteria
- “Not Known/Reported” should be used if this information is marked “Not Known/Reported on the EMS Run Report OR if the EMS run report is not available
# Pre-Hospital Cardiac Arrest

<table>
<thead>
<tr>
<th>TR15_53 Pre-Hospital Cardiac Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<td><strong>Data Format:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts CNV:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Yes
2. No

**Notes:**
- Field indicates a patient who experienced a sudden cessation of cardiac activity indicated by unresponsiveness, with no normal breathing and no signs of circulation
- Field is completed based on cardiac arrest occurring prior to arrival at your facility (e.g. at the scene of the injury, at transferring facility, or en route to receiving facility)
- Basic or Advanced Cardiac Life Support MUST have been initiated by a healthcare provider (e.g. CPR)
REFERRING FACILITY INFORMATION
<table>
<thead>
<tr>
<th><strong>TR16_22 Location Patient Arrived From</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
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<tr>
<td><strong>Data Format:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
1. Scene
2. Referring Hospital
3. Clinic/MD Office
4. Jail
5. Nursing Home
6. Supervised Living
7. Urgent care

### Notes:
- Field Denotes if patient was inter-facility transfer
- Field should be completed with RV if at all possible.
- Enter Not Known/Reported as needed
### Referring Hospital – Name

<table>
<thead>
<tr>
<th>TR33_1 Referring Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
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<tr>
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<td>Data Entry:</td>
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<tr>
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<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

#### Notes:
- Field should be completed with RV if at all possible
- Field should not be “Not Known/Recorded”
- Field may be “N/A” in the case of patients who transported directly to your facility from the scene of the injury
EMERGENCY DEPARTMENT INFORMATION
### TR18_55 Date Arrived ED/Acute Care

<table>
<thead>
<tr>
<th><strong>NTDS Name/Number:</strong></th>
<th>ED_01 ED/Hospital Arrival Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Accepts “Blank”:</strong></td>
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<tr>
<td><strong>Field Values:</strong></td>
<td>Date patient arrived at your facility</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
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</tbody>
</table>

**Notes:**
- Auto generates Total EMS Time field AND Total length of Hospital Stay
- If patient was brought to the ED enter the date the patient arrived at ED
- If patient was directly admitted to the hospital enter the date the patient was admitted to the hospital
Emergency Department/Hospital Arrival Time

<table>
<thead>
<tr>
<th>TR18_56 Time Arrived ED/Acute Care</th>
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</thead>
<tbody>
<tr>
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<td>NHTDS Required: Yes</td>
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<td>Data Format: Integer</td>
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<tr>
<td>Record Occurrence: 1:1</td>
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<tr>
<td>Data Entry: Time</td>
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<td>Accepts CNV: Yes</td>
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<tr>
<td>Accepts “Blank”: No</td>
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<tr>
<td>Field Values: Time patient arrived at your facility</td>
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<td>Field Constraints: Time is not valid</td>
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</table>

Notes:
- Auto generates Total EMS Time AND Total Length of Hospital Stay fields
- If patient was brought to the ED enter the time the patient arrived at ED
- If patient was directly admitted to the hospital enter the time the patient was admitted to the hospital
## Initial ED/Hospital Systolic Blood Pressure

<table>
<thead>
<tr>
<th><strong>TR18_11 Systolic Blood Pressure</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>ED_03 Initial ED/Hospital Blood Pressure</td>
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<tr>
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<td><strong>Accepts “Blank”:</strong></td>
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<td><strong>Field Values:</strong></td>
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<tr>
<td><strong>Field Constraints:</strong></td>
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</tbody>
</table>

**Notes:**
- Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  - For these patients record the value when obtained when compressions are paused
## Initial ED/Hospital Pulse Rate

<table>
<thead>
<tr>
<th>TR18_2 Pulse Rate</th>
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</thead>
<tbody>
<tr>
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<td><strong>NHTDS Required:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
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</tbody>
</table>

**Notes:**
- Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  - For these patients record the value when obtained when compressions are paused
### TR18_30 Temperature

<table>
<thead>
<tr>
<th><strong>NTDS Name/Number:</strong></th>
<th>ED_05 Initial ED/Hospital Temperature</th>
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</thead>
<tbody>
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<td><strong>NHTDS Required:</strong></td>
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<tr>
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<tr>
<td><strong>Accepts CNV:</strong></td>
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<tr>
<td><strong>Accepts “Blank”:</strong></td>
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<tr>
<td><strong>Field Values:</strong></td>
<td>First recorded Temperature measured within 30 minutes of patient arrival</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
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</tbody>
</table>

**Notes:**
# Initial ED/Hospital Respiratory Rate

<table>
<thead>
<tr>
<th><strong>TR18_7 Respiratory Rate</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Value Ranges:**
- Age <6yrs: RR Cannot exceed 120/minute
- Age ≥6yrs: RR Cannot exceed 99/minute
- Age/Age Units not valued: RR should not exceed 99/minute **MAX** 120/minute

**Notes:**
- If this field is completed you must also complete “Initial ED/Hospital Respiratory Assistance” field
# Initial ED/Hospital Respiratory Assistance

<table>
<thead>
<tr>
<th>TR18_10 Respiratory Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts CNV:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
1. Unassisted Respiratory Rate
2. Assisted Respiratory Rate

### Notes:
- Field is only completed if “Initial ED/Hospital Respiratory Rate” field is completed
- Field should be “N/A” if “Initial ED/Hospital Respiratory Rate” field is “Not Known/Recorded”
- Respiratory Assistance is defined as mechanical and or external support of respiration
## Initial ED/Hospital Oxygen Saturation

### TR18_31 Pulse Oximetry

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>ED_08 Initial ED/Hospital Oxygen Saturation</th>
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<tbody>
<tr>
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<td>Data Format:</td>
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<tr>
<td>Accepts “Blank”:</td>
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</tr>
<tr>
<td>Field Values:</td>
<td>First recorded oxygen saturation measured within 30 minutes of patient arrival.</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- If this field is completed you must also complete “Initial ED/Hospital Supplemental Oxygen” field
## Initial ED/Hospital Supplemental Oxygen

<table>
<thead>
<tr>
<th>TR18_109 Supplemental Oxygen</th>
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<tbody>
<tr>
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<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. No Supplemental Oxygen
2. Supplemental Oxygen

**Notes:**
- Field is only completed if “Initial ED/Hospital Oxygen Saturation” field is completed
- Field should be “N/A” if “Initial ED/Hospital Respiratory Rate” field is “Not Known/Recorded”
Initial ED/Hospital GCS – Eye

<table>
<thead>
<tr>
<th>Field Values:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No eye movement when assessed</td>
<td>3. Opens eyes to verbal stimulation</td>
</tr>
<tr>
<td>2. Opens eyes to painful stimulation</td>
<td>4. Opens eyes spontaneously</td>
</tr>
</tbody>
</table>

Notes:
- Measured within 30 minutes of patient arrival at your facility
- Auto generates “Overall GCS – ED Score” field
- If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient’s pupils are PERRL”) document GCS Score (e.g. GCS Eye of 4)
  - Be sure to double check for contraindicating documentation (e.g. “patient’s eyes open to verbal only”) prior to assigning score
# Initial ED/Hospital GCS – Verbal

<table>
<thead>
<tr>
<th>TR18_15_2 Glasgow Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts CNV:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

## Field Values PEDIATRIC (Age ≤ 2yrs):
1. No vocal response  
2. Inconsolable, agitated  
3. Inconsistently consolable, moaning  
4. Cries but is consolable  
5. Smiles, follows objects, interacts

## Field Values ADULT (Age > 2yrs):
1. No verbal response  
2. Incomprehensible sounds  
3. Inappropriate words  
4. Confused  
5. Oriented

### Notes:
- Measured within 30 minutes of patient arrival at your facility
- Auto generates “Overall GCS – ED Score” field
- If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient is alert and oriented”) document GCS Score (e.g. GCS Verbal of 5)
  - Be sure to double check for contraindicating documentation (e.g. “patient making incomprehensible sounds”) prior to assigning score
- Field should equal “1” for intubated patients
### Initial ED/Hospital GCS – Motor

<table>
<thead>
<tr>
<th>Field Values PEDIATRIC (Age ≤ 2yrs):</th>
<th>Field Values ADULT (Age &gt; 2yrs):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No motor response</td>
<td>1. No motor response</td>
</tr>
<tr>
<td>2. Extension to pain</td>
<td>2. Extension to pain</td>
</tr>
<tr>
<td>3. Flexion to pain</td>
<td>3. Flexion to pain</td>
</tr>
<tr>
<td>4. Withdrawal from pain</td>
<td>4. Withdrawal from pain</td>
</tr>
<tr>
<td>5. Localizing pain</td>
<td>5. Localizing pain</td>
</tr>
<tr>
<td>6. Appropriate response to stimulation</td>
<td>6. Obeys Commands</td>
</tr>
</tbody>
</table>

### Notes:
- Measured within 30 minutes of patient arrival at your facility
- Auto generates “Overall GCS – ED Score” field
- If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient withdraws from pain”) document GCS Score (e.g. GCS Motor of 4)
  - Be sure to double check for contraindicating documentation (e.g. “patient flexes to pain”) prior to assigning score
# Initial ED/Hospital GCS – Total

<table>
<thead>
<tr>
<th><strong>TR18_22 GCS Total Calculation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be auto populated if other ED GCS fields are
- If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g. GCS Total of 15)
  - Be sure to double check for contraindicating documentation (e.g. “patient was sedated, paralyzed, and intubated”) prior to assigning score
## Initial ED/Hospital GCS – Assessment Qualifiers

### TR18_21 GCS Qualifiers

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>ED_14 Initial ED/Hospital GCS – Assessment Qualifiers</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>NHTDS Required:</td>
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<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**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, or intubated, no obstruction to eye

**Notes:**
- Identifies treatments administered to the patient that may affect the initial assessment of GCS within 30 minutes of patient arrival at your facility
  - Field does not apply to self-medication or intentional abuse of medications by patient (e.g. ETOH, prescriptions)
- If intubated patient was recently administered an agent which results in neuromuscular blockade the chemical sedation modifier should be selected
  - Neuromuscular blockade is normally induced following administration of agents like: Succinylcholine, Rocuronium, Vecuronium, & Pancuronium.
    - Other agents also induce blockade, please be sure to familiarize yourself with the agents that your facility uses
  - Each agent has a different duration of action, therefore the effect on the GCS depends on when the agent was administered
## Initial ED/Hospital Height

<table>
<thead>
<tr>
<th>TR1_6 Height in Centimeters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field value may be based on family or self-report
## Initial ED/Hospital Weight

<table>
<thead>
<tr>
<th>TR1_6_5 Estimated Weight in Kilograms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> ED_16 Initial ED/Hospital Weight</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong> Integer</td>
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<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
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<tr>
<td><strong>Data Entry:</strong> Free Text</td>
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<tr>
<td><strong>Accepts CNV:</strong> Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong> Patient’s weight recorded in Kilograms</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Value entered is invalid</td>
</tr>
</tbody>
</table>

### Notes:
- Field value may be based on family or self-report
## Drug Screen

### TR18_45 Drug Use Indicator

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>ED_17 Drug Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Multi Select</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

#### Field Values:
1. AMP (Amphetamine)  
2. BAR (Barbiturate)  
3. BZO (Benzodiazepines)  
4. COC (Cocaine)  
5. mAMP (Methamphetamine)  
6. MDMA (Ecstasy)  
7. MTD (Methadone)  
8. OPI (Opioid)  
9. OXY (Oxycodone)  
10. PCP (Phencyclidine)  
11. TCA (Tricyclic Antidepressant)  
12. THC (Cannabinoid)  
13. Other  
14. None  
15. Not Tested

### Notes:
- Recorded field values reflect positive drug screen results within 24 hours of the *FIRST* hospital encounter at either your facility OR the transferring facility.
- A recorded value of “None” indicates those patients whose results were positive ONLY for drugs that were administered to them in any facility or setting treating this patient event OR those patients who had no positive results.
- If multiple drugs are detected record ONLY those drugs that were not administered in any facility or setting treating this patient event.
Alcohol Screen

<table>
<thead>
<tr>
<th>TR18_46 Alcohol Use Indicator/Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

Field Values:
1. Yes
2. No

Notes:
- Record whether a Blood Alcohol Concentration (BAC) test was performed within 24 hours of the FIRST hospital encounter
- The BAC may be administered at any facility, unit or setting treating this patient event
Alcohol Screen Results

<table>
<thead>
<tr>
<th>TR18_103 Alcohol Use Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

Notes:
- Record Blood Alcohol Concentration (BAC) test results for test performed within 24 hours of the *FIRST* hospital encounter
- The BAC may be administered at any facility, unit or setting treating this patient event
- The field may be N/A for those patients who were not tested
## ED Discharge Disposition

<table>
<thead>
<tr>
<th>TR17_27 ED Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
1. Floor Bed (general admission, non-specialty unit)
2. Observation Unit (unit providing <24hr stay)
3. Telemetry/Step-Down Unit (less acuity than ICU)
4. Home *WITH* Services
5. Deceased/Expired
6. Other (jail, institutional care, mental health etc.)
7. Operating Room
8. Intensive Care Unit (ICU)
9. Home *WITHOUT* Services
10. Left Against Medical Advice (AMA)
11. Transferred to Another Hospital

### Notes:
- Field May be “N/A” if patient was directly admitted to the hospital
- If ED Discharge Disposition is 4,5,6,9,10,11 than hospital Discharge date, time, and disposition fields should be “N/A”
Signs of Life

<table>
<thead>
<tr>
<th>TR27_14 ED Death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Arrived *WITHOUT* signs of life
2. Arrived *WITH* signs of life

**Notes:**
- Record whether patient presented to the ED/Hospital with Signs of Life
- Patients *WITHOUT* signs of life have none of the following:
  - Organized EKG Activity
  - Pupillary Responses
  - Spontaneous Respiratory Attempts or Movement
  - Unassisted Blood Pressure (Blood Pressure without CPR or mechanical chest compressions)
  - Patient presented to ED with CPR in progress
### Emergency Department Discharge Date

<table>
<thead>
<tr>
<th>TR17_25 Date Discharged from ED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total ED Time
- If “ED Discharge Disposition” is “Deceased/Expired” then the “ED Discharge Date” is the patient’s date of death as listed on their Death Certificate
- Field May be “N/A” if patient was directly admitted to the hospital
# Emergency Department Discharge Time

<table>
<thead>
<tr>
<th><strong>TR17_26 Time Discharged from ED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total ED Time
- If “ED Discharge Disposition” is “Deceased/Expired” then the “ED Discharge Time” is the patient’s time of death as listed on their Death Certificate
- Field May be “N/A” if patient was directly admitted to the hospital
# Hospital Transferred To

<table>
<thead>
<tr>
<th>TR17_61 ED Hospital Transferred To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field should be completed with RV if at all possible
- Field should not be “Not Known/Recorded”
- Field may be “N/A” in the case of patients who were not referred or transferred to another facility
## Hospital Transferred To – Transport Mode

<table>
<thead>
<tr>
<th><strong>TR25_43 Transport Mode</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Single Select</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>See Below for Specific Values</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

### Field Values:

1. BLS
2. ALS
3. Paramedic Inter-Facility Transfer (PIFT)
4. Critical Care Transport Team (CCT)
5. PIFT With Hospital Staff (CCT Team Not Available)
6. Ground Ambulance
7. Helicopter Ambulance
8. Fixed Wing Ambulance

### Notes:
- Field may be “N/A” in the case of patients who were not referred or transferred to another facility
### Hospital Transferred To – Transporting Agency Name

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
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<tr>
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</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
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<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Single Select</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Name of the EMS service that transported the patient from your facility</td>
</tr>
</tbody>
</table>

#### Notes:
- Field should be completed with RV if at all possible.
- Field may be “N/A” in the case of patients who were not referred or transferred to another facility.
HOSPITAL PROCEDURE INFORMATION
# ICD-10 Hospital Procedures (2 Pages)

<table>
<thead>
<tr>
<th>TR200_2_1 ICD-10 Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:

#### Diagnostic & Therapeutic Imaging:
- CT Head*
- CT Chest*
- CT Abdomen*
- CT Pelvis*
- Diagnostic Ultrasound (Includes FAST)*
- Doppler Ultrasound of Extremities*
- Angiography
- Angioembolization
- REBOA (ICD-10: 04L03DZ)
- IVC Filter

#### Cardiovascular:
- Open Cardiac Massage
- CPR

#### Central Nervous System:
- Insertion of ICP Monitor*
- Ventriculostomy*
- Cerebral Oxygen Monitoring*

#### Gastrointestinal:
- Endoscopy (including gastroscopy, sigmoidoscopy, colonoscopy)
- Gastrostomy/Jejunostomy (percutaneous OR endoscopic)
- Percutaneous (endoscopic) Gastrojejunoscopy

#### Genitourinary:
- Ureteric Catheterization (i.e. Ureteric Stent)
- Suprapubic Cystostomy

**CONTINUED ON NEXT PAGE:**
<table>
<thead>
<tr>
<th>Musculoskeletal:</th>
<th>Respiratory:</th>
<th>Transfusion (Only Capture First 24hrs after Hospital Admission):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Soft Tissue/Bony Debridement*</td>
<td>• Chest Tube*</td>
<td>• Transfusion of Red Cells*</td>
</tr>
<tr>
<td>• Closed Reduction of Fractures</td>
<td>• Bronchoscopy*</td>
<td>• Transfusion of Platelets*</td>
</tr>
<tr>
<td>• Skeletal &amp; Halo Traction</td>
<td>• Tracheostomy</td>
<td>• Transfusion of Plasma*</td>
</tr>
<tr>
<td>• Fasciotomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Include only procedures performed at your facility
- Capture all procedures performed in the Operating Room (OR)
- Capture all procedures in the ED, ICU, Ward, or Radiology that were essential to the diagnosis, stabilization, or treatment of the patient’s specific injuries or complications
- Procedures marked with an asterisk (*) may be performed multiple times during one hospital course. Capture only the first event
- Procedures not marked with an asterisk (*) should have each event captured
## Hospital Procedure Start Date

<table>
<thead>
<tr>
<th>TR200_8 Procedure Performed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
## Hospital Procedure Start Time

<table>
<thead>
<tr>
<th><strong>TR200_9 Procedure Performed Time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Field Value is defined as the time at which the incision was made OR the procedure started
- If multiple procedures with the same procedure codes are performed, their start time **MUST** be different
DIAGNOSIS INFORMATION
**Co-Morbid Conditions (2 Pages)**

<table>
<thead>
<tr>
<th>TR200_4 Comorbidity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**

1. Other
2. Alcohol Use Disorder
4. Bleeding Disorder
5. Currently Receiving Chemotherapy for Cancer
6. Congenital Anomalies
7. Congestive Heart Failure
8. Current Smoker
9. Chronic Renal Failure
10. Cerebrovascular Accident (CVA)
11. Diabetes Mellitus
12. Disseminated Cancer
13. Advanced Directive Limiting Care
15. Functionally Dependent Health Status
19. Hypertension
21. Prematurity
23. Chronic Obstructive Pulmonary Disease (COPD)
24. Steroid Use
25. Cirrhosis
26. Dementia
30. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
31. Anticoagulant Therapy
32. Angina Pectoris
33. Mental/Personality Disorder
34. Myocardial Infarction (MI)
35. Peripheral Arterial Disease (PAD)
36. Substance Abuse Disorder

**CONTINUED ON NEXT PAGE:**
Notes:

- Several Conditions have been retired by the ACS, This is the cause of the numbering gaps
- The field may be N/A if the patient has no co-morbid conditions
ICD-10 Injury Diagnoses

<table>
<thead>
<tr>
<th>TR200_1 ICD 10 Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
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<tr>
<td>NHTDS Required:</td>
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<tr>
<td>Record Occurrence:</td>
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<tr>
<td>Data Entry:</td>
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<tr>
<td>Accepts CNV:</td>
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<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

Notes:
- ICD-10-CM codes that pertain to other medical conditions (e.g. CVA, MI, and Co-Morbidities) may be included in this field
- Field used to auto-generate Abbreviated Injury Scale and Injury Severity Score Fields
- Field should not be “Not Known/Recorded”
INJURY SEVERITY INFORMATION
### AIS Pre-Dot Code

<table>
<thead>
<tr>
<th><strong>TR200_1_4 ICD-10 AIS 05 Code</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>IS_01 AIS Pre-Dot Code</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>6 digits preceding the decimal point in the associated AIS Code</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- Enter the Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient’s injuries
# AIS Severity

<table>
<thead>
<tr>
<th>TR200_14_3 AIS Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values**

1. Minor Injury
2. Moderate Injury
3. Serious Injury
4. Severe Injury
5. Critical Injury
6. Maximum Injury, Virtually Unsurvivable
9. Not Possible to Assign

**Notes:**

- “Not Possible to Assign” would be selected if it is not possible to assign a severity to an injury
### AIS Version

<table>
<thead>
<tr>
<th>TR21_25 AIS Version</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>IS_03 AIS Version</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Single Select</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>See below for specific values</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**Field Values:**

6. AIS 05, Update 08

**Notes:**

- Select the Software and Version used to calculate the AIS severity codes
OUTCOME INFORMATION
**Total ICU Length of Stay (2 Pages)**

<table>
<thead>
<tr>
<th>TR26_9 Total ICU Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Length of Stay Calculation Examples:

<table>
<thead>
<tr>
<th>Example</th>
<th>Start Date</th>
<th>Start Time</th>
<th>Stop Date</th>
<th>Stop Time</th>
<th>LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>1 day</td>
</tr>
<tr>
<td>B</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>1 day 2 episodes in the same day</td>
</tr>
<tr>
<td>C</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>2 days episodes on 2 separate calendar days</td>
</tr>
<tr>
<td></td>
<td>01/02/17</td>
<td>1600</td>
<td>01/02/17</td>
<td>1800</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>01/01/17</td>
<td>Unknown</td>
<td>01/01/17</td>
<td>1600</td>
<td>1 day</td>
</tr>
<tr>
<td>E</td>
<td>01/01/17</td>
<td>Unknown</td>
<td>01/02/17</td>
<td>1600</td>
<td>2 days episodes on 2 separate calendar days</td>
</tr>
<tr>
<td></td>
<td>01/02/17</td>
<td>1800</td>
<td>01/02/17</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/02/17</td>
<td>1900</td>
<td>3 days 2 episodes over 3 calendar days</td>
</tr>
<tr>
<td></td>
<td>01/03/17</td>
<td>0030</td>
<td>01/03/17</td>
<td>2300</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/15/17</td>
<td>1700</td>
<td>15 days</td>
</tr>
<tr>
<td>H</td>
<td>Unknown</td>
<td>Unknown</td>
<td>01/02/17</td>
<td>1600</td>
<td>Unknown, Can’t compute total</td>
</tr>
<tr>
<td></td>
<td>01/03/17</td>
<td>0800</td>
<td>01/03/17</td>
<td>1700</td>
<td></td>
</tr>
</tbody>
</table>

**Continued on Next Page:**
Notes:

- Values entered are recorded in full day increments
  - Any partial calendar days are counted as a full calendar day
- If the patient has multiple ICU episodes on the same calendar day, count that as one calendar day
- Field range 1 day – 575 days
- Field should be “Not Known/Recorded” if any date are missing
- Field should be N/A if the patient had no ICU days according to the above definition
### TR26_58 Total Ventilator Days

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>O_02 Total Ventilator Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format:</td>
<td>Integer</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Free Text</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Cumulative amount of time spent on ventilator</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is out of range</td>
</tr>
</tbody>
</table>

#### Total Ventilator Days Calculation Examples:

<table>
<thead>
<tr>
<th>Example</th>
<th>Start Date</th>
<th>Start Time</th>
<th>Stop Date</th>
<th>Stop Time</th>
<th>LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>1 day</td>
</tr>
<tr>
<td>B</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>1 day 2 episodes in the same day</td>
</tr>
<tr>
<td></td>
<td>01/01/17</td>
<td>1600</td>
<td>01/01/17</td>
<td>1800</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/01/17</td>
<td>0400</td>
<td>2 days episodes on 2 separate calendar days</td>
</tr>
<tr>
<td></td>
<td>01/02/17</td>
<td>1600</td>
<td>01/02/17</td>
<td>1800</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>01/01/17</td>
<td>Unknown</td>
<td>01/01/17</td>
<td>1600</td>
<td>1 day</td>
</tr>
<tr>
<td>E</td>
<td>01/01/17</td>
<td>Unknown</td>
<td>01/02/17</td>
<td>1600</td>
<td>2 days episodes on 2 separate calendar days</td>
</tr>
<tr>
<td></td>
<td>01/02/17</td>
<td>1800</td>
<td>01/02/17</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/02/17</td>
<td>1900</td>
<td>3 days 2 episodes over 3 calendar days</td>
</tr>
<tr>
<td></td>
<td>01/03/17</td>
<td>0030</td>
<td>01/03/17</td>
<td>2300</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>01/01/17</td>
<td>0100</td>
<td>01/15/17</td>
<td>1700</td>
<td>15 days</td>
</tr>
<tr>
<td>H</td>
<td>Unknown</td>
<td>Unknown</td>
<td>01/02/17</td>
<td>1600</td>
<td>Unknown: Can’t compute total</td>
</tr>
<tr>
<td></td>
<td>01/03/17</td>
<td>0800</td>
<td>01/03/17</td>
<td>1700</td>
<td></td>
</tr>
</tbody>
</table>

CONTINUED ON NEXT PAGE:
Notes:

- Exclude mechanical ventilation time associated with OR procedures
- Non-invasive ventilator support (CPAP, BiPAP) should not be considered in the calculation of ventilator days
- Values entered are recorded in full day increments
  - Any partial calendar days are counted as a full calendar day
- If the patient has multiple ventilator episodes on the same calendar day, count that as one calendar day
- Field range 1 day – 575 days
- Field should be “Not Known/Recorded” if any date are missing
- Field should be N/A if the patient had no ICU days according to the above definition
**Hospital Discharge Date**

<table>
<thead>
<tr>
<th>TR25_34 Hospital Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number: O_03 Hospital Discharge Date</td>
</tr>
<tr>
<td>NTDS Required: Yes</td>
</tr>
<tr>
<td>NHTDS Required: Yes</td>
</tr>
<tr>
<td>Data Format: Integer</td>
</tr>
<tr>
<td>Record Occurrence: 1:1</td>
</tr>
<tr>
<td>Data Entry: Date</td>
</tr>
<tr>
<td>Accepts CNV: Yes</td>
</tr>
<tr>
<td>Accepts “Blank”: No</td>
</tr>
<tr>
<td>Field Values: Date order was written for patient to be discharged from the hospital</td>
</tr>
<tr>
<td>Field Constraints: Date is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total Length of Hospital Stay
- If “Hospital Discharge Disposition” is “Deceased/Expired” then the “Hospital Discharge Date” is the patient’s date of death as listed on their Death Certificate
# Hospital Discharge Time

<table>
<thead>
<tr>
<th><strong>TR25_48 Hospital Discharge Time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- Auto generates Total length of hospital stay
- If “Hospital Discharge Disposition” is “Deceased/Expired” then the “Hospital Discharge Time” is the patient’s time of death as listed on their Death Certificate
## Hospital Discharge Disposition (2 Pages)

<table>
<thead>
<tr>
<th>TR25_27 Hospital Discharge Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> O_05 Hospital Discharge Disposition</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong> Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong> String</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong> Single Select</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong> Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong> See below for specific values</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

### Field Values:

1. Discharged/Transferred to a short-term general hospital for inpatient care
2. Discharged/Transferred to an Intermediate Care Facility (ICF)
3. Discharged/Transferred to home under care of organized home health service
4. Left against medical advice or discontinued care
5. Deceased/Expired
6. Discharged to home or self-care |
7. Routine Discharge
8. Discharged/Transferred to hospice care
9. Discharged/Transferred to court/law enforcement
10. Discharged/Transferred to inpatient rehab or designated unit
11. Discharged/Transferred to Long Term Care Hospital (LTCH)
12. Discharged/Transferred to psychiatric hospital or psychiatric unit
13. Discharged/Transferred to another type of institution not listed elsewhere
Notes:
- Field Values based on UB-04 Disposition Coding
- Some dispositions have been retired by the ACS, This is the cause of the numbering gaps
- “Home” refers to the patient’s current place of residence (e.g. prison, child protective services, etc.)
- Field value should be 6 for disposition to any other non-medical facility
- Field value should be 14 for disposition to any other medical facility
Readmission/Related Admission

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number</td>
<td>N/A</td>
</tr>
<tr>
<td>NTDS Required</td>
<td>No</td>
</tr>
<tr>
<td>NHTDS Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Format</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Accepts CNV</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”</td>
<td>No</td>
</tr>
<tr>
<td>Field Values</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

Field Values:
1. Yes
2. No

Notes:
- Field should be “No” if this an initial patient encounter for this complaint
- Field should be “yes” if:
  - This admission is for the same injury/incident as the initial admission AND
  - The patient still meets NHTDS Inclusion Criteria at time of repeat presentation
DEATH INFORMATION
## Date of Death

<table>
<thead>
<tr>
<th><strong>TR25_36 Date Death Occurred</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Date</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Date of death as listed on the patient’s Death Certificate</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Date is not valid</td>
</tr>
</tbody>
</table>

Notes:
- Field is only completed if “ED Discharge Disposition” **OR** “Hospital Discharge Disposition” are “Deceased/Expired”
## Time of Death

<table>
<thead>
<tr>
<th>TR25_36_1 Time of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

### Notes:
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
## Death Location

<table>
<thead>
<tr>
<th>TR25_30 Death Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Values:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ICU</td>
</tr>
<tr>
<td>2. Operating Room/PACU</td>
</tr>
<tr>
<td>3. Floor</td>
</tr>
<tr>
<td>4. Emergency Department</td>
</tr>
<tr>
<td>5. Prior to Arrival</td>
</tr>
<tr>
<td>6. PICU</td>
</tr>
</tbody>
</table>

### Notes:
- Record the location where the patient expired
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
## Death Circumstances

<table>
<thead>
<tr>
<th>TR25_32 Death Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

### Field Values:
1. Brain Death  
2. Brain Injury  
3. Burns/Burn Shock  
4. Cardiac Arrest due to Strangulation  
5. Cardiovascular Failure  
6. Drowning  
7. Electrocution  
8. Family Discontinued Life Support  
9. Gastrointestinal  
10. Heart Laceration  
11. Liver Laceration  
12. Multi-Organ Failure/Metabolic  
13. Medical  
14. Multisystem Trauma  
15. Neurologic  
16. Other  
17. Pre-Existing Illness  
18. Pulmonary Failure  
19. Pulmonary Failure/Sepsis  
20. Renal  
21. Sepsis  
22. Trauma: Shock  
23. Trauma: Wound  
24. Treatment Withheld

### Notes:
- Record the circumstances surrounding the patient’s death if known
### Medical Examiner Notification

<table>
<thead>
<tr>
<th>Pending at time of 2018 release</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>NTDS Required:</td>
<td>No</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>No</td>
</tr>
<tr>
<td>Data Format:</td>
<td>String</td>
</tr>
<tr>
<td>Record Occurrence:</td>
<td>1:1</td>
</tr>
<tr>
<td>Data Entry:</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

#### Field Values:
- 1. Yes
- 2. No

**Notes:**
- Record if the Medical Examiner was notified of the patient’s death
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
Medical Examiner Investigation

<table>
<thead>
<tr>
<th>Pending at time of 2018 Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
</tr>
<tr>
<td>Data Format:</td>
</tr>
<tr>
<td>Record Occurrence:</td>
</tr>
<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
</tbody>
</table>

**Field Values:**

1. Yes
2. No

**Notes:**
- Record if the Medical Examiner opened an investigation into the patient’s death
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
## Autopsy

<table>
<thead>
<tr>
<th>TR25_37 Autopsy Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Values:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
</tr>
</tbody>
</table>

**Notes:**
- Record if an Autopsy was performed
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
## Organ Donation

<table>
<thead>
<tr>
<th>TR25_29 Organ Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**

1. Yes
2. No

**Notes:**
- Record if the patient’s organs were donated
- Field is only completed if “ED Discharge Disposition” **OR** “Hospital Discharge Disposition” are “Deceased/Expired”
### Organs Donated

<table>
<thead>
<tr>
<th>TR25_70 Organs Donated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
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</tr>
<tr>
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<td>No</td>
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<td>NHTDS Required:</td>
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<td>Data Format:</td>
<td>String</td>
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<tr>
<td>Record Occurrence:</td>
<td>1:Many</td>
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<td>Data Entry:</td>
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<tr>
<td>Accepts CNV:</td>
<td>Yes</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**Field Values:**

1. Adrenal Glands  
2. All  
3. Bone  
4. Bone Marrow  
5. Cartilage  
6. Cornea  
7. Donated Unknown  
8. Fascia Lata  
9. Heart  
10. Ineligible to Donate  
11. Kidney  
12. Liver  
13. Lung  
14. Multi / Other  
15. Nerves  
16. Pancreas  
17. Refused  
18. Skin  
19. Tendons  
20. Valves

**Notes:**

- Record which organs were donated if known
- Field is only completed if “ED Discharge Disposition” OR “Hospital Discharge Disposition” are “Deceased/Expired”
FINANCIAL INFORMATION
## Primary Method of Payment

<table>
<thead>
<tr>
<th>TR2_5 Primary Method of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
</tbody>
</table>

**Field Constraints:**
Value entered is not a valid menu option | Field cannot be N/A

**Field Values:**
1. Medicaid
2. Not Billed (for any reason)
3. Self-Pay
4. Private/Commercial Insurance
5. Medicaid
6. Medicare
7. Other Government
8. Self-Pay
9. Private/Commercial Insurance
10. Other

**Notes:**
- No Fault Automobile, Workers Compensation, & Blue Cross/Blue Shield are captured as “Private/Commercial Insurance”
  - Separate entries for these payers have been removed by ACS, resulting in the current numbering gaps
## TR23_1 Complication

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>Q_01 Hospital Complications</th>
</tr>
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<tbody>
<tr>
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<tr>
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<td>Yes (Not Required if Data Upload)</td>
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<tr>
<td>Data Format:</td>
<td>String</td>
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<tr>
<td>Accepts CNV:</td>
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</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

### Field Values:
- Other
- Acute Kidney Injury
- Acute Respiratory Distress Syndrome (ARDS)
- Cardiac Arrest with CPR
- Deep Surgical Site Infection
- Deep Vein Thrombosis
- Extremity Compartment Syndrome
- Myocardial Infarction
- Organ/Space Surgical Site Infection
- Pulmonary Embolism
- Stroke/CVA
- Unplanned Intubation
- Osteomyelitis
- Unplanned Return to the OR
- Unplanned Admission to the ICU
- Severe Sepsis
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Blood Stream Infection (CLABSI)
- Ventilator-Associated Pneumonia (VAP)
- Alcohol Withdrawal Syndrome
- Pressure Ulcer
- Superficial Incision Surgical Site Infection

CONTINUED ON NEXT PAGE:
Notes:
- Field should be N/A if patient had no complications
- Multiple complications have been removed by ACS. This is the cause of numbering gaps
TRAUMA QUALITY IMPROVEMENT PROGRAM (TQIP):

Measures for Processes of Care

The Fields in this Section Should be Collected and Transmitted by Level 1 and Level 2 TQIP Participating Centers Only. More Information about TQIP Programs is Available from ACS at: https://www.facs.org/quality-programs/trauma/tqip
## Highest GCS Total

<table>
<thead>
<tr>
<th>TR39_1 Highest GCS Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>PM_01 Highest GCS Total</td>
</tr>
<tr>
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<td>Yes</td>
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<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Data Format:</strong></td>
<td>String</td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Highest total GCS within 24 hours after ED/Hospital Arrival to your facility</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is outside the valid range 3 – 15</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
  - Field requires the review of all possible data sources to obtain the highest GCS total for the patient
    - Highest GCS may occur after ED Discharge
    - Best obtained when sedatives or paralytics are withheld as part of “Sedation Holiday”
  - If there is no numeric GCS score documented, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g. GCS Total of 15)
    - Be sure to double check for contraindicating documentation (e.g. “patient was sedated, paralyzed, and intubated”) prior to assigning score
- Field should be “N/A” for patients who do not meet the above AIS Collection Criteria
### Highest GCS Motor (2 Pages)

<table>
<thead>
<tr>
<th>TR39_2 Highest GCS Motor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
<td>PM_02 Highest GCS Motor</td>
</tr>
<tr>
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<td>Data Format:</td>
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</tr>
<tr>
<td>Field Values:</td>
<td>See Below for Specific Values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

#### Field Values **PEDIATRIC** (Age ≤ 2yrs):
1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

#### Field Values **ADULT** (Age > 2yrs):
1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obey Commands

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Field requires the review of all possible data sources to obtain the highest GCS total for the patient
  - Highest GCS may occur after ED Discharge
  - Best obtained when sedatives or paralytics are withheld as part of “Sedation Holiday”

**CONTINUED ON NEXT PAGE:**
If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g. “the patient withdraws from pain”) document GCS Score (e.g. GCS Motor of 4)
  o Be sure to double check for contraindicating documentation (e.g. “patient flexes to pain”) prior to assigning score

Field should be “N/A” for patients who do meet the above AIS Collection Criteria
## Highest GCS Total Assessment Qualifiers (2 Pages)

### TR18_21 GCS Qualifiers with Highest GCS Total

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>PM_03 GCS Assessment Qualifier Component of Highest GCS Total</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<td>NHTDS Required:</td>
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<td>Data Format:</td>
<td>String</td>
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<tr>
<td>Record Occurrence:</td>
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<td>Data Entry:</td>
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<tr>
<td>Accepts CNV:</td>
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<tr>
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</tr>
<tr>
<td>Field Values:</td>
<td>See below for specific values</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is not a valid menu option</td>
</tr>
</tbody>
</table>

**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, or intubated, no obstruction to eye

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Field requires the review of all possible data sources to obtain the highest GCS total for the patient
  - Highest GCS may occur after ED Discharge
- Identifies medical treatments administered to the patient that may affect the highest GCS score of the patient within 24 hours after arrival
  - Field does not apply to self-medication or intentional abuse of medications by patient (e.g. ETOH, prescriptions)

**CONTINUED ON NEXT PAGE:**
If intubated patient was recently administered an agent which results in neuromuscular blockade the chemical sedation modifier should be selected
- Neuromuscular blockade is normally induced following administration of agents like: Succinylcholine, Rocuronium, Vecuronium, & Pancuronium.
  - Other agents also induce blockade, please be sure to familiarize yourself with the agents that your facility uses
- Each agent has a different duration of action, therefore the effect on the GCS depends on when the agent was administered
### Initial ED/Hospital Pupillary Response

<table>
<thead>
<tr>
<th>TR40_32 Initial ED/Hospital Pupillary Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts CNV:</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- If there is listed field value documented, but written documentation relays verbiage that closely or directly describes a pupillary response (e.g. “PERRL or Pupils Equal, Round, Reactive to Light”) enter appropriate field value (e.g. “1. Both Reactive”)
  - Be sure to double check for contraindicating documentation (e.g. “pupils fixed and dilated”) prior to assigning value
- If patient has a prosthetic eye assign field value “2. One Reactive”
- Field should be “N/A” for patients who do meet the above AIS Collection Criteria
Midline Shift

<table>
<thead>
<tr>
<th>TR40_33 Midline Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
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<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Yes
2. No
3. Not Imaged (e.g. CT Scan, MRI)

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Documentation describing the presence of “Massive” midline shift (e.g. >5mm) still supports field value “1. Yes”
- Field should be “N/A” for patients who do meet the above AIS Collection Criteria
- Field value should be “Not Known/Recorded” if both the injury date and injury time are unknown
  - If the injury time is unknown **BUT** there is supporting documentation the clearly states the injury occurred within 24-hours of any CT measuring a >5mm shift; record field value “1. Yes” provided there is no contraindicating documentation
- Radiological and Surgical Reports from transferring facilities should be considered for this field
## Cerebral Monitor – Type

<table>
<thead>
<tr>
<th>TR39_4 Cerebral Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<td><strong>NTDS Required:</strong></td>
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<td><strong>Data Entry:</strong></td>
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<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values
1. Intraventricular Drain/Catheter (e.g. Ventriculostomy, External Ventricular Drain (EVD))
2. Intraparenchymal Pressure Monitor (e.g. Camino bolt, Subarachnoid bolt, Intraparenchymal catheter)
3. Intraparenchymal Oxygen Monitor (e.g. Licox)
4. Jugular Venous Bulb
5. None

### Notes:
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
- Field should be “N/A” for patients who do meet the above AIS Collection Criteria
- Cerebral monitors placed at a referring facility are acceptable IF the monitor was used by the receiving facility to monitor the patient
Cerebral Monitor – Date

<table>
<thead>
<tr>
<th>TR39_5 Cerebral Monitor Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
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<tr>
<td><strong>Field Values:</strong></td>
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<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
- Cerebral monitors placed at a referring facility are acceptable IF the monitor was used by the receiving facility to monitor the patient
# Cerebral Monitor – Time

## TR39_6 Cerebral Monitor Time

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
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<td>PM_08 Cerebral Monitor Time</td>
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<td><strong>NHTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
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<tr>
<td><strong>Accepts “Blank”:</strong></td>
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<tr>
<td><strong>Field Values:</strong></td>
<td>Time of first cerebral monitor placement</td>
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</table>

**Notes:**
- **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
- Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
- Cerebral monitors placed at a referring facility are acceptable *IF* the monitor was used by the receiving facility to monitor the patient
# Venous Thromboembolism (VTE) Prophylaxis – Type

<table>
<thead>
<tr>
<th>TR40_1 VTE Prophylaxis Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Field Values:
1. Heparin
2. LMWH (Dalteparin, Enoxaparin, etc.)
5. None
6. LMWH (Dalteparin, Enoxaparin, etc.)
7. Direct Thrombin Inhibitor (Dabigatran, etc.)
8. Xa Inhibitor (Rivaroxaban, etc.)
9. Coumadin
10. Other

### Notes:
- **Collection Criteria:** Collect on all patients
- Field value may be “5. None” if the patient received no VTE Prophylaxis OR the first dose was administered post discharge order date and time
- Several VTE Prophylaxis types have been retired by the ACS, This is the cause of the numbering gaps
### Venous Thromboembolism (VTE) Prophylaxis – Date

<table>
<thead>
<tr>
<th>TR40_2 VTE Prophylaxis Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients
**TR40_3 VTE Prophylaxis Time**

<table>
<thead>
<tr>
<th><strong>NTDS Name/Number:</strong></th>
<th>PM_11 Venous Thromboembolism Prophylaxis Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
<td>Integer</td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
<td>1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
<td>Time</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Time of the <em>FIRST</em> dose of VTE Prophylaxis administered at your facility</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Time is not valid</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients
### Transfusion Blood – 4 Hours

<table>
<thead>
<tr>
<th>Field Values:</th>
<th>Volume of packed Red Blood Cells (PRBC) (measured in Units or CC/mL) transfused in the first 4 hours after ED/Hospital Arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Constraints:</td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients
- Field refers to the total amount of transfused PRBC within the first 4 hours after patient arrival at your facility
- If no blood is transfused, enter field value zero (0)
- If PRBC are transfusing upon patient arrival at your facility:
  - If reporting in **UNITS**: Count as 1 unit
  - If reporting in **CC/mL**: record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Blood Measurement AND Transfusion Blood Conversion” fields
## Transfusion Blood – 24 Hours

<table>
<thead>
<tr>
<th>TR40_8 Transfusion Blood (24 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total amount of transfused PRBC within the first 24 hours after patient arrival at your facility
- If no blood is transfused, enter field value “N/A”
- If PRBC are transfusing upon patient arrival at your facility:
  - If reporting in **UNITS:** Count as 1 unit
  - If reporting in **CC/mL:** record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Blood Measurement AND Transfusion Blood Conversion” fields
**Transfusion Blood – Measurement**

<table>
<thead>
<tr>
<th><strong>TR40_23 Transfusion Blood Measurement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
</tr>
<tr>
<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**
1. Units
2. CC/mL

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Must also complete the “Transfusion Blood Conversion” field
Transfusion Blood – Conversion

<table>
<thead>
<tr>
<th>TR40_23 Transfusion Blood Conversion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the quantity of CCs or mL’s which constitutes a “Unit” of blood for transfusion at your facility (e.g. 500mL = 1 unit)
- Must also complete the “Transfusion Blood Measurement” field
## Transfusion Plasma – 4 Hours

<table>
<thead>
<tr>
<th>TR40_5 Transfusion Plasma (4 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number: PM_16 Transfusion Plasma (4 Hours)</td>
</tr>
<tr>
<td>NTDS Required: Yes</td>
</tr>
<tr>
<td>NHTDS Required: Yes</td>
</tr>
<tr>
<td>Data Format: Integer</td>
</tr>
<tr>
<td>Record Occurrence: 1:1</td>
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<tr>
<td>Data Entry: Free Text</td>
</tr>
<tr>
<td>Accepts CNV: Yes</td>
</tr>
<tr>
<td>Accepts “Blank”: No</td>
</tr>
<tr>
<td>Field Values: Volume of fresh frozen plasma (FFP) or thawed plasma (measured in Units or CC/mL) transfused in the first 4 hours after ED/Hospital Arrival</td>
</tr>
<tr>
<td>Field Constraints: Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total amount of transfused FFP or thawed plasma within the first 4 hours after patient arrival at your facility
- If FFP is transfusing upon patient arrival at your facility:
  - If reporting in **UNITS**: Count as 1 unit
  - If reporting in **CC/mL**: record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Plasma Measurement AND Transfusion Plasma Conversion” fields
Transfusion Plasma – 24 Hours

<table>
<thead>
<tr>
<th>TR40_9 Transfusion Plasma (24 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Name/Number:</td>
</tr>
<tr>
<td>NTDS Required:</td>
</tr>
<tr>
<td>NHTDS Required:</td>
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<td>Data Format:</td>
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<td>Record Occurrence:</td>
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<tr>
<td>Data Entry:</td>
</tr>
<tr>
<td>Accepts CNV:</td>
</tr>
<tr>
<td>Accepts “Blank”:</td>
</tr>
<tr>
<td>Field Values:</td>
</tr>
<tr>
<td>Field Constraints:</td>
</tr>
</tbody>
</table>

Notes:
- **Collection Criteria**: Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total amount of transfused FFP or thawed plasma within the first 24 hours after patient arrival at your facility
- If FFP is transfusing upon patient arrival at your facility:
  - If reporting in **Units**: Count as 1 unit
  - If reporting in **CC/mL**: Record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Plasma Measurement AND Transfusion Plasma Conversion” fields
**Transfusion Plasma – Measurement**

<table>
<thead>
<tr>
<th><strong>TR40_25 Transfusion Plasma Measurement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**

| 1. Units | 2. CC/mL |

**Field Constraints:**

Value is not a value menu option | Field must be N/A for patients who do not meet Collection Criteria *OR* patients who had no blood/plasma transfused

**Notes:**

- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Must also Complete the “Transfusion Plasma Conversion” field
## Transfusion Plasma – Conversion

<table>
<thead>
<tr>
<th><strong>TR40_26 Transfusion Plasma Conversion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
</tr>
<tr>
<td><strong>NHTDS Required:</strong></td>
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<tr>
<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the quantity of CCs or mL’s which constitutes a “Unit” of plasma for transfusion at your facility (e.g. 500mL = 1 unit)
- Must also complete the “Transfusion plasma Measurement” field
Transfusion Platelets – 4 Hours

<table>
<thead>
<tr>
<th>TR40_6 Transfusion Platelets (4 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> PM_20 Transfusion Platelets (4 Hours)</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
</tr>
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<td><strong>NHTDS Required:</strong> Yes</td>
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<tr>
<td><strong>Data Format:</strong> Integer</td>
</tr>
<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
</tr>
<tr>
<td><strong>Data Entry:</strong> Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong> Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong> Volume of platelets (measured in Units or CC/mL) transfused in the first 4 hours after ED/Hospital Arrival</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total amount of transfused platelets within the first 4 hours after patient arrival at your facility
- If platelets are transfusing upon patient arrival at your facility:
  - If reporting in **UNITS:** Count as 1 unit
  - If reporting in **CC/mL:** record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Platelets Measurement AND Transfusion Platelets Conversion” fields
### Transfusion Platelets – 24 Hours

<table>
<thead>
<tr>
<th><strong>TR40_10 Transfusion Platelets (24 Hours)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong> PM_21 Transfusion Platelets (24 Hours)</td>
</tr>
<tr>
<td><strong>NTDS Required:</strong> Yes</td>
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<td><strong>Data Format:</strong> Integer</td>
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<tr>
<td><strong>Record Occurrence:</strong> 1:1</td>
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<tr>
<td><strong>Data Entry:</strong> Free Text</td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong> Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong> No</td>
</tr>
<tr>
<td><strong>Field Values:</strong> Volume of platelets (measured in Units or CC/mL) transfused in the first 24 hours after ED/Hospital Arrival</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong> Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total amount of transfused platelets within the first 24 hours after patient arrival at your facility
- If platelets are transfusing upon patient arrival at your facility:
  - If reporting in **UNITS:** Count as 1 unit
  - If reporting in **CC/mL:** record the number of CC/mL transfused in your facility
- Must also Complete the “Transfusion Platelets Measurement **AND** Transfusion Platelets Conversion” fields
### Transfusion Platelets – Measurement

<table>
<thead>
<tr>
<th><strong>TR40_27 Transfusion Platelets Measurement</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>PM_22 Transfusion Platelets Measurement</td>
</tr>
<tr>
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<td><strong>NHTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>See below for specific values</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value is not a value menu option</td>
</tr>
</tbody>
</table>

#### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Must also Complete the “Transfusion Platelet Conversion” field
## Transfusion Platelets – Conversion

<table>
<thead>
<tr>
<th>TR40_28 Transfusion Platelets Conversion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
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<tr>
<td><strong>NTDS Required:</strong></td>
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<tr>
<td><strong>NHTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
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<tr>
<td><strong>Record Occurrence:</strong></td>
</tr>
<tr>
<td><strong>Data Entry:</strong></td>
</tr>
<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital Arriva
- Field refers to the quantity of CCs or mL’s which constitutes a “Unit” of platelets for transfusion at your facility (e.g. 500mL = 1 unit)
- Must also complete the “Transfusion Platelet Measurement” field
## Cryoprecipitate – 4 Hours

<table>
<thead>
<tr>
<th>TR40_7 Cryoprecipitate (4 Hours)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
<td>PM_24 Cryoprecipitate (4 Hours)</td>
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<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Accepts “Blank”:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
<td>Volume of Cryoprecipitate (measured in Units or CC/mL) transfused in the first 4 hours after ED/Hospital Arrival</td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total volume of solution enriched with clotting factors transfused within the first 4 hours after patient arrival at your facility
- If Cryoprecipitate is transfusing upon patient arrival at your facility:
  - If reporting in **UNITS:** Count as 1 unit
  - If reporting in **CC/mL:** record the number of CC/mL transfused in your facility
- Must also Complete the “Cryoprecipitate Measurement AND Cryoprecipitate Platelets Conversion” fields
### TR40_11 Cryoprecipitate (24 Hours)

<table>
<thead>
<tr>
<th>NTDS Name/Number:</th>
<th>PM_25 Cryoprecipitate (24 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTDS Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>NHTDS Required:</td>
<td>Yes</td>
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<tr>
<td>Data Format:</td>
<td>Integer</td>
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<tr>
<td>Record Occurrence:</td>
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<td>Data Entry:</td>
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<tr>
<td>Accepts CNV:</td>
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</tr>
<tr>
<td>Accepts “Blank”:</td>
<td>No</td>
</tr>
<tr>
<td>Field Values:</td>
<td>Volume of Cryoprecipitate (measured in Units or CC/mL) transfused in the first 24 hours after ED/Hospital Arrival</td>
</tr>
<tr>
<td>Field Constraints:</td>
<td>Value entered is invalid</td>
</tr>
</tbody>
</table>

**Notes:**

- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the total volume of solution enriched with clotting factors transfused within the first 4 hours after patient arrival at your facility
- If Cryoprecipitate is transfusing upon patient arrival at your facility:
  - If reporting in **UNITS:** Count as 1 unit
  - If reporting in **CC/mL:** record the number of CC/mL transfused in your facility
- Must also Complete the “Cryoprecipitate Measurement AND Cryoprecipitate Platelets Conversion” fields
## Cryoprecipitate – Measurement

<table>
<thead>
<tr>
<th><strong>TR40_29 Cryoprecipitate Measurement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NTDS Name/Number:</strong></td>
</tr>
<tr>
<td><strong>NTDS Required:</strong></td>
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<td><strong>Data Format:</strong></td>
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<td><strong>Record Occurrence:</strong></td>
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<tr>
<td><strong>Data Entry:</strong></td>
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<tr>
<td><strong>Accepts CNV:</strong></td>
</tr>
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<td><strong>Accepts “Blank”:</strong></td>
</tr>
<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
</tbody>
</table>

**Field Values:**

1. Units
2. CC/mL

**Notes:**

- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Must also Complete the “Cryoprecipitate Conversion” field
# Cryoprecipitate – Conversion

<table>
<thead>
<tr>
<th>TR40_30 Cryoprecipitate Conversion</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td><strong>Data Entry:</strong></td>
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</tr>
<tr>
<td><strong>Field Values:</strong></td>
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<tr>
<td><strong>Field Constraints:</strong></td>
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## Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the quantity of CCs or mL’s which constitutes a “Unit” of platelets for transfusion at your facility (e.g. 500mL = 1 unit)
- Must also complete the “Transfusion Platelet Measurement” field
Lowest ED/Hospital Systolic Blood Pressure

<table>
<thead>
<tr>
<th><strong>TR40_22 Lowest Systolic Blood Pressure</strong></th>
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**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the lowest sustained (>5minutes) SBP in the hour after the patient arrived at your facility
- Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  - For these patients record the value when obtained when compressions are paused
## Angiography – Type

<table>
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<th>TR40_12 Angiography</th>
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<tr>
<td><strong>Field Values:</strong></td>
</tr>
<tr>
<td><strong>Field Constraints:</strong></td>
</tr>
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</table>

### Field Values:
1. None
2. Angiogram Only
3. Angiogram with Embolization

### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- Field refers to the type of the interventional angiogram the patient underwent within 24 hours of arrival at your facility
- Field excludes CTA
# Angiography – Embolization Site

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<td><strong>Field Constraints:</strong></td>
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### Field Values:
1. Liver
2. Spleen
3. Kidneys
4. Pelvic (iliac, gluteal, obturator)
5. Retroperitoneum (lumbar, sacral)
6. Peripheral Vascular (neck, extremities)
7. Aorta (thoracic or abdominal)
8. Other

### Notes:
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
# Angiography – Date

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**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
# Angiography – Time

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**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
Surgery for Hemorrhage Control – Type

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</table>

**Field Values:**
See below for specific values | Select the type of surgery for hemorrhage control within the first 24 hours of patient arrival

**Field Constraints:**
Value is not a valid menu option | Field must be N/A for patients who do not meet Collection Criteria

**Field Values**
1. None
2. Laparotomy
3. Thoracotomy
4. Sternotomy
5. Extremity
6. Neck
7. Mangled Extremity or Traumatic Amputation
8. Other Skin or Soft Tissue

**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
- If it is unclear if surgery was for hemorrhage control, consult the relevant surgeon
- Field value “None” is used if surgical procedure used for hemorrhage control is not a listed field value
### TR40_20 Surgery for Hemorrhage Control Date

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**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
## Surgery for Hemorrhage Control – Time

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**Notes:**
- **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
Withdrawal of Life Supporting Treatment

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<td><strong>Field Constraints:</strong> Value entered is not a valid menu option</td>
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**Notes:**
- **Collection Criteria:** Collect on all patients
- This decision must be documented in the patient’s medical record and is often but not always associated with a discussion with the patient’s legal next of kin
- DNR orders are not a requirement and are not the same as a withdrawal of life supporting treatment
- Excludes the discontinuation of CPR, and involves typically involves prior planning
- A note to limit escalation of treatment qualifies as withdrawal of life supporting treatment, these interventions include:
  - Ventilator Support (with or without extubation)
  - Dialysis or other forms of Renal support
  - Administration of medications to support blood pressure or Cardiac functions
  - Specific Surgical, Interventional, or Radiological procedures (e.g. Decompressive craniectomy, operation for hemorrhage control, angiography)
    - This definition provides equal weight to the withdrawal of interventions already in place (e.g. extubation) and/or the decision not to proceed with a life-supporting intervention (e.g. intubation)
Withdrawal of Life Supporting Treatment– Date

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**Notes:**
- **Collection Criteria:** Collect on all patients
- Record the date the first of any existing life supporting intervention(s) are removes (e.g. extubation)
  - If no interventions are in place, document the date/time the decision not to proceed with a life-supporting intervention occurred
Withdrawal of Life Supporting Treatment – Time

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**Notes:**
- **Collection Criteria:** Collect on all patients
- Record the time the first of any existing life supporting intervention(s) are removes (e.g. extubation)
  - If no interventions are in place, document the date/time the decision not to proceed with a life-supporting intervention occurred
## Appendix A: New Hampshire Trauma Data Standard Revision Cycle

<table>
<thead>
<tr>
<th>MONTH &amp; YEAR:</th>
<th>MEETINGS:</th>
<th>REVISION ACTIONS:</th>
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<tbody>
<tr>
<td>OCTOBER 2017:</td>
<td>TMRC MEETING</td>
<td>Draft 2018 Dictionary presented to TRMC for final review/revision</td>
</tr>
<tr>
<td>NOVEMBER 2017:</td>
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<td>Draft 2018 Dictionary Revised</td>
</tr>
<tr>
<td>DECEMBER 2017:</td>
<td>TMRC MEETING</td>
<td>Revised 2018 Dictionary Presented to TRMC for Final Approval</td>
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<tr>
<td>JANUARY 2018:</td>
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<td>2018 Dictionary Released to Registrars for Use</td>
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<tr>
<td>FEBRUARY 2018:</td>
<td>TMRC MEETING</td>
<td>Open Call for 2019 Dictionary Revisions made at TRMC Meeting</td>
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<td>TMRC MEETING</td>
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<tr>
<td>JULY 2018:</td>
<td>2019 NHTDS Workshop</td>
<td>2019 Dictionary Workgroup Meets to Discuss &amp; Approve Revisions</td>
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<td>AUGUST 2018:</td>
<td>TMRC MEETING</td>
<td>Revised Data Fields are Presented to TRMC for Adoption into 2019 NHTDS</td>
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Appendix B: Address Field FIPS Codes

REGISTRARS TAKE NOTE:
The information presented in this appendix represents the most current information available at the time of this dictionary’s release. It is the responsibility of the registrar and reporting agency to ensure that the information reported to the NHTR is based on the most current data available from the United States Census Bureau. City Listings are NOT included here but may be found at: https://www.census.gov/geo/reference/codes/place.html

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Appendix C: Glossary of Co-Morbid Conditions

**REGISTRARS TAKE NOTE:**
The information presented in this appendix represents the most current information available at the time of this dictionary’s release. It is the responsibility of the registrar and reporting agency to ensure that the information reported to the NHTR is based on the most current definitions from the professional bodies listed next to the applicable condition. Additionally, for any of these conditions to be considered co-morbid, their presence must be documented in the patient’s medical record.

**Advanced Directive Limiting Care:** The patient had a written request limiting life sustaining therapy, or similar advanced directive, present prior to arrival at your facility.

**Alcohol Use Disorder:** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) Diagnosis of alcohol use disorder present prior to injury.

**Angina Pectoris:** (Consistent with American Heart Association (AHA) May, 2015) Chest pain or discomfort due to Coronary Heart Disease, present prior to injury. Usually causes uncomfortable pressure, fullness, squeezing, or pain in the center of the chest. Patient may also feel discomfort in the neck, jaw, shoulder, back, or arm. Symptoms may be different in women than men.

**Anticoagulant Therapy:** Documentation of the administration of medication that interferes with blood clotting, prior to injury. Exclude patients on chronic Aspirin therapy. Examples below:

<table>
<thead>
<tr>
<th>Anticoagulants</th>
<th>Antiplatelet Agents</th>
<th>Thrombin Inhibitors</th>
<th>Thrombolytic Agents</th>
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<tbody>
<tr>
<td>Fondaparinux</td>
<td>Tirofiban</td>
<td>Bevalirudin</td>
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<td>Dipyridamole</td>
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<td>Dalteparin</td>
<td>Anagrelide</td>
<td>Lepirudin, Hirudin</td>
<td>Tenactrpase</td>
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<td>Lovenox</td>
<td>Eptifibatide</td>
<td>Drotrecogin Alpha</td>
<td>Kabinase</td>
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<td>Pentasaccaride</td>
<td>Dipyridamole</td>
<td>Dabigatran</td>
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<td>APC</td>
<td>Clopidogrel</td>
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<tr>
<td>Ximelagatran</td>
<td>Cilostazol</td>
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<td>Abciximab</td>
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<td>Rivaroxaban</td>
<td>Ticlopidine</td>
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<td>Apixaban</td>
<td>Prasugrel</td>
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<tr>
<td>Heparin</td>
<td>Ticagrelor</td>
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</tbody>
</table>

**Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD / ADHD):** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) A disorder involving inattention, hyperactivity, or impulsivity requiring medication for treatment. Present prior to ED/Hospital arrival.

**Bleeding Disorder:** (Consistent with the American Society of Hematology, 2015) A constellation of conditions that result when the blood cannot clot properly. Present prior to injury. (e.g. Hemophilia, Factor V Leiden)
Cerebrovascular Accident (CVA): Prior to injury; patient has a history of embolic, thrombotic or hemorrhagic cerebrovascular accident with persistent residual motor, sensory, or cognitive dysfunction (e.g. hemiplegia, hemiparesis, aphasia, sensor deficit, impaired memory).

Chronic Obstructive Pulmonary Disease (COPD): (Consistent with World Health Organization (WHO) 2015) Lung ailment characterized by a persistent blockage of airflow from the lungs. Present prior to injury. Includes a constellation of symptoms including:
- Chronic bronchodilator therapy with oral or inhaled agents
- Functional disability (e.g. dyspnea, inability to perform ADLs)
- PFT or predicted Forced Expiratory Volume 1 second (FEV1) of < 75%
- Previous hospitalization for treatment of COPD
Does not include patients whose only pulmonary disease is acute asthma and/or diffuse interstitial fibrosis or sarcoidosis

Chronic Renal Failure: Condition of kidney dysfunction prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration. May be secondary to Diabetes, Chronic Hypertension or other medical conditions; consult the patient’s medical record.

Cirrhosis: Condition present prior to injury that may be also documented as “End Stage Liver Disease”. Consult diagnostic imaging or laparotomy/laparoscopy reports for presence of cirrhosis. Additionally, consider cirrhosis present if:
- Ascites with notation of Liver Disease
- Esophageal Varices (Current or Previous Diagnosis)
- Gastric Varices (Current or Previous Diagnosis)
- Portal Hypertension
- Previous Hepatic Encephalopathy

Congenital Anomalies: Presence of Cardiac, Pulmonary, Body Wall, CNS/Spinal, GI, Renal, Orthopedic, or Metabolic anomaly prior to injury

Congestive Heart Failure (CHF): The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or the ability to do so only at an increased ventricular filling pressure present prior to injury. To be considered medical record should reflect diagnosis of Congestive Heart Failure, CHF, or Pulmonary Edema with onset of increasing symptoms in the 30 days preceding injury. Common manifestations include:
- Abnormal limitation in physical exertion due to dyspnea or fatigue
- Cardiomegaly
- Increased Jugular Venous Pressure
- Orthopnea (difficulty breathing while lying flat)
- Paroxysmal Nocturnal Dyspnea (awakening from sleep with dyspnea)
- Pulmonary Rales on Physical Examination
- Pulmonary Vascular Engorgement
**Current Smoker:** A patient who reports smoking cigarettes every day or some days within the 12 months preceding injury. **Exclude** patients who smoke cigars, pipes, or use smokeless tobacco (e.g. chewing tobacco, snuff, electric cigarettes)

**Currently Receiving Chemotherapy for Cancer:** A patient who, prior to injury, was receiving any oral or parenteral chemotherapeutic agent for malignancies of:

- Breast
- Colon
- Gastrointestinal Solid Tumors
- Head and Neck
- Lung
- Lymphatic and Hematopoietic Malignancies
  - Leukemia
  - Lymphoma
  - Multiple Myeloma

**Dementia:** A loss of mental ability which affects a person’s ability to perform ADL’s. The result of many medical conditions, including Alzheimer’s disease, Vascular conditions (Vascular Dementia) etc.

**Diabetes Mellitus:** A condition present prior to injury which required the use of parenteral insulin and/or oral hypoglycemic agent to regulate blood glucose levels,

**Disseminated Cancer:** Patients who prior to injury have diagnosis of cancer that has spread to one or more sites in addition to the primary site AND in whom the presence of multiple metastases indicates Cancer in widespread.

**Consider if Cancer is Described as:**

- “Carcinomatosis”
- “Diffuse”
- “Widely Metastatic”
- “Widespread”

**Common Sites of Metastases Include:**

- Abdomen
- Bone
- Brain
- Liver
- Lung
- Meninges
- Peritoneum
- Pleura

**Functionally Dependent Health Status:** Patients who, prior to injury, as a result of cognitive or physical limitations relating to pre-existing medical condition(s) were partly or completely dependent upon equipment, devices, or another person to complete some or all activities of daily living (ADLs). ADL’s include: Bathing, Dressing, Feeding, Toileting and Walking.

**Hypertension:** A condition, present prior to injury, characterized by persistent elevated blood pressure requiring medical treatment
Mental or Personality Disorder: (Consistent with American Psychiatric Association (APA) DSM 5, 2013) The pre-injury presence of any of the following conditions:

- Adjustment Disorder
- Antisocial Personality Disorder
- Bipolar Disorders
- Borderline Personality Disorder
- Depressive Disorders
- Posttraumatic Stress Disorder
- Schizophrenia

Myocardial Infarction (MI): History of MI in the six months preceding injury.

Peripheral Vascular Disease (PAD): (Consistent with Centers for Disease Control and Prevention (CDC) 2014 Fact Sheet) A condition in which atherosclerotic (fatty plaque) blockages reduce or prevent blood flow through the arteries which serve the arms or legs. Most common in the legs, but may also affect the arms. Present prior to injury.

Prematurity: Any infant born:

- Prior to 37 weeks from the first day of the mother’s last menstrual period **AND**
- History of bronchopulmonary dysplasia **OR**
- Ventilator support for >7 days after birth

Steroid Use: Patients who, in the 30 days preceding injury, required the regular administration of oral or parenteral corticosteroid medications for the treatment of a chronic medical condition. **Exclude** topical corticosteroids applied to the skin and corticosteroids administered by inhalation or rectally.

Corticosteroid Medications Include:
- Prednisone
- Dexamethasone

Common Conditions Include:
- COPD
- Asthma
- Rheumatologic Disease
- Rheumatoid Arthritis
- Inflammatory Bowel Disease

Substance Abuse Disorder: (Consistent with American Psychiatric Association (APA) DSM 5, 2013) Diagnosis of substance use disorder present prior to injury

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Appendix D: Glossary of Hospital Complications

**REGISTRARS TAKE NOTE:**

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**Acute Kidney Injury (AKI) Stage 3:** (Consistent with Kidney Disease Improving Global Outcome (KDIGO) March 2012 Guideline) An abrupt decrease in kidney function that occurred during the patient’s initial stay at your hospital. If the patient or family refuses treatment (e.g. dialysis) the condition is still considered present if a combination of oliguria and creatinine are present. Exclude patients with renal failure that were requiring periodic renal replacement therapy (e.g. Peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration) prior to injury.

**KIDGO (Stage 3) Table:**
- (SCr) 3 times baseline **OR**
- Increase in SCr to ≥ 4.0mg/dL (≥353.6µmol/L) **OR**
- Initiation or Renal replacement therapy (or in patients <18 years) Decrease in eGFR to <35mL/min per 1.73m² **OR**
- Urine output <0.3mL/kg/hr for ≥ 24 hours **OR**
- Anuria for ≥ 12 hours

**Acute Respiratory Distress Syndrome (ARDS):** (Consistent with the New Berlin definition, 2012) Respiratory distress with the following symptomology occurring during the initial stay at your facility.

**Timing:** Within one week of known clinical insult **OR** new/worsening respiratory symptoms

**Chest Imaging:** Bilateral opacities that are not fully explained by effusion, lobar/lung collapse, or nodules

**Origin of Edema:** Respiratory failure not fully explained by cardiac failure or fluid overload. If no risk factors present, consider objective assessment (e.g. echocardiography) to exclude hydrostatic edema

**Oxygenation:** (at minimum) 200<PaO₂/FiO₂ ≤300 with PEEP or CPAP ≥ 5cmH₂O

**Alcohol Withdrawal Syndrome:** (Consistent with World Health Organization (WHO) 2016 definition of Alcohol Withdrawal Syndrome) Condition characterized by sweating, anxiety, agitation, depression, nausea, and malaise. Onset 6 - 48 hours after cessation of alcohol consumption; when uncomplicated symptoms abate 2 - 5 days after onset. Complications include tonic-clonic seizures that may progress to delirium tremens. Onset must have occurred during the initial stay at your facility.
**Cardiac Arrest with CPR:** The sudden cessation of cardiac activity after arrival at your facility and during the initial stay at your facility; Characterized by the patient becoming unresponsive without discernable signs of breathing or signs of circulation. Without rapid intervention, condition quickly progresses to sudden death.

Exclude patients who are receiving CPR on arrival at your facility

Include patients who have had an episode of cardiac arrest evaluated by hospital personnel and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation

**Catheter-Associated Urinary Tract Infection (CAUTI):** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of CAUTI) The development of UTI during the initial stay at your facility where:

- An indwelling urinary was in place for > 2 calendar day on the date of the UTI diagnosis with the day of catheter placement being day 1, AND
- An indwelling urinary catheter was in place on the date of the UTI diagnosis or the day before

If an indwelling urinary catheter was in place for >2 days and then removed, the date of the UTI diagnosis bust be the day of catheter removal or the day following day for the UTI to be catheter associated.

**CDC CAUTI Symptomatic-UTI (SUTI) Criteria 1a:**

- Patient must meet 1, 2, AND 3 below

1. Patient had an indwelling urinary catheter that had been in place for > 2 calendar days on the date of the UTI diagnosis (Day of catheter placement = Day 1) AND
   - a. Was present for any portion of the calendar day on the date of the event OR
   - b. Was removed the day before the date of UTI diagnosis
2. Patient has at least one of the following S/S:
   - a. Fever (>38.0°C)
   - b. Suprapubic Tenderness
   - c. Costovertebral Angle Pain or Tenderness
   - d. Urinary Urgency
   - e. Urinary Frequency
   - f. Dysuria
3. Patient has urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/mL

**CDC CAUTI Symptomatic UTI (SUTI) Criteria 2:**

- Patient must meet 1, 2, AND 3 below

1. Patient is ≤1 year of age (with or without indwelling urinary catheter)

2. Patient has at least one of the following S/S:
   - a. Fever (>38.0°C)
   - b. Hypothermia (<36.0°C)
   - c. Apnea
   - d. Bradycardia
   - e. Lethargy
   - f. Vomiting
   - g. Suprapubic Tenderness

3. Patient has urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/mL
Central Line-Associated Bloodstream Infection (CLABSI): (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of CLABSI) A laboratory-confirmed bloodstream infection (LCBI) where:

- A central line (CL) or umbilical catheter (UC), was in place for >2 calendar days on the date of the LCBI diagnosis with the day of device placement being day 1, AND
- The line was also in place on the date of the LCBI diagnosis or the day before

If a CL or UC was in place for >2 calendar days and then removed, the date of LCBI diagnosis must be the day of device removal or the next day for the LCBI to be Central Line-associated.

If the patient is admitted or transferred into a facility with an implanted central line (port) device in place, and the implanted port is the patient’s only central line, day of first access in an inpatient location is considered Day 1. “Access” is defined as placement, infusion or withdrawal through the line. These lines are eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharge (as per the Transfer Rule) De-access of a port does not result in the patient’s removal from CLABSI surveillance.

CDC LCBI Criteria 1:
1. Patient has a recognized pathogen identified from one or more blood specimens by a culture or non-culture based microbiologic testing method which is performed for the purpose of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing) AND
2. Organism(s) identified in the blood is/are not related to another infection at another site OR

CDC LCBI Criteria 2:
1. The patient has **at least one** of the following S/S
   a. Fever (>38.0°C)
   b. Chills
   c. Hypotension **AND**
2. Organism(s) identified in the blood is/are not related to another infection at another site **AND**
3. The same common commensal is identified from two or more blood specimens drawn on separate occasions by a culture or non-culture based microbiologic testing method which is performed for the purpose of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing).
   a. Criteria elements must occur within a seven-day Infection window, this includes the collection date of the positive blood and three calendar days pre and post collection date **OR**

CDC LCBI Criteria 3:
1. Patient is ≤ 1 year of age and has **at least one** of the following S/S:
   a. Fever (>38.0°C)
   b. Hypothermia (<36.0°C)
   c. Apnea
   d. Bradycardia **AND**
2. Organism(s) identified in the blood is/are not related to another infection at another site **AND**
3. The same common commensal is identified from two or more blood specimens drawn on separate occasions by a by a culture or non-culture based microbiologic testing method which is performed for the purpose of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing).
   a. Criteria elements must occur within a seven-day Infection window, this includes the collection date of the positive blood and three calendar days pre and post collection date

**Deep Surgical Site Infection:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of SSI) An infection of the surgical site which meets the following criteria:

1. Infection occurs within 30 or 90 days post National Healthcare Safety Network (NHSN) defined operative procedure (see list below, **NOTE:** Day 1= Procedure Date) **AND**
2. Infection involves deep soft tissues of the Incision (e.g. Fascia and Muscle layers) **AND**
3. The patient has **at least one** of the following:
   a. Purulent drainage from the deep incision
   b. A deep incision that:
      i. Spontaneously dehisces
      ii. Is deliberately opened or aspirated by a surgeon, attending physician or other designee **AND** an organism is identified by a by a culture or non-culture based microbiologic testing method which is performed for the purpose of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing) **OR** Culture/Non-culture based microbiologic testing methods are not performed **AND**
      iii. The patient has **at least one** of the following S/S:
         1. Fever (>38.0°C)
         2. Localized pain or tenderness
      iv. A culture or non-culture based test that has a negative finding does not meet this criteria
   c. An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam or imaging tests

**NOTE:** There are to specific types of deep incisional SSIs:

1. **Deep Incisional Primary (DIP)** – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g. C-section incisions or chest incision for CBGB)
2. **Deep Incisional Secondary (DIS)** – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g. donor site incision for CBGB)
Table 2: Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories (NOTE: Day 1= Procedure Date)

<table>
<thead>
<tr>
<th>Code</th>
<th>Operative Procedure</th>
<th>Code</th>
<th>Operative Procedure</th>
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<tbody>
<tr>
<td>AAA</td>
<td>Abdominal Aortic Aneurysm Repair</td>
<td>LAM</td>
<td>Laminectomy</td>
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<td>AMP</td>
<td>Limb Amputation</td>
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<td>Liver Transplant</td>
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<td>APPY</td>
<td>Appendix Surgery</td>
<td>NECK</td>
<td>Neck Surgery</td>
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<td>AVSD</td>
<td>Shunt for Dialysis</td>
<td>NEPH</td>
<td>Kidney Surgery</td>
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<td>Bile Duct, Liver, or Pancreatic Surgery</td>
<td>OVRY</td>
<td>Ovarian Surgery</td>
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<td>Carotid Endarterectomy</td>
<td>PRST</td>
<td>Prostate Surgery</td>
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<td>Gallbladder Surgery</td>
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<td>Colon Surgery</td>
<td>SB</td>
<td>Small Bowel Surgery</td>
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<td>CSEC</td>
<td>Cesarean Section</td>
<td>SPLE</td>
<td>Spleen Surgery</td>
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<td>Gastric Surgery</td>
<td>THOR</td>
<td>Thoracic Surgery</td>
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<td>HTP</td>
<td>Heart Transplant</td>
<td>THUR</td>
<td>Thyroid and/or Parathyroid Surgery</td>
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<td>Vaginal Hysterectomy</td>
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<td>KTP</td>
<td>Kidney Transplant</td>
<td>XLAP</td>
<td>Exploratory Laparotomy</td>
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<td>BRST</td>
<td>Breast Surgery</td>
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<td>CARD</td>
<td>Cardiac Surgery</td>
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<tr>
<td>CBGB</td>
<td>Coronary Artery Bypass Graft with both Chest and Donor Site Incisions</td>
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<tr>
<td>CBGC</td>
<td>Coronary Artery Bypass Graft with Chest Incision Only</td>
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<td>CRAN</td>
<td>Craniotomy</td>
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<td>FUSN</td>
<td>Spinal Fusion</td>
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<td>Open Reduction of Fracture</td>
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<tr>
<td>KPRO</td>
<td>Knee Prosthesis</td>
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<tr>
<td>PACE</td>
<td>Pacemaker Surgery</td>
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<tr>
<td>PVBY</td>
<td>Peripheral Vascular Bypass Surgery</td>
</tr>
<tr>
<td>VSHN</td>
<td>Ventricular Shunt</td>
</tr>
</tbody>
</table>

Deep Vein Thrombosis (DVT): The formation, development, or existence of a blood clot or thrombus within the vascular system, which may be coupled with inflammation. The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava. Diagnosis may be confirmed by a venogram, ultrasound, or CT and must have occurred during the patient’s initial stay at your facility.

Extremity Compartment Syndrome: A condition not present at admission, in which there is documentation of tense muscular compartments of an extremity through clinical assessment or direct measurement of intra-compartmental pressure requiring fasciotomy. Compartment syndromes usually involve the leg, but can also involve the forearm, arm, thigh and shoulder. Must have occurred during the patient’s initial stay at your facility and should only be documented as a complication if it is originally missed leading to late recognition, a need for late intervention and has threatened limb viability.
Myocardial Infarction (MI): An acute Myocardial Infarction must be noted with documentation of any of the following:
1. Documentation of ECG Changes Indicative of MI
   a. ST Elevation >1 mm in to or more contiguous leads
   b. New onset Left Bundle Branch Block (LBBB)
   c. New Q-Wave in two or more contiguous leads OR
2. New elevation in troponin greater than three times upper level of the reference range in the setting of suspected Myocardial ischemia OR
3. Physician Diagnosis of Myocardial Infarction

Organ/Space Surgical Site Infection: (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of SSI) An infection of the surgical site which meets the following criteria:
1. Infection occurs within 30 or 90 days post National Healthcare Safety Network (NHSN) defined operative procedure (see list below, NOTE: Day 1= Procedure Date) AND
2. Infection involves any part of the body deeper than the fascia or muscle layers that is opened or manipulated during the operative procedure AND
3. The patient has at least one of the following:
   a. Purulent drainage from a drain that is placed into the organ/space (e.g. closed suction drainage, open drain, T-Tube drainage, CT Guided drainage)
   b. Organisms are identified from an aseptically-obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for the purpose of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing)
   c. An abscess or other evidence of infection that is detected on gross anatomical or histopathologic exam or imaging test AND
      i. Meets at least one of the specific organ/space infection site criteria listed in Table 3 below

Table 2: Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories (NOTE: Day 1= Procedure Date)

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<td>REC</td>
<td>Rectal Surgery</td>
</tr>
<tr>
<td>COLO</td>
<td>Colon Surgery</td>
<td>SB</td>
<td>Small Bowel Surgery</td>
</tr>
<tr>
<td>CSEC</td>
<td>Cesarean Section</td>
<td>SLE</td>
<td>Spleen Surgery</td>
</tr>
<tr>
<td>GAST</td>
<td>Gastric Surgery</td>
<td>THOR</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>HTP</td>
<td>Heart Transplant</td>
<td>THUR</td>
<td>Thyroid and/or Parathyroid Surgery</td>
</tr>
<tr>
<td>HYST</td>
<td>Abdominal Hysterectomy</td>
<td>VHYS</td>
<td>Vaginal Hysterectomy</td>
</tr>
<tr>
<td>KTP</td>
<td>Kidney Transplant</td>
<td>XLAP</td>
<td>Exploratory Laparotomy</td>
</tr>
</tbody>
</table>

Table 3: Specific Organ/Site Infection Site Criteria Listed

<table>
<thead>
<tr>
<th>Code</th>
<th>Organ/Site Infection Site Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Table 3: Specific Sites of an Organ/Space SSI**

<table>
<thead>
<tr>
<th>Code</th>
<th>Site</th>
<th>Code</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONE</td>
<td>Osteomyelitis</td>
<td>LUNG</td>
<td>Other Infections of Respiratory Tract</td>
</tr>
<tr>
<td>BRST</td>
<td>Breast Abscess, Mastitis</td>
<td>MED</td>
<td>Mediastinitis</td>
</tr>
<tr>
<td>CARD</td>
<td>Myocarditis OR Pericarditis</td>
<td>MEN</td>
<td>Meningitis or Ventriculitis</td>
</tr>
<tr>
<td>DISC</td>
<td>Disc Space</td>
<td>ORAL</td>
<td>Oral Cavity (mouth, tongue, gums)</td>
</tr>
<tr>
<td>EAR</td>
<td>Ear, Mastoid</td>
<td>OREP</td>
<td>Other Infections of the male/female Reproductive Tract</td>
</tr>
<tr>
<td>EMET</td>
<td>Endometritis</td>
<td>PJI</td>
<td>Periprosthetic Joint Infection</td>
</tr>
<tr>
<td>ENDO</td>
<td>Endocarditis</td>
<td>SA</td>
<td>Spinal Abscess without Meningitis</td>
</tr>
<tr>
<td>EYE</td>
<td>Eye, other than conjunctivitis</td>
<td>SINU</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>GIT</td>
<td>GI Tract</td>
<td>UR</td>
<td>Upper Respiratory Tract</td>
</tr>
<tr>
<td>HEP</td>
<td>Hepatitis</td>
<td>USI</td>
<td>Urinary System Infection</td>
</tr>
<tr>
<td>IAB</td>
<td>Intraabdominal, Not otherwise specified</td>
<td>VASC</td>
<td>Arterial or Venous Infection</td>
</tr>
<tr>
<td>IC</td>
<td>Intracranial, brain abscess or dura</td>
<td>VCUF</td>
<td>Vaginal Cuff</td>
</tr>
<tr>
<td>JNT</td>
<td>Joint or Bursa</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Osteomyelitis:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of Bone and Joint Infection) An infection of the bone which meets *at least one* of the following criteria:

1. The patient has organisms identified from bone by culture or non-culture based microbiologic testing method which is performed for the purposes of clinical diagnosis and treatment (e.g. NOT active surveillance culture/testing)
2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam
3. Patient has *at least two* of the following (without other recognized cause):
   a. Fever (>38°C)
   b. Swelling
   c. Pain or Tenderness
   d. Heat
   e. Drainage
In addition to the criteria above the patient must have AT LEAST ONE of the following:

1. Organisms identified from blood by culture or non-culture based microbiologic testing methods which is performed for purposes of clinical diagnosis and treatment (e.g. NOT active surveillance culture/testing) in a patient with imaging test evidence suggestive of infection (e.g. X-ray, CT scan, MRI, Radiolabel scan) which if equivocal is supported by clinical correlation (i.e. physician documentation of antimicrobial treatment for osteomyelitis)

2. Imaging test evidence suggestive of infection (e.g. X-ray, CT scan, MRI, Radiolabel scan) which if equivocal is supported by clinical correlation (i.e. physician documentation of antimicrobial treatment for osteomyelitis)

Pulmonary Embolism: The lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to lung parenchyma which occurred during the patient’s initial stay at your facility. Clots may originate from the deep veins of the leg or the pelvic venous system. Consider PE present if the patient has:

- V-Q scan interpreted as “high probability of Pulmonary Embolism”
- Positive Pulmonary Arteriogram
- Positive CT angiogram
- Diagnosis of PE in the patient’s medical record

Pressure Ulcer: (Consistent with the National Pressure Ulcer Advisory Panel (NPUAP) 2014) A Localized Injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are associated with pressure ulcers; the significance of these factors in yet to be elucidated. See NPUAP Stages II-IV, Unstageable/Unclassified and deep tissue injury. Documented occurrence must have happened during the patient’s initial stay at your facility.

Severe Sepsis: (Consistent with the American College of Chest Physicians and the Society of Critical Care Medicine, October, 2010) A diagnosis of Sepsis meeting the following criteria occurring during the patient’s initial stay at your facility.

- Severe Sepsis: Sepsis plus end organ dysfunction, hypotension or hypoperfusion to one or more organs
- Septic Shock: Sepsis with persisting arterial hypotension or hypoperfusion despite adequate fluid resuscitation

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**Stroke/CVA**: A focal or global neurological deficit of rapid onset NOT present at time of admission. The patient must have **at least one** of the following S/S:

- Change in level of consciousness
- Hemiplegia
- Hemiparesis
- Numbness or sensory loss affecting one side of the body
- Dysphasia or Aphasia
- Hemianopia
- Amaurosis Fugax
- Other neurologic S/S consistent with stroke

**AND**
- Duration of Neurological Deficit ≥ 24 hours

**OR**
- Duration of deficit <24 hours if
  a. Neuroimaging (MRI, CT, Cerebral Angiography) documents a new hemorrhage or infarct consistent with stroke

b. Therapeutic interventions were performed for stroke
c. Neurologic interventions resulted in death

**AND**
- No other readily identifiable non-stroke causes (e.g. progression of existing traumatic brain injury, seizure, tumor, metabolic or pharmacologic etiologies) are identified

**AND**
- Diagnosis is confirmed by neurology or neurosurgical specialist or neuroimaging procedure (MRI, CT, angiography) or Lumbar Puncture (CSF demonstrating intracranial hemorrhage that was not present on admission)

Although the neurologic deficit must not be present on admission, Risk factors predisposing the patient to stroke (e.g. blunt cerebrovascular injury, dysrhythmia) may be present on admission.

**Superficial Incisional Surgical Site Infection**: (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of SSI) An infection of the surgical site occurring during the patient’s initial stay at your facility which meets the following criteria:

- Infection occurs within 30 days after any NHSN operative procedure **NOTE**: Day 1= Procedure Date

**AND**
- Involves **ONLY** the skin and subcutaneous tissue of the incision

**AND**
- The patient has **at least one** of the following:
  a. Purulent drainage from the superficial incision
  b. Organisms are identified from an aseptically-obtained specimen from the superficial incision by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g. NOT active surveillance culture testing)
  c. Superficial incision is deliberately opened by a surgeon, attending physician, or other designee and culture or non-culture based testing is not performed **AND** the patient has **at least one** of the following S/S:
     - Pain or tenderness
     - Localized swelling
     - Erythema or Heat
  d. Diagnosis of Superficial SSI by the Surgeon or Attending physician
NOTE: There are two specific types of superficial incisional SSIs:
1. **Superficial Incisional Primary (SIP)** – a superficial incisional SSI that is identified on the primary incision in a patient that has had an operation with one or more incisions (e.g. C-section incisions or chest incision for CBGB)
2. **Superficial Incisional Secondary (SIS)** – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g. donor site incision for CBGB)

**Unplanned Admission to the ICU:** Patients admitted to the ICU after initial transfer to the floor, and/or patients with an unplanned return to the ICU after initial ICU discharge. Must have occurred during the patient’s initial stay at your facility. **Exclude:** patients in which ICU care was required for postoperative care of a planned surgical procedure.

**Unplanned Intubation:** Patient requires placement of an Endotracheal Tube and mechanical or assisted ventilation because of the onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or resp. acidosis.
- For patients intubated in the field, emergency department, or for surgery; unplanned intubation occurs if the patient requires reintubation >24 hours after extubation

**Unplanned Return to the Operating Room:** The unplanned return of the patient to the Operating Room after initial operative management for a similar or related previous procedure. Return must occur during the patient’s initial stay at your facility.

**Ventilator-Associated Pneumonia (VAP):** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of VAP) A pneumonia occurring during the patient’s initial stay at your facility where
- The patient is on mechanical ventilation for >2 days on the date of pneumonia diagnosis when the date of ventilator initiation = Day 1 **AND**
- The ventilator was in place on the date of diagnosis or the day before. If the patient is admitted or transferred into your facility on a ventilator the day of admission is considered Day 1

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**VAP Algorithm (PNU2 Bacterial or Filamentous Fungal Pathogens):**

<table>
<thead>
<tr>
<th>Imaging Test Evidence</th>
<th>Signs / Symptoms</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more serial chest imaging test results with <strong>at least one</strong> of the following:</td>
<td><strong>At least one</strong> of the following:</td>
<td><strong>At least one</strong> of the following:</td>
</tr>
<tr>
<td>New or Progressive <strong>AND</strong> persistent infiltrate</td>
<td>Fever (&gt;38°C or &gt;100.4°F)</td>
<td>Organism identified from blood</td>
</tr>
<tr>
<td>Consolidation</td>
<td>Leukopenia (≤4000 WBC/MM³) or Leukocytosis (≥ 12,000 WBC/MM³)</td>
<td>Organism identified from pleural fluid</td>
</tr>
<tr>
<td>Cavitation</td>
<td>For adults ≥ 70 years old, altered mental status without other recognized cause</td>
<td>Positive quantitative culture from minimally-contaminated LRT specimen (e.g. BAL or protected specimen brushing)</td>
</tr>
<tr>
<td>Pneumatoceles, In infants ≤ 1 year old</td>
<td><strong>AND at least two</strong> of the following:</td>
<td>≥5% BAL-obtained calls contained intracellular bacteria on direct microscopic exam (e.g. Gram’s stain)</td>
</tr>
<tr>
<td><strong>NOTE:</strong> In patients <strong>WITHOUT</strong> underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <strong>ONE DEFINITIVE</strong> Chest Imaging test result is acceptable</td>
<td>New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements</td>
<td>Positive quantitative culture of lung tissue</td>
</tr>
<tr>
<td></td>
<td>New onset or worsening cough or dyspnea, or tachypnea</td>
<td><strong>OR:</strong> Histopathologic exam shows <strong>at least one</strong> of the following evidences of pneumonia:</td>
</tr>
<tr>
<td></td>
<td>Rales of bronchial breath sounds</td>
<td>Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and Alveoli</td>
</tr>
<tr>
<td></td>
<td>Worsening gas exchange (e.g. O₂ saturations (e.g. PaO₂/FiO₂ ≤240), increased oxygen requirements, or increased ventilator demand)</td>
<td>Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae</td>
</tr>
</tbody>
</table>

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### VAP Algorithm (PNU2 Viral, Legionella, and Other Bacterial Pneumonias):

<table>
<thead>
<tr>
<th>Imaging Test Evidence</th>
<th>Signs / Symptoms</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more serial chest imaging test results with <strong>at least one</strong> of the following:</td>
<td><strong>At least one</strong> of the following:</td>
<td><strong>At least one</strong> of the following:</td>
</tr>
<tr>
<td>New or Progressive <strong>AND</strong> persistent infiltrate</td>
<td>Fever (&gt;38°C or &gt;100.4°F)</td>
<td>Virus, Bordetella, Legionella, Chlamydia, or mycoplasma identified from respiratory secretions or tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g. NOT active surveillance culture/testing)</td>
</tr>
<tr>
<td>Consolidation</td>
<td>Leukopenia (≤4000 WBC/MM$^3$) or Leukocytosis (≥ 12,000 WBC/MM$^3$)</td>
<td>Fourfold rise in paired sera(IgG) for pathogen (e.g. influenza viruses, Chlamydia)</td>
</tr>
<tr>
<td>Cavitation</td>
<td>For adults ≥ 70 years old, altered mental status without other recognized cause</td>
<td>Fourfold rise in legionella pneumophila serogroup 1 antibody titer to ≥1:128 in paired acute and convalescent sera by indirect IFA</td>
</tr>
<tr>
<td>Pneumatoceles, In infants ≤ 1 year old</td>
<td><strong>AND at least one</strong> of the following:</td>
<td>Detection of L. Pneumophila serogroup 1 Antigens in urine by RIA or EIA</td>
</tr>
<tr>
<td><strong>NOTE:</strong> In patients <strong>WITHOUT</strong> underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <strong>ONE DEFINITIVE</strong> Chest Imaging test result is acceptable</td>
<td>New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New onset or worsening cough or dyspnea, or tachypnea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rales or bronchial breath sounds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worsening gas exchange (e.g. $O_2$ saturations (e.g. $PaO_2/FiO_2 ≤240$), increased oxygen requirements, or increased ventilator demand)</td>
<td></td>
</tr>
</tbody>
</table>

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### VAP Algorithm (PNU3 Immunocompromised Patients):

<table>
<thead>
<tr>
<th>Imaging Test Evidence</th>
<th>Signs / Symptoms</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more serial chest imaging test results with <em>at least one</em> of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New or Progressive <strong>AND</strong> persistent infiltrate</td>
<td>Patient who is immunocompromised and has <em>at least one</em> of the following:</td>
<td><em>At least one</em> of the following:</td>
</tr>
<tr>
<td>Consolidation</td>
<td>Fever (&gt;38°C or &gt;100.4°F)</td>
<td>Identification of Matching <em>Candida</em> spp. from blood and sputum, endotracheal aspirate, BAL or protected specimen brushing</td>
</tr>
<tr>
<td>Cavitation</td>
<td>For adults ≥ 70 years old, altered mental status without other recognized cause</td>
<td></td>
</tr>
<tr>
<td>Pneumatoceles, In infants ≤ 1 year old</td>
<td>New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> In patients <strong>WITHOUT</strong> underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <strong>ONE DEFINITIVE</strong> Chest Imaging test result is acceptable</td>
<td>New onset or worsening cough or dyspnea, or tachypnea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rales or bronchial breath sounds</td>
<td>Evidence of fungi from minimally-contaminated LRT specimen (e.g. BAL or protected specimen brushing) from one of the following:</td>
</tr>
<tr>
<td></td>
<td>Worsening gas exchange (e.g. O₂ saturations (e.g. PaO₂/FiO₂ ≤240), increased oxygen requirements, or increased ventilator demand)</td>
<td>• Direct microscopic exam</td>
</tr>
<tr>
<td></td>
<td>Hemoptysis</td>
<td>• Positive culture of fungi</td>
</tr>
<tr>
<td></td>
<td>Pleuritic chest pain</td>
<td>• Non-culture diagnostic laboratory test</td>
</tr>
</tbody>
</table>

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**VAP Algorithm ALTERNATE CRITERIA (PNU1) for Infants ≤1 year old:**

<table>
<thead>
<tr>
<th>Imaging Test Evidence</th>
<th>Signs / Symptoms &amp; Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more serial chest imaging test results <strong>with at least one</strong> of the following:</td>
<td>Worsening gas exchange (e.g. O\textsubscript{2} saturations (e.g. PaO\textsubscript{2}/FiO\textsubscript{2} ≤240), increased oxygen requirements, or increased ventilator demand) <strong>AND At least three</strong> of the following:</td>
</tr>
<tr>
<td>New or Progressive <strong>AND</strong> persistent infiltrate</td>
<td>Temperature Instability</td>
</tr>
<tr>
<td>Consolidation</td>
<td>Leukopenia (≤4000 WBC/MM\textsuperscript{3}) or Leukocytosis (≥ 12,000 WBC/MM\textsuperscript{3})</td>
</tr>
<tr>
<td>Cavitation</td>
<td>New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements</td>
</tr>
<tr>
<td>Pneumatoceles, In infants ≤ 1 year old</td>
<td>Apnea, Tachypnea, nasal flaring with retraction of chest wall, or nasal flaring with grunting</td>
</tr>
<tr>
<td><strong>NOTE:</strong> In patients <strong>WITHOUT</strong> underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <strong>ONE DEFINITIVE</strong> Chest Imaging test result is acceptable</td>
<td>Wheezing, rales, rhonchi</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
</tr>
<tr>
<td></td>
<td>Bradycardia (&lt;100beats/min) or Tachycardia (&gt;170beats/min)</td>
</tr>
</tbody>
</table>

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**NEW HAMPSHIRE TRAUMA DATA STANDARD | 2018**

**VAP Algorithm ALTERNATE CRITERIA (PNU1) for Children >1 yr. old or ≤12 yrs. old**

<table>
<thead>
<tr>
<th>Imaging Test Evidence</th>
<th>Signs / Symptoms &amp; Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more serial chest imaging test results with <strong>at least one</strong> of the following:</td>
<td><strong>At least three</strong> of the following:</td>
</tr>
<tr>
<td>New or Progressive <strong>AND</strong> persistent infiltrate</td>
<td>Temperature Instability</td>
</tr>
<tr>
<td>Consolidation</td>
<td>Leukopenia (≤4000 WBC/MM$^3$) or Leukocytosis (≥ 12,000 WBC/MM$^3$)</td>
</tr>
<tr>
<td>Cavitation</td>
<td>New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements</td>
</tr>
<tr>
<td>Pneumatoceles, In infants ≤ 1 year old</td>
<td>Apnea, Tachypnea, nasal flaring with retraction of chest wall, or nasal flaring with grunting</td>
</tr>
</tbody>
</table>

**NOTE:** In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
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