Arkansas Department of Health

Arkansas Trauma Registry

Data Dictionary

Required Data Elements

Revision 12.0

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Introduction

The Arkansas Trauma Registry Data Dictionary details the requirements for the mandatory data elements submitted by Arkansas trauma centers.

This Dictionary provides a detailed description of each required data point included in the Arkansas Trauma Registry.

For further information, please contact:
Trauma Registry Section
Health Statistics Branch
Center for Public Health Practice
Arkansas Department of Health
4815 W. Markham, Slot 19
Little Rock, Arkansas 72205
Phone: (501) 661-2323

Patient Inclusion Criteria

Description:

To ensure consistent data collection across the state, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria*:

**In-house traumatic injuries sustained after initial ED/Hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.*

At least one of the following injury diagnostic codes defined in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):

S00-S99 with 7th character modifiers of A, B, or C only (Injuries to specific body parts – initial encounter) ***see the quick reference section for a descriptor of code categories.*

T07 (unspecified multiple injuries)

T14 (injury of unspecified body region)

T20-T28 with 7th character modifier of A only (burns by specific body parts – initial encounter) ****Exclude burn patients if hospital uses the burn registry.*

T30-T32 (burn by TBSA percentages) ****Exclude burn patients if hospital uses the burn registry.*

T59.811A-T59.814A, T59.91XA-T59.94XA (Smoke Inhalation)

T63.001A Snakebites (Venomous)

T71.111A-T71.114A, T71.121A-T71.124A, T71.131A-T71.134A, T71.141A-T71.144A, T71.151A-T71.154A, T71.161A-T71.164A, T71.191A-T71.194A, T71.20XA-T71.21XA, T71.221A-T71.224A, T71.231A-T71.234A, T71.29XA, T71.9XXA (Asphyxiation and Strangulation includes Hanging)

T75.1XXA (Drowning and nonfatal submersion)**,** ***T75.4XXA*** (Electrocution)**,** ***T75.00XA-T75.01XA*** (Lightning)

T79.A1-T79.A9 with 7th character modifier of A only (Traumatic Compartment Syndrome – initial encounter)

E-code W54.0XXA (Dog bite)

Excluding the following isolated injuries:

Superficial injuries, including blisters, contusions, abrasions, and insect bites: S00.0-S97.97XS, S10.0-S10.97XS, S20.0-S20.97XS, S30.0-S30.98XS, S40.0-S40.929S, S50.0-S50.919S, S60.0-S60.949S, S70.0-S70.929S, S80.0-S80.929S, S90.0-S90.936S

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded. *See the *quick reference section for a list of codes*

Foreign bodies: T15-T19

Injuries that are more than 14 days old

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO THE ICD-10-CM:

- Hospital admission for injury (in-patient, direct, and/or observed)
    - Hospital admission is defined as any ED disposition other than a destination out of the hospital (home, jail, back to skilled nursing facility or other institutional care, etc.) Includes any admission post ED/Hospital discharge that occurs because of a missed injury or delayed diagnosis.
    - Excludes ED disposition to L&D for monitoring. Excludes hospital admission for reasons other than trauma, i.e., diagnostic work-up for chest pain/syncope, medical management of medical conditions (dehydration, diabetes, HTN, etc.), psychiatric related concerns. Excludes planned readmits or scheduled admits via the clinic.
- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status)

OR MUST INCLUDE ONE OF THE FOLLOWING INDEPENDENT OF THE ICD-10-CM EXCLUSIONS REGARDING SUPERFICIAL INJURIES, LATE EFFECT CODES, OR HOSPITAL ADMISSION:

- All trauma team activations involving the trauma surgeon****.

  ****Applies to Level I-III facilities; Level IV facility activation criteria does not require a surgeon. Record any level of activation if a patient is admitted, expires in the ED, or transferred to another acute care facility*.

- Transfer from one acute care hospital to another acute care hospital*****.

  *****Patients transferred out due to burns are included in the registry.*

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

Issue of Residence: Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

ARKANSAS TRAUMA REGISTRY PATIENT INCLUSION CRITERIA

Follow each step downward to include or exclude patient

START HERE:

Did the patient sustain one or more traumatic injuries within 14 days from initial hospital encounter?

NO → **DO NOT INCLUDE in the Arkansas Trauma Registry**

YES

Does the patient have a primary ICD-10-CM diagnosis code of S00-S99 (with 7th character modifiers of A,B, or C only), T07, T14, T20-T28 (with 7th character modifier of A only), T30-T32, T79.A1-T79.A9 (with 7th character modifier of A only), T59.811A-T59.814A, T59.91XA-T59.94XA (Smoke Inhalation), T75.00XA-T75.01XA (Lightning), T75.1XXA (Drowning and nonfatal submersion), T71.111A-T71.114A, T71.121A-T71.124A, T71.131A-T71.134A, T71.141A-T71.144A, T71.151A-T71.154A, T71.161A-T71.164A, T71.191A-T71.194A, T71.20XA-T71.21XA, T71.221A-T71.224A, T71.231A-T71.234A, T71.29XA, T71.9XXA (Asphyxiation and Strangulation includes Hanging), T75.4XXA Electrocution, T63.001A Snakebites (venomous) and E-code W54.0XXA Dog bite?*

Exclude superficial injuries, late effect codes or foreign bodies
Exclude burn patients if hospital uses burn registry

NO → **DO NOT INCLUDE* in the Arkansas Trauma Registry**

***Do not exclude if there was a *Trauma Team Activation* or *Acute to Acute Hospital Transfer*. Continue through to step three.**

YES

CONTINUE TO STEP 2:

Did the patient's injury result in death in the ED or after admission?*

***Include all trauma deaths** independent of hospital admission or hospital-to-hospital transfer status*

YES → **INCLUDE In the Arkansas Trauma Registry**

NO

Was the patient ***directly**** admitted (inpatient) to your hospital?

**Exclude patients with isolated injuries admitted for elective and/or planned surgical intervention*

YES → **INCLUDE In the Arkansas Trauma Registry**

NO

Was the patient admitted to your facility due to their injury?*

***Include** admits due to missed or delayed diagnosis.*
***Exclude** planned readmits, admits via clinic, admits for L&D monitoring, observation more than 24 hours, or admits for any reason other than trauma*

YES → **INCLUDE In the Arkansas Trauma Registry**

NO

CONTINUE TO STEP 3:

Was the Trauma Team activated (includes the trauma surgeon)?*

**All activations are included even in the absence of a qualifying ICD 10 diagnosis code*

YES → **INCLUDE In the Arkansas Trauma Registry**

NO

Was the patient transferred* from one acute hospital to another acute care hospital?

Private vehicle transfers are included **OR *Patients transferred out due to burns are included*

YES → **INCLUDE In the Arkansas Trauma Registry**

NO

DO NOT INCLUDE patient in the Arkansas Trauma Registry

Residency requirement: *Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry assuming the patient meets the inclusion criteria and presents to an Arkansas Trauma Center either initially or as a transfer. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry assuming the patient meets the inclusion criteria.*

Quick Reference Guide

Categories of ICD-10-CM injury diagnostic codes:

- S00-S09 Injuries to the head
  (*with 7th character modifiers of A, B, or C only)*
- S10-S19 Injuries to the neck
  (*with 7th character modifiers of A, B, or C only)*
- S20-S29 Injuries to the thorax
  (*with 7th character modifiers of A, B, or C only)*
- S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis, and external genitals
  (*with 7th character modifiers of A, B, or C only)*
- S40-S49 Injuries to the shoulder and upper arm
  (*with 7th character modifiers of A, B, or C only)*
- S50-S59 Injuries to the elbow and forearm
  (*with 7th character modifiers of A, B, or C only)*
- S60-S69 Injuries to the wrist, hand and fingers
  (*with 7th character modifiers of A, B, or C only)*
- S70-S79 Injuries to the hip and thigh
  (*with 7th character modifiers of A, B, or C only)*
- S80-S89 Injuries to the knee and lower leg
  (*with 7th character modifiers of A, B, or C only)*
- S90-S99 Injuries to the ankle and foot
  (*with 7th character modifiers of A, B, or C only)*
- T07 Injuries involving multiple body regions
- T14 Injury of unspecified body region
- T20-T25 Burns and corrosions of external body surface, specified by site
  (with 7th character modifier of A only)
- T26-T28 Burns and corrosions confined to eye and internal organs
- T30-T32 Burns and corrosions of multiple and unspecified body regions
- T59 Toxic effect of other gases, fumes, and vapors (See specific code above)
- T63.001A Snakebites (Venomous)
- T71 Asphyxiation and Strangulation includes Hanging (See specific code above)

- T75 Other and unspecified effects of other external causes (lightning, drowning, and nonfatal submersion, electrocution)
- T79 Certain early complications of trauma *(T79.A1-T79.A9 with 7th character modifier of A only)*
- W54.0XXA Dog bite

Codes for late effects of injury:

- L59.9
- M67.90, M84.369S, M84.376S, M84.40XS, M84.429S, M84.453S, M84.459S, M84.469S, M84.48XS, M84.739S
- S00.90XS, S00.93XS, S01.90XS, S02.0XXS, S02.10XS, S02.110S-S02.113S, S02.118S-S02.119S, S02.19XS, S02.2XXS, S02.3XXS, S02.400S-S02.402S, S02.411S-S02.413S, S02.42XS, S02.5XXS, S02.600S, S02.609S, S02.61XS-S02.67XS, S02.8XXS, S02.91XS-S02-92XS, S03.0XXS, S03.9XXS, S04.9XXS, S06.9X9S, S07.9XXS, S09.0XXS
- S10.90XS, S10.93XS, S11.90XS, S12.9XXS, S13.20XS, S13.9XXS, S14.109S, S14.2XXS, S14.9XXS, S15.9XXS, S17.9XXS
- S20.20XS, S20.90XS, S21.90XS, S22.009S, S22.9XXS, S23.20XS, S23.9XXS, S24.109S, S24.2XXS, S24.9XXS, S25.90XS, S26.99XS, S27.9XXS, S28.0XXS, S29.9XXS
- S30.0XXS, S30.1XXS, S30.201S, S30.202S, S30.91XS, S30.92XS, S30.96XS, S30.97XS, S31.000S, S31.109S, S32.9XXS, S33.30XS, S33.9XXS, S34.109S, S34.139S, S34.21XS, S34.22XS, S34.9XXS, S35.90XS, S36.90XS, S37.90XS, S38.001S, S38.002S, S38.1XXS, S39.91XS-S39.94XS
- S40.029S, S40.919S, S40.929S, S41.009S, S41.109S, S42.309S, S42.409S, S42.90XS, S43.90XS, S44.90XS, S45.909S, S46.919S, S47.9XXS, S48.306S, S48.919S, S49.90XS
- S50.00XS, S50.10XS, S50.909S, S50.919S, S50.929S, S51.009S, S51.809S, S52.90XS, S53.499S, S54.90XS, S55.909S, S56.919S, S57.00XS, S57.80XS, S57.90XS, S58.922S, S59.909S
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- S70.00XS, S70.10XS, S70.919S, S70.929S, S71.009S, S71.109S, S72.009S, S73.006S, S73.109S, S74.90XS, S75.909S, S76.919S, S77.00XS, S77.10XS, S78.019S, S79.009S, S79.919S, S79.929S

- S80.00XS, S80.10XS, S80.919S, S80.929S, S81.009S, S81.809S, S82.009S, S82.90XS, S83.006S, S83.106S, S83.209S, S83.90XS, S84.90XS, S85.909S, S87.00XS, S87.80XS, S88.919S, S89.90XS

- S90.00XS, S90.30XS, S90.919S, S90.929S, S91.009S, S92.909S, S92.919S, S93.06XS, S93.306S, S93.609S, S94.90XS, S95.909S, S96.919S, S97.00XS, S97.80XS, S99.919S, S99.929S

- T09.90XS, T15.90XS, T16.9XXS, T17.1XXS, T17.900S, T18.0XXS, T18.9XXS, T19.9XXS, T50.901S, T50.905S, T65.91XS-T65.94XS, T75.89XS, T78.8XXS T79.9XXS, T88.7XXS, or T88.9XXS

DATA DICTIONARY DESCRIPTION FORMAT

This section contains a description of each data point to be reported to the Arkansas Trauma Registry, organized by section of the data (demographics, diagnoses, etc.).

COMMON NULL VALUES

Options:

/ = Not applicable

? = Not known/Not recorded

Descriptions:

For any collection of information to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. When data elements associated with the National Trauma Data Standard and Arkansas Trauma Registry Data Dictionary are to be electronically stored in a database or moved from one data base to another using XML, the indicated null values should be applied.

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

Not Known/Not Recorded - This null value applies if, at the time of patient care documentation, information was “Not known” (to the patient, family, health care provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information, but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as “Unknown.” Another example: Not known/Not recorded should also be coded when documentation was expected, but none was provided (e.g., no EMS Run Report in the hospital record for patient transported by EMS).

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

DEMOGRAPHIC INFORMATION

RECORD INFORMATION

FACILITY

Description

The number and name of the facility that is entering the patient record.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Facility	**NTDB Element Number** N/A
Local V5 Field Name Facility	**NTDB Data Dictionary Page Number** N/A

Element Value

- Auto-generated

Additional Information

- Automatically assigned by the registry software.
- This information may not be changed.

Data Source Hierarchy Guide

TRAUMA NUMBER

Description

A unique identifier for a patient and trauma incident within a specific institution, this is a maximum 12-digit number.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Trauma #	**NTDB Element Number** N/A
Local V5 Field Name Trauma #	**NTDB Data Dictionary Page Number** N/A

Element Value

- Auto-generated

Additional Information

- Automatically assigned by the registry software.
- This number may not be changed.

Data Source Hierarchy Guide

PATIENT ARRIVAL (DATE)

Description

The date the patient arrived at the ED/hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Patient Arrival (Date)	**NTDB Element Number** N/A
Local V5 Field Name Patient Arrival (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- If the patient was brought to the ED, enter date patient arrived at ED. If the patient was directly admitted to the hospital, enter date patient was admitted to the hospital.
- Collected as MM/DD/YYYY.
- Used to auto-generate additional calculated fields:
  ED Arrival/Admit (If entered here and not altered in ED/Resus section), Discharge/Death (If entered here and not altered in Outcome section and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge)

Data Source Hierarchy Guide

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

PATIENT ARRIVAL (TIME)

Description

The time the patient arrived at the ED/hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Patient Arrival (Time)	**NTDB Element Number** N/A
Local V5 Field Name Patient Arrival (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values.

Additional Information

- Collected as HH:MM
- If the patient was brought to the ED, enter date patient arrived at ED. If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.
- Used to auto-generate two additional calculated fields: Total EMS Time (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge).

Data Source Hierarchy Guide

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

TRAUMA BAND NUMBER

Description

An alpha-numeric ID number printed on a plastic band is used to provide a link between entities (EMS, hospitals) within the State Trauma System. It is typically applied to the patient by the first agency/facility involved, with the number recorded in the Trauma Band Number field.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Trauma Band #	**NTDB Element Number** N/A
Local V5 Field Name Trauma Band #	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for data element

Additional Information

- The trauma band number consists of an alpha character followed by a six (6) digit number. The letter and all numbers must be entered as they appear on the band.
- Trauma bands shall be placed on all trauma patients. Patients arriving by an emergency medical service (ground or air) should have a trauma band on arrival. Patients presenting as walk-in or by POV with a trauma, or if EMS did not place a band, shall have a trauma band placed by the ED staff and recorded in the patient care record. A patient being transferred to an acute care facility or burn center must have a trauma band on and recorded before they leave the facility.
- Once applied to a trauma patient the trauma band number shall be recorded on the patient care record. Only one trauma band number per patient is allowable.
- Maximum allowable characters: 7

Data Source Hierarchy Guide

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

PATIENT NAME: LAST

Description

The patient's last or family name.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Patient Name: Last	**NTDB Element Number** N/A
Local V5 Field Name Patient Name: Last	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for data element
- Common null values

Additional Information

- Alpha characters

Data Source Hierarchy Guide

1. Billing Sheet/Medical Records Coding Summary Sheet
2. EMS Run Report
3. ED Admission Form
4. Triage Form/Trauma Flow Sheet
5. ED Nurses Notes

PATIENT NAME: FIRST

Description

The patient's first given name.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name First	**NTDB Element Number** N/A
Local V5 Field Name First	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for data element
- Common null values

Additional Information

- Alpha characters

Data Source Hierarchy Guide

1. Billing Sheet/Medical Records Coding Summary Sheet
2. ED Admission Form
3. EMS Run Report
4. Triage Form/Trauma Flow Sheet
5. ED Nurses Notes

ARRIVED FROM

Description

The location of the patient before their transport to your hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived From	**NTDB Element Number** N/A
Local V5 Field Name Arrived From	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Scene
- 2 - Referring Hospital
- 3 - Home
- 4 - Other
- 5 - Acute Care Hospital
- 6 - Clinic
- Common null values

Additional Information

Data Source Hierarchy Guide

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

PATIENT INFORMATION

DATE OF BIRTH

Description

The patient's date of birth.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Date of Birth	**NTDB Element Number** N/A
Local V5 Field Name Date of Birth	**NTDB Data Dictionary Page Number** 7

Element Value

- Relevant value for data element.
- Common null values.

Additional Information

- Collected as MM-DD-YYYY.
- If Date of Birth is "Not Known/Not Recorded," report Age and Age Units.
- If Date of Birth is the same as the Injury Incident Date, then the Age and Age Units data elements must be reported.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

AGE

Description

The patient's age at time of injury (best approximation).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Age	**NTDB Element Number** N/A
Local V5 Field Name Age	**NTDB Data Dictionary Page Number** 8

Element Value

- Minimum constraint: 0; Maximum constraint: 120
- Common null values.

Additional Information

- Must also report *Age Units*
- Report *Age* and *Age Units* if *Date of Birth* is reported as "Not Known/Not Recorded."
- Report *Age* and *Age Units* if *Date of Birth* is reported the same as the *ED/Hospital Arrival Date.*
- The null value "Not Applicable" is reported if *Date of Birth* is reported.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

AGE UNITS

Description

The units used to document the patient's age (Hours, Days, Months, and Years).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name In	**NTDB Element Number** N/A
Local V5 Field Name In	**NTDB Data Dictionary Page Number** 9

Element Value

- 1 – Years
- 2 – Months
- 3 – Days
- 5 – Hours
- 6 – Minutes
- 7 - Weeks
- Common null values

Additional Information

- Must also report *Age*.
- Report *Age Units* and *Age* if *Date of Birth* is "Not Known/Not Recorded."
- Report *Age Units* and *Age* if *Date of Birth* if *Date of Birth* is the same as the *ED/Hospital Arrival Date*.
- The null value "Not Applicable" is reported if *Date of Birth* is reported.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report

SEX

Description

The patient's Sex.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Gender	**NTDB Element Number** N/A
Local V5 Field Name Gender	**NTDB Data Dictionary Page Number** 12

Element Value

- 1 - Male
- 2 – Female
- 3 – Non-binary
- Common null values

Additional Information

- Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History & Physical

GENDER IDENTITY

Description

The patient's Gender Identity

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Gender Identity	**NTDB Element Number** N/A
Local V5 Field Name Gender Identity	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 – Transgender-Female
- 2 – Transgender-Male
- 3 – Non-Binary
- 4 – Male
- 5 – Female
- 6 – Other
- 7 – Non-Disclosed
- Common null values

Additional Information

- Gender Identity was added to match the FHIR "Fast Healthcare Interoperability Resources" standard.
- If the patient identifies as a different gender, make sure to select the correct data element in the "Gender Identity" field, based on the FHIR standard.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History & Physical

ETHNICITY

Description

The patient's ethnicity.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Ethnicity	**NTDB Element Number** N/A
Local V5 Field Name Ethnicity	**NTDB Data Dictionary Page Number** 11

Element Value

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- Common null values

Additional Information

- Patient ethnicity should be based upon self-report or identified by a family member.
- The maximum number of ethnicities that may be reported for an individual patient is one (1).
- Based on the 2010 US Census Bureau.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. History & Physical
6. EMS Run Report

RACE

Description

The patient's race.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Race	**NTDB Element Number** N/A
Local V5 Field Name Race	**NTDB Data Dictionary Page Number** 10

Element Value

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

Additional Information

- Patient race should be based upon self-report or identified by a family member.
- Based on the 2010 US Census Bureau.
- Select all that apply.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form
4. Triage/Trauma Flow Sheet
5. EMS Run Report
6. History & Physical

PATIENT'S HOME ZIP/POSTAL CODE

Description

The patient's home ZIP code of primary residence.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ZIP/Postal Code	**NTDB Element Number** N/A
Local V5 Field Name ZIP/Postal Code	**NTDB Data Dictionary Page Number** 1

Element Value

- Relevant value for data element
- Common null values

Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US or can be stored in the postal code format of the applicable country.
- May require adherence to HIPAA regulations.
- If Patients Home ZIP/Postal Code is "Not Applicable," report variable: Alternate Home Address.
- If Patients Home ZIP/Postal Code is "Not Known/Not Recorded," report variables: Patient's Home Country, Patient's Home State (US only), Patient's Home County (US only), and Patient's Home City (US only).
- If Patients Home ZIP/Postal Code is documented, must also report Patient's Home Country.
- Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

PATIENT'S HOMELESS STATUS

Description

Homelessness is defined as a person who lacks housing. The Description also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Homeless	**NTDB Element Number** N/A
Local V5 Field Name Homeless	**NTDB Data Dictionary Page Number** 6

Element Value

- Yes
- No
- Common null values.

Additional Information

- Must enter n/a in the ZIP field to make this field available.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

PATIENT'S HOME CITY

Description

The patient's city (or township, or village) of residence.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name City	**NTDB Element Number** N/A
Local V5 Field Name City	**NTDB Data Dictionary Page Number** 5

Element Value

- Relevant value for data element (five-digit numeric FIPS code).
- Common null values

Additional Information

- Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented.
- The null value "Not Applicable" is reported for non-US hospitals.
- Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

PATIENT'S HOME COUNTY

Description

The patient's county (or parish) of residence.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name State	**NTDB Element Number** N/A
Local V5 Field Name State	**NTDB Data Dictionary Page Number** 4

Element Value

- Relevant value for data element (three-digit numeric FIPS code).
- Common null values

Additional Information

- Only reported when Patient's Home ZIP/Postal Code is "Not Known/Not Recorded", and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is documented.
- The null value "Not Applicable" is reported for non-US hospitals.
- Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

PATIENT'S HOME COUNTRY

Description

The country where the patient resides.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name County	**NTDB Element Number** N/A
Local V5 Field Name County	**NTDB Data Dictionary Page Number** 2

Element Value

- Relevant value for data element (two-digit alpha country code).
- Common null values

Additional Information

- Values are two-character FIPS codes representing the country (e.g., US).
- If *Patient's Home Country* is not US, then the null value "Not Applicable" is reported for *Patient's Home State*, *Patient's Home County,* and *Patient's Home City*.
- Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

PATIENT'S HOME STATE

Description

The State (territory, province, or District of Columbia) where the patient resides.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Country	**NTDB Element Number** N/A
Local V5 Field Name Country	**NTDB Data Dictionary Page Number** 3

Element Value

- Relevant value for data element (two-digit numeric FIPS code).
- Common null values

Additional Information

- Only reported when Patients Home ZIP/Postal Code is "Not Known/Not Recorded", and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if*atient's Home ZIP/Postal Code* is reported.
- The null value "Not Applicable" is reported for non-US hospitals.
- Any Arkansas resident, no matter where the injury occurred, should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria. If a non-Arkansas resident presents to an Arkansas Trauma Center, within the state of Arkansas, they should be included in the Arkansas Trauma Registry IF they meet our inclusion criteria.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

ALTERNATE HOME RESIDENCE

Description

Documentation of the type of patient without a home ZIP/Postal Code.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Alternate Residence	**NTDB Element Number** N/A
Local V5 Field Name Alternate Residence	**NTDB Data Dictionary Page Number** 6

Element Value

- 1 – Undocumented Citizen
- 2 – Migrant Worker
- Common null values

Additional Information

- Report all that apply.
- Only reported when Patient's Home ZIP/Postal Code is "Not Applicable."
- Homeless is defined as a person who lacks housing and includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.
- Undocumented citizen is defined as a national of another country who has entered or stayed in another country without permission.
- Migrant worker is defined as a person who temporarily leaves his/her principal place of residence within a country to accept seasonal employment in the same or different country.
- The null value "Not Applicable" is reported if Patient's Home Zip/Postal Code is documented.
- Must enter n/a in the ZIP field to make this field available.

Data Source Hierarchy Guide

1. Face Sheet
2. Billing Sheet
3. Admission Form

INJURY

INJURY INFORMATION

INJURY INCIDENT DATE

Description

The date the injury occurred.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Injury (Date)	**NTDB Element Number** N/A
Local V5 Field Name Injury (Date)	**NTDB Data Dictionary Page Number** 13

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Reported as MM-DD-YYYY.
- Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet

INJURY INCIDENT TIME

Description

The time the injury occurred.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Injury (Time)	**NTDB Element Number** N/A
Local V5 Field Name Injury (Time)	**NTDB Data Dictionary Page Number** 14

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values.

Additional Information

- Reported as HHMM military time.
- Estimated injury time must be based on patient, witness, family, or health care provider report. Other proxy measures (e.g., 911 call time) must not be reported.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet

ICD-10 PLACE OF OCCURRENCE EXTERNAL CAUSE CODE

Description

Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.x).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ICD 10 Location Code	**NTDB Element Number** N/A
Local V5 Field Name ICD 10 Location Code	**NTDB Data Dictionary Page Number** 19

Element Value

- Relevant ICD-10-CM or ICD-10-CA code value for injury event.
- Common null values.

Additional Information

- Only ICD-10-CM or ICD-10-CA codes are accepted.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

CHILD SPECIFIC RESTRAINT

Description

Protective child restraint devices used by patient at the time of injury.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Restraint	**NTDB Element Number** N/A
Local V5 Field Name Restraint	**NTDB Data Dictionary Page Number** 27

Element Value

- 1 – None
- 2 – Seatbelt – Lap and Shoulder
- 3 – Seatbelt – Lap Only
- 4 – Seatbelt – Shoulder Only
- 5 – Seatbelt – NFS
- 6 – Child Booster Seat
- 7 – Child Car Seat
- 8 – Infant Car Seat
- 9 – Truck Bed Restraint
- Common null values

Additional Information

- Evidence of the use of child restraint may be reported or observed.
- Only reported when Protective Devices include "6. Child booster seat" or "7. Child car seat".
- The null value "Not Applicable" is reported if Element Value "6. Child booster seat" or "7. Child car seat" is NOT reported for Protective Devices.
- You may select up to two Restraint choices from the menu.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical

AIRBAG DEPLOYMENT

Description

Indication of airbag deployment during a motor vehicle crash.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Airbags	**NTDB Element Number** N/A
Local V5 Field Name Airbags	**NTDB Data Dictionary Page Number** 28

Element Value

- 1 – No Airbags in Vehicle
- 2 – Airbags Did Not Deploy
- 3 – Front (Deployed)
- 4 – Side (Deployed)
- 5 – Airbag Deployed Other (Knee, Airbelt, Curtain, etc.)
- 6 – Airbags Type Unknown (Deployed)
- Common null values

Additional Information

- Report all that apply.
- Evidence of the use of airbag deployment may be reported or observed.
- Only report when Protective Devices include "Airbag Present."
- Airbag Deployed Front should be reported for patients with documented airbag deployments, but are not further specified.
- The null value "Not Applicable" is reported if "Airbag Present" is NOT reported for Protective Devices.
- You may select up to four Airbag choices from the menu.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical

PROTECTIVE DEVICES

Description

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

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Equipment	**NTDB Element Number** N/A
Local V5 Field Name Equipment	**NTDB Data Dictionary Page Number** 26

Element Value

- 1 – None
- 2 – Helmet (e.g., bicycle, skiing, motorcycle)
- 3 – Eye Protection
- 4 – Protective Clothing (e.g., padded leather pants)
- 5 – Protective Non-Clothing Gear (e.g., Shin Guard, Padding)
- 6 – Hard Hat
- 7 – Personal Flotation Device
- 8 – Other
- Common null values

Additional Information

- Report all that apply.
- If “Child Restraint” is present, complete variable “Child Specific Restraint.”
- If “Airbag” is present, complete variable “Airbag Deployment.”
- Evidence of the use of safety equipment may be reported or observed.
- Lap Belt should be used to include those patients who are restrained, but not further specified.
- If chart indicates "3-point-restraint," report Element Value “3. Seatbelt - Lap Only” and “4. Seatbelt - Shoulder Only.”
- If documented that a “Child Restraint” (booster seat or childcare seat)” was used or worn, but not properly fastened, either on the child or in the car, reported Element Value “1. None.”
- Pick list available.
- You may select up to four Equipment choices from the menu.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical

INCIDENT LOCATION ZIP/POSTAL CODE

Description

The ZIP/Postal Code of the incident location.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ZIP/Postal Code	**NTDB Element Number** N/A
Local V5 Field Name ZIP/Postal Code	**NTDB Data Dictionary Page Number** 21

Element Value

- Relevant value for data element.
- Common null values.

Additional Information

- Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and Canada or can be stored in the postal code format of the applicable country.
  If Incident Location ZIP/Postal Code is reported, report Incident Country.
- If "Not Known/Not Recorded," report variables: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only).
- May require adherence to HIPAA regulations.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

INCIDENT CITY

Description

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

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name City	**NTDB Element Number** N/A
Local V5 Field Name City	**NTDB Data Dictionary Page Number** 25

Element Value

- Relevant value for data element (five-digit numeric FIPS code).
- For V5 portal users, relevant value for data element.
- Common null values.

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is the US.
- If incident location resides outside of formal city boundaries, report nearest city/town.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- The null value “Not Applicable” is reported if Incident Country is not the US.
- Used to calculate FIPS code.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

INCIDENT STATE

Description

The state, territory, province where the patient was found or to which the unit responded (or best approximation).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name State	**NTDB Element Number** N/A
Local V5 Field Name State	**NTDB Data Dictionary Page Number** 23

Element Value

- Relevant value for data element (two-digit numeric FIPS code).
- For V5 portal users, relevant value for data element (two-character state abbreviation).
- Common null values.

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is the US.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- The null value “Not Applicable” is reported if Incident County is not the US.
- Used to calculate FIPS code.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

INCIDENT COUNTY

Description

The county or parish where the patient was found or to which the unit responded (or best approximation).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name County	**NTDB Element Number** N/A
Local V5 Field Name County	**NTDB Data Dictionary Page Number** 24

Element Value

- Relevant value for data element (County Name).
- Common null values.

Additional Information

- Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.
- Used to calculate FIPS code.
- The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
- The null value “Not Applicable” is reported if Incident Country is not the US.
- Used to calculate FIPS code.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

INCIDENT COUNTRY

Description

The country where the patient was found or to which the unit responded (or best approximation).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Country	**NTDB Element Number** N/A
Local V5 Field Name Country	**NTDB Data Dictionary Page Number** 22

Element Value

- Relevant value for data element (incident country name).
- Common null values.

Additional Information

- Values are two-character FIPS codes representing the country (e.g., US).
- If Incident Country is not US, then the null value "Not Applicable" is reported for: Incident State, Incident County, and Incident Home City.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet

WORK-RELATED

Description

Indication of whether the injury occurred during paid employment.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Work Related	**NTDB Element Number** N/A
Local V5 Field Name Work Related	**NTDB Data Dictionary Page Number** 15

Element Value

- Yes
- No
- Common null values.

Additional Information

- If work-related, Patient's Occupational Industry and Patient's Occupation must be reported.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical
4. Face Sheet
5. Billing Sheet

PATIENT'S OCCUPATION

Description

The occupation of the patient.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Occupation	**NTDB Element Number** N/A
Local V5 Field Name Occupation	**NTDB Data Dictionary Page Number** 17

Element Value

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

Additional Information

- Only reported if injury is work-related.
- If work related, also report Patient's Occupational Industry must also be reported.
- Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC).
- The null value "Not Applicable" is reported if Work Related is Element Value “2. No”.
- Must enter ‘Y’ in the Work-Related field to make this field available.

Data Source Hierarchy Guide

1. Billing Sheet
2. Face Sheet
3. Case Management/Social Services Notes
4. EMS Run Report
5. Nursing Notes/Flow Sheet

PATIENT'S OCCUPATIONAL INDUSTRY

Description

The occupational industry associated with the patient's work environment.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Occupational Industry	**NTDB Element Number** N/A
Local V5 Field Name Occupational Industry	**NTDB Data Dictionary Page Number** 16

Element Value

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

Additional Information

- If work related, Patient's Occupation must be reported.
- Based upon US Bureau of Labor Statistics Industry Classification.
- The null value "Not Applicable" is reported if Work Related is Element Value "2. No".
- Must enter 'Y' in the Work-Related field to make this field available.

Data Source Hierarchy Guide

1. Billing Sheet
2. Face Sheet
3. Case Management/Social Services Notes
4. EMS Run Report
5. Nursing Notes/Flow Sheet

REPORT OF PHYSICAL ABUSE

Description

A report of suspected physical abuse was made to law enforcement and/or protective services.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Report of Physical Abuse	**NTDB Element Number** NA
Local V5 Field Name Report of Physical Abuse	**NTDB Data Dictionary Page Number** NA

Element Value

- Yes
- No
- Common null values

Additional Information

- This includes, but is not limited to, a report of child, elder, spouse, or intimate partner physical abuse as defined by state/local authorities.

Data Source Hierarchy Guide

1. Case Management/Social Service Notes
2. ED Records
3. Progress Notes
4. Discharge Summary
5. History & Physical
6. Nursing Notes/Flow Sheet
7. EMS Run Report

INVESTIGATION OF PHYSICAL ABUSE

Description

An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Investigation of Physical Abuse	**NTDB Element Number** NA
Local V5 Field Name Investigation of Physical Abuse	**NTDB Data Dictionary Page Number** NA

Element Value

- Yes
- No
- Common null values

Additional Information

- This includes, but is not limited to, a report of child, elder, spouse, or intimate partner physical abuse as defined by state/local authorities.
- Only report when Report of Physical Abuse is “1. Yes.”
- The null value “Not Applicable” should be reported for patients where Report of Physical abuse is “2. No.”
- Must enter ‘Y’ in the Report of Physical Abuse field to make this field available.

Data Source Hierarchy Guide

1. Case Management/Social Service Notes
2. ED Records
3. Progress Notes
4. Discharge Summary
5. History & Physical
6. Nursing Notes/Flow Sheet

MECHANISM OF INJURY

ICD-10 PRIMARY EXTERNAL CAUSE CODE

Description

External cause code used to describe the mechanism (or external factor) that caused the injury event.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Primary ICD 10 Mechanism	**NTDB Element Number** N/A
Local V5 Field Name Primary ICD 10 Mechanism	**NTDB Data Dictionary Page Number** 18

Element Value

- Relevant ICD-10-CM or ICD-10-CA code value for injury event.
- Common null values.

Additional Information

- The Primary external cause should describe the main reason a patient is admitted to the hospital.
- ICD-10-CM or ICD-10-CA codes are accepted for this data element.
- Activity codes are not reported under the NTDS.
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
    - External cause codes for child and adult abuse take priority over all other external cause codes.
    - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
    - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
    - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
    - The first listed external cause code should correspond to the cause of the most serious diagnosis above due to an assault, accident, or self-harm, following the order of hierarchy listed above.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage Form/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

ICD-10 ADDITIONAL EXTERNAL CAUSE CODE

Description

Additional external cause code used in conjunction with the ICD-10 Primary External Cause Code if multiple external cause codes are required to describe the injury event.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Secondary ICD 10 Mechanism	**NTDB Element Number** N/A
Local V5 Field Name Secondary ICD 10 Mechanism	**NTDB Data Dictionary Page Number** 20

Element Value

- Relevant ICD-10-CM or ICD-10-CA code value for injury event.
- Common null values.

Additional Information

- Only ICD-10-CM or ICD-10-CA codes will be accepted for ICD-10 Additional External Cause Code.
- Activity codes are not collected under the NTDS and should not be reported in this field.
- The null value "Not Applicable" is reported if no additional external cause codes are documented.
- Report all that apply (maximum 2)
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
    - External cause codes for child and adult abuse take priority over all other external cause codes.
    - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
    - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
    - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
    - The first listed external cause code should correspond to the cause of the most serious diagnosis above due to an assault, accident, or self-harm, following the order of hierarchy listed above.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

ICD-10 ADDITIONAL EXTERNAL CAUSE CODE

Description

Additional external cause code used in conjunction with the ICD-10 Primary External Cause Code if multiple external cause codes are required to describe the injury event.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Tertiary ICD 10 Mechanism	**NTDB Element Number** N/A
Local V5 Field Name Tertiary ICD 10 Mechanism	**NTDB Data Dictionary Page Number** 20

Element Value

- Relevant ICD-10-CM or ICD-10-CA code value for injury event.
- Common null values.

Additional Information

- Only ICD-10-CM or ICD-10-CA codes are accepted for ICD-10 Additional External Cause Code.
- Activity codes are not collected under the NTDS and should not be reported in this field.
- The null value "Not Applicable" is reported if no additional external cause codes are documented.
- Report all that apply (maximum 2)
- Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
    - External cause codes for child and adult abuse take priority over all other external cause codes.
    - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
    - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
    - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
    - The first listed external cause code should correspond to the cause of the most serious diagnosis above due to an assault, accident, or self-harm, following the order of hierarchy listed above.

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. Nursing Notes/Flow Sheet
4. History & Physical
5. Progress Notes

PRE-HOSPITAL INFORMATION

SCENE/TRANSPORT PROVIDERS

PRIVATELY OWNED VEHICLE

Description

The mode of transport to the initial hospital is privately owned vehicle, public vehicle, or walk-in.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name POV	**NTDB Element Number** N/A
Local V5 Field Name POV	**NTDB Data Dictionary Page Number** N/A

Element Value

- 0 - No
- 1 - Yes
- / - Not Applicable
- ? - Unknown

Additional Information

- If the element value 1- Yes is selected, the rest of the data elements in the Prehospital Information section will be disabled.
- If the element value 1 – Yes is selected, it will auto-populate the Mode of Arrival on the ED /Resus/Arrival/Admission tab to indicate Private Vehicle. If necessary, the auto-populated response on the ED tab can be changed manually. For example, you can select 1 – Yes for the POV field and change element value on the Mode of Arrival on the ED /Resus/Arrival/Admission tab to 9 – Walk In.
- If the patient was transferred to your facility and arrived by private vehicle, record the Arrived From field on the Demographic/Record Info tab as either 2 – Referring Hospital or 5 – Acute Care Hospital in the Arrived From field.

Data Source Hierarchy Guide

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

EMS PATIENT CARE REPORT UNIVERSALLY UNIQUE IDENTIFIER (UUID)

Description

The universally unique identifier (UUID) of the patient care report (PCR) of each emergency service (EMS) unit treating the patient from the time of injury to arrival at your ED/hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name UUID	**NTDB Element Number** N/A
Local V5 Field Name UUID	**NTDB Data Dictionary Page Number** 31

Element Value

- Relevant value for data element
- Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}

Additional Information

- Report all that apply (maximum 20).
- A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6.
- Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the null value “Not Known/Not Recorded.”
- Consistent with NEMSIS v3.5.0.
- The null value "Not Known/Not Recorded" must be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports in NEMSIS version lower than 3.5.0. In collaboration with NEMSIS, the ACS will communicate when NEMSIS 3.5.0 is widely implemented.
- The null value “Not Applicable” must be reported if the patient was never transported via EMS prior to arrival at your hospital.
- Assigned by any applicable transporting EMS agency in accordance with the IETF RFC 4122 standard.

Data Source Hierarchy Guide

1. EMS Run Report

TRANSPORT MODE

Description

The mode of transport delivering the patient to the initial hospital providing care.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Mode	**NTDB Element Number** N/A
Local V5 Field Name Mode	**NTDB Data Dictionary Page Number** 29

Element Value

- 1 - Ground Ambulance
- 2 - Helicopter Ambulance
- 3 - Fixed Wing Ambulance
- 4 - Private/Public Vehicle/Walk-in
- 5 - Police
- 6 - Other
- Common null values

Additional Information

- None

Data Source Hierarchy Guide

1. EMS Run Report

OTHER TRANSPORT MODE

Description

All other modes of transport used during the patient care event (prior to arrival at your hospital or referring hospital), except the mode delivering the patient to the initial hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Mode If Other	**NTDB Element Number** N/A
Local V5 Field Name Mode If Other	**NTDB Data Dictionary Page Number** 30

Element Value

- 1 - Ground Ambulance
- 2 - Helicopter Ambulance
- 3 - Fixed Wing Ambulance
- 4 - Private/Public Vehicle/Walk-in
- 5 - Police
- 6 - Other
- Common null values

Additional Information

- Report Element Value “6. Other” for unspecified modes of transport.
- The null value "Not Applicable" is reported to indicate that a patient had a single mode of transport.
- Report all that apply with a (maximum of 5)

Data Source Hierarchy Guide

1. EMS Run Report

TRANSPORT ROLE

Description

The role the EMS provider was performing for the leg of travel being recorded.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Transport Role	**NTDB Element Number** N/A
Local V5 Field Name Transport Role	**NTDB Data Dictionary Page Number** N/A

Element Value

- 3 - Non-Transport
- 4 - Transport from Scene to Facility
- 5 - Transport from Scene to Rendezvous
- 6 - Transport from Rendezvous to Facility
- 7 - Transport to Other
- 8 - Transport from Non-Scene Location
- Common null values

Additional Information

Data Source Hierarchy Guide

1. EMS Run Report

SCENE EMS REPORT

Description

Indicator of availability of the EMS responder's report in the medical record from the EMS responder who transports the patient for each leg of an EMS Agency patient transport.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Scene EMS Report	**NTDB Element Number** N/A
Local V5 Field Name Scene EMS Report	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Complete
- 2 - Incomplete
- 3 - Missing
- 4 - Unreadable
- Common null values

Additional Information

Data Source Hierarchy Guide

1. EMS Run Report

EMS DISPATCH DATE

Description

The date the unit transporting to the initial hospital was notified by dispatch.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Call Dispatched (Date)	**NTDB Element Number** N/A
Local V5 Field Name Call Dispatched (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY.
- This is the date on which the unit transporting the patient to the initial hospital from the scene was dispatched.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS DISPATCH TIME

Description

The time the unit transporting to the initial hospital was notified by dispatch.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Call Dispatched (Time)	**NTDB Element Number** N/A
Local V5 Field Name Call Dispatched (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- This is the time at which the unit transporting the patient to the initial hospital from the scene was dispatched.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS RESPOND DATE

Description

The date on which unit responded to the call.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name En Route (Date)	**NTDB Element Number** N/A
Local V5 Field Name En Route (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY
- This is the date on which the unit transporting the patient to the initial hospital from the scene responded.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

EMS RESPOND TIME

Description

The time the unit responded to the call.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name En Route (Time)	**NTDB Element Number** N/A
Local V5 Field Name En Route (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- This is the time the unit transporting the patient to the initial hospital from the scene responded.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVAL DATE AT SCENE

Description

The date the unit transporting to the initial hospital arrived on the scene.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Location (Date)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Location (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY
- This is the date on which the unit transporting the patient to the initial hospital from the scene arrived at the scene. (Arrival is defined at date/time when the vehicle stopped moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS UNIT ARRIVAL TIME AT SCENE

Description

The time the unit transporting to the initial hospital arrived on the scene.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Location (Time)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Location (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- This is the time the unit transporting the patient to the initial hospital from the scene arrived at the scene. (Arrival is defined at date/time when the vehicle stopped moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS UNIT DEPARTURE DATE FROM SCENE

Description

The date the unit transporting to the initial hospital left the scene.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departed Location (Date)	**NTDB Element Number** N/A
Local V5 Field Name Departed Location (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values
- Times are associated with the agency that transported the patient to the hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Additional Information

- Collected as MM/DD/YYYY
- This is the date the unit transporting the patient to the initial hospital from the scene departed from the scene. (Departure is defined as date/time when the vehicle started moving.)
- The null value “Not Applicable” is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS UNIT DEPARTURE TIME FROM SCENE

Description

The time the unit transporting to the initial hospital left the scene.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departed Location (Time)	**NTDB Element Number** N/A
Local V5 Field Name Departed Location (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- This is the time the unit transporting the patient to the initial hospital from the scene departed from the scene. (Departure is defined at date/time when the vehicle started moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

EMS UNIT ARRIVED AT DESTINATION DATE

Description

The date unit arrived at its specific destination.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Destination (Date)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Destination (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values
- Times are associated with the agency that transported the patient to the hospital.

Additional Information

- Collected as MM/DD/YYYY

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVED AT DESTINATION TIME

Description

The time at which unit arrived at its specific destination.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Destination (Time)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Destination (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

TRIAGE

TRAUMA TRIAGE CRITERIA (STEPS 1 & 2)

Description

Physiologic and anatomic EMS trauma triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS Run Report.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Prehospital Triage Rationale	**NTDB Element Number** N/A
Local V5 Field Name Prehospital Triage Rationale	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Glasgow Coma Score ≤ 13
- 2 - Systolic blood pressure < 90 mmHg
- 3 - Respiratory rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilator support.
- 4 - All penetrating injuries to head, neck torso, and extremities proximal to elbow or knee.
- 5 - Chest wall instability or deformity (e.g., flail chest)
- 6 - Two 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
- Common null values

Additional Information

- The null value “Not Applicable” should be reported to indicate that the patient did not arrive by EMS.
- The null value “Not Applicable” should be reported if EMS Run Report indicates patient did not meet any Trauma Center Criteria.
- The null value “Not Known/Not Recorded” should be reported if this information is not indicated on the EMS Run Report or if the EMS Run Report is not available.
- Element Value must be determined by the EMS provider and must not be assigned by the index hospital.
- Report all that apply.
- Consistent with NEMSIS v3.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

TRAUMA TRIAGE CRITERIA (STEPS 3 & 4)

Description

EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS run report.

Required in ATR Yes	**Required in NTDB** No
V5 Field Name Prehospital Triage Rationale	**NTDB Element Number** N/A
Local V5 Field Name Prehospital Triage Rationale	**NTDB Data Dictionary Page Number** N/A

Element Value

- 13 - Crash intrusion, including roof: > 12 in. occupant site; > 18 in. any site
- 14 - Crash ejection (partial or complete) from vehicle
- 15 - Crash death in same passenger compartment
- 16 - Crash vehicle telemetry data (AACN) consistent with high-risk injury
- 17 - Auto vs. pedestrian/bicyclist thrown, run over, or > 20 MPH impact
- 18 – Auto vs. cyclist thrown, run over or > 20 mph impact
- 19 - Motorcycle crash > 20 MPH
- 20 – Trauma with older child
- 21 – Trauma with child
- 22- Patients on anticoagulants and bleeding disorders
- 23 – Trauma with burns
- 24 - Pregnancy > 20 weeks
- 25 - EMS provider judgment
- 26 - Fall adults: > 20 ft. (one story is equal to 10 ft.)
- 27 - Fall children: > 10 ft. or 2-3 times the height of the child
- 28 - For adult > 65; SBP < 110
- 29 – Burns
- 30 – No Trauma Center Criteria
- 31 – No Vehicle, Pedestrian, Other
- Common null values

Additional Information

- The null value “Not Applicable” should be reported to indicate that the patient did not arrive by EMS.
- The null value “Not Applicable” should be reported if EMS Run Report indicates patient did not meet any Vehicle, Pedestrian, or Other Risk Injury criteria.
- The null value “Not Known/Not Recorded” should be reported if this information is not indicated, as an identical response choice, on the EMS Run Report or if the EMS Run Report is not available.
- Element Value must be determined by the EMS provider and must not be assigned by the index hospital.
- Report all that apply.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

TREATMENT

INITIAL FIELD RESPIRATORY ASSISTANCE

Description

The presence of endotracheal intubation, King/Lumen airway, or combitube for respiratory support.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Respiration Assisted?	**NTDB Element Number** N/A
Local V5 Field Name Respiration Assisted?	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

Data Source Hierarchy Guide

1. EMS Run Report

INITIAL FIELD SYSTOLIC BLOOD PRESSURE

Description

The first recorded systolic blood pressure measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name SBP	**NTDB Element Number** N/A
Local V5 Field Name SBP	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-300
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- Measurement must be recorded without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
- The null value “Not Applicable” is reported for patient who arrive by “4. Private/Public/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field systolic blood pressure was NOT measured at the scene of the injury.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD DIASTOLIC BLOOD PRESSURE

Description

The first recorded diastolic blood pressure measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Required in ITDX Yes	**NTDB Element Number** N/A
Web V5 Field Name DBP	**NTDB Data Dictionary Page Number** N/A
Local V5 Field Name DBP	

Element Value

- Element Value range 0-300
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- Measurement must be recorded without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
- The null value “Not Applicable” is reported for patient who arrive by “4. Private/Public/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field diastolic blood pressure was NOT measured at the scene of the injury.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD PULSE RATE

Description

The first recorded pulse measured at the scene of injury (palpated or auscultated), expressed as a number per minute.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Pulse Rate	**NTDB Element Number** N/A
Local V5 Field Name Pulse Rate	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-299
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value "Not Known/Not Recorded" is reported if the patient's first recorded initial field pulse rate was NOT measured at the scene of injury.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD RESPIRATORY RATE

Description

The first recorded respiratory rate measured at the scene of injury (expressed as a number per minute).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Unassisted Resp Rate	**NTDB Element Number** N/A
Local V5 Field Name Unassisted Resp Rate	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-120
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field respiratory rate was NOT measured at the scene of injury.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD OXYGEN SATURATION

Description

The first recorded oxygen saturation measured at the scene of injury (expressed as a percentage).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name O2 Saturation	**NTDB Element Number** N/A
Local V5 Field Name O2 Saturation	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-100
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- Value should be based upon assessment before administration of supplemental oxygen.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field oxygen saturation was NOT measured at the scene of injury.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD SUPPLEMENTAL OXYGEN

Description

The use of a storage tank of oxygen or a machine which provides an extra supply of oxygen to the patient.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Supplemental O2	**NTDB Element Number** N/A
Local V5 Field Name Supplemental O2	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

- Vitals should be associated with those captured at the scene.

Data Source Hierarchy Guide

1. EMS Run Report

INITIAL FIELD GCS - EYE

Description

First recorded Glasgow Coma Score (Eye) measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Eye	**NTDB Element Number** N/A
Local V5 Field Name GCS: Eye	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - No eye movement when assessed
- 2 - Opens eyes in response to painful stimulation
- 3 - Opens eyes in response to verbal stimulation
- 4 - Opens eyes spontaneously
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., the chart indicates: "patients’ pupils are PERRL," an Eye GCS of 4 may be recorded, IF there is no other contradicting documentation.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS – Eye was NOT measured at the scene of injury.
- The null value “Not Known/Not Recorded” is reported is Initial Field GCS 40 – Eye is reported.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD GCS - VERBAL

Description

First recorded Glasgow Coma Score (Verbal) measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Verbal	**NTDB Element Number** N/A
Local V5 Field Name GCS: Verbal	**NTDB Data Dictionary Page Number** N/A

Element Value

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

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- If patient is intubated, then the GCS Verbal score is equal to 1.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS – Verbal was NOT measured at the scene of injury.
- The null value “Not Known/Not Recorded” is reported if Initial Field GCS 40 – Verbal is reported.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD GCS - MOTOR

Description

First recorded Glasgow Coma Score (Motor) measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Motor	**NTDB Element Number** N/A
Local V5 Field Name GCS: Motor	**NTDB Data Dictionary Page Number** N/A

Element Value

- Pediatric (≤ 2 years old)
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Appropriately responds to stimulation
  - Common null values
- Adult
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Obeys commands
  - Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS – Motor was NOT measured at the scene of injury.
- The null value “Not Known/Not Recorded” is reported if Initial Field GCS 40 – Motor is reported.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

INITIAL FIELD GCS - TOTAL

Description

First recorded Glasgow Coma Score (Total) measured at the scene of injury.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Total	**NTDB Element Number** N/A
Local V5 Field Name GCS: Total	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for data element, minimum 3, maximum 15
- Common null values

Additional Information

- The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.
- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.
- The null value “Not Applicable” is reported for patients who arrive by “4. Private/Public Vehicle/Walk-in.”
- The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS – Total was NOT measured at the scene of injury.
- The null value “Not Known/Not Recorded” is reported if Initial Field GCS 40 - Total is reported.

Data Source Hierarchy Guide

1. EMS Run Report

**This field has been retired however it will remain highlighted in the registry, included in the ITDX standard and the data submission file.*

REFERRING FACILITY

REFERRAL HISTORY – IMMEDIATE REFERRING FACILITY

INTER-FACILITY TRANSFER

Description

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

INCLUDE:

• Patients who require physical transfer from a free-standing emergency department (ED) to an affiliated trauma center.

EXCLUDE:

• Patients transferred from a private doctor's office or stand-alone ambulatory surgery center.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Transfer In	**NTDB Element Number** N/A
Local V5 Field Name Inter-Facility Transfer	**NTDB Data Dictionary Page Number** 32

Element Value

- Y – Yes, indicates that the patient was transferred to this hospital from another acute care hospital.
- N – No, indicates that the patient was NOT transferred to this hospital from another hospital OR the patient was transferred to this hospital from a doctor's office, clinic, or stand-alone ambulatory surgery center.
- Common null values

Additional Information

- Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.
- Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a shortterm illness or condition). "CMS Data Navigator Glossary of Terms" https://www.cms.gov Research-Statistics-Data-and systems/Research/ResearchGenInfo/Downloads/DataNav Glossary_Alpha.pdf (accessed January 15, 2019).

Data Source Hierarchy Guide

1. EMS Run Report
2. Triage/Trauma Flow Sheet
3. History & Physical

REFERRING HOSPITAL

Description

Referring hospital's name.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Referring Facility	**NTDB Element Number** N/A
Local V5 Field Name Referring Facility	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for field

Additional Information

- Complete only if the patient was transferred from another acute care hospital to your hospital.
- Choose from the listed facilities.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. EMS Run Report

REFERRING HOSPITAL ARRIVAL DATE

Description

The date the patient arrived at the referring hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrival (Date)	**NTDB Element Number** N/A
Local V5 Field Name Arrival (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. EMS Run Report

REFERRING HOSPITAL ARRIVAL TIME

Description

The time the patient arrived at the referring hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrival (Time)	**NTDB Element Number** N/A
Local V5 Field Name Arrival (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. EMS Run Report

REFERRING HOSPITAL DISCHARGE DATE

Description

The date the patient was discharged from the referring facility.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departure (Date)	**NTDB Element Number** N/A
Local V5 Field Name Departure (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. EMS Run Report

REFERRING HOSPITAL DISCHARGE TIME

Description

The time the patient was discharged from the referring facility.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departure (Time)	**NTDB Element Number** N/A
Local V5 Field Name Departure (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. EMS Run Report

ASSESSMENTS

REFERRING HOSPITAL SYSTOLIC BLOOD PRESSURE

Description

The first recorded systolic blood pressure measured in the referring hospital.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name SBP	**NTDB Element Number** N/A
Local V5 Field Name SBP	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-300
- Common null values

Additional Information

- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.
- The null value “Not Applicable” is reported for patient who arrive by Private/Public Vehicle/Walk-in.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL PULSE RATE

Description

First recorded pulse measured in the referring hospital (palpated or auscultated), expressed as number per minute.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Pulse Rate	**NTDB Element Number** N/A
Local V5 Field Name Pulse Rate	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-299
- Common null values

Additional Information

- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL UNASSISTED RESPIRATION RATE

Description

The first respiratory rate recorded at the referring hospital (expressed as number per minute).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Unassisted Resp Rate	**NTDB Element Number** N/A
Local V5 Field Name Unassisted Resp Rate	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-299
- Common null values

Additional Information

- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL ASSISTED RESPIRATION RATE

Description

The first respiratory rate recorded at the referring hospital (expressed as number per minute).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Assisted Resp Rate	**NTDB Element Number** N/A
Local V5 Field Name Assisted Resp Rate	**NTDB Data Dictionary Page Number** N/A

Element Value

- Element Value range 0-99
- Common null values

Additional Information

- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL GCS - EYE

Description

The first recorded GCS – Eye measured at the referring hospital ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Eye	**NTDB Element Number** N/A
Local V5 Field Name GCS: Eye	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - No eye movement when assessed
- 2 - Opens eyes in response to painful stimulation
- 3 - Opens eyes in response to verbal stimulation
- 4 - Opens eyes spontaneously
- Common null values

Additional Information

- Used to calculate Overall GCS Score.
- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.
- If a patient does not have a numeric GCS score recorded, but there is written documentation closely (or directly) related to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., if the chart indicates “patient withdraws from a painful stimulus,” a Motor GCS may be recorded, IF there is no other contradicting documentation.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL GCS - VERBAL

Description

The first recorded GCS – Verbal measured at the referring hospital ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Verbal	**NTDB Element Number** N/A
Local V5 Field Name GCS: Verbal	**NTDB Data Dictionary Page Number** N/A

Element Value

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

Additional Information

- Used to calculate Overall GCS Score.
- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.
- If a patient does not have a numeric GCS score recorded, but there is written documentation closely (or directly) related to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., if the chart indicates “patient withdraws from a painful stimulus,” a Motor GCS may be recorded, IF there is no other contradicting documentation.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL GCS - MOTOR

Description

The first recorded GCS – Motor measured at the referring hospital ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Motor	**NTDB Element Number** N/A
Local V5 Field Name GCS: Motor	**NTDB Data Dictionary Page Number** N/A

Element Value

- Adult
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Obeys commands
  - Common null values

- Pediatric (≤ 2 years old)
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Appropriately responds to stimulation
  - Common null values

Additional Information

- Used to calculate Overall GCS Score
- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.
- If a patient does not have a numeric GCS score recorded, but there is written documentation closely (or directly) related to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., if the chart indicates “patient withdraws from a painful stimulus,” a Motor GCS may be recorded, IF there is no other contradicting documentation.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

REFERRING HOSPITAL GCS - TOTAL

Description

The first recorded GCS – Motor measured at the referring hospital ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name GCS: Total	**NTDB Element Number** N/A
Local V5 Field Name GCS: Total	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 3; Maximum: 15
- Common null values

Additional Information

- If the patient was transferred to you without an ED Discharge/Transfer sheet, record as Not Known/Not Recorded.
- If the three GCS components are completed, the relevant value will be auto calculated. If the three component values are Not Known/Not Recorded, but a total is provided, it may be entered into the field.

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet

ALCOHOL SCREEN

Description

A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Alcohol Use Indicator	**NTDB Element Number** N/A
Local V5 Field Name Alcohol Use Indicator	**NTDB Data Dictionary Page Number** 57

Element Value

- 1 - No (Not Tested)
- 2 - No (Confirmed by Test)
- 3 - Yes (Confirmed by Test [Trace Levels])
- 4 - Yes (Confirmed by Test [Beyond Legal Limit])
- Common null values

Additional Information

- Alcohol screen may be administered at any facility, unit or setting treating this patient event.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records

ALCOHOL SCREEN RESULTS

Description

First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ETOH/BAC Level	**NTDB Element Number** N/A
Local V5 Field Name ETOH/BAC Level	**NTDB Data Dictionary Page Number** 58

Element Value

- Minimum: 0.0; Maximum: 1500.00
- Relevant value for data element.

Additional Information

- Collect as X.XX grams per deciliter (g/dl).
- Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- The null value “Not Applicable” is reported for those patients who were not tested.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records

DRUG SCREEN

Description

First recorded positive drug screen results within 24 hours after first (or transferring) hospital encounter (select all that apply).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Drug Screen	**NTDB Element Number** N/A
Local V5 Field Name Drug Screen	**NTDB Data Dictionary Page Number** 56

Element Value

- AMP (Amphetamine)
- BAR (Barbiturate)
- BZO (Benzodiazepines)
- COC (Cocaine)
- mAMP (Methamphetamine)
- MDMA (Ecstasy)
- MTD (Methadone)
- OPI (Opioid)
- OXY (Oxycodone)
- PCP (Phencyclidine)
- TCA (Tricyclic Antidepressant)
- THC (Cannabinoid)
- Other
- None
- Not Tested

Additional Information

- Report all that apply.
- Record positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- Results from a referring facility should be recorded in the referring facility screen.
- Report Element Value “14. None” for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event or for patients who were tested and had no positive results.
- If multiple drugs are detected, only report drugs that were not administered at any facility (or setting) treating this patient event.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records

INTER-FACILITY TRANSPORT

TRANSPORT MODE

Description

The mode of transport delivering the patient to your hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Mode	**NTDB Element Number** N/A
Local V5 Field Name Mode	**NTDB Data Dictionary Page Number** 29

Element Value

- 1 - Ground Ambulance
- 2 - Helicopter Ambulance
- 3 - Fixed Wing Ambulance
- 4 - Private/Public Vehicle/Walk-in
- 5 - Police
- 6 - Other
- Common null values

Additional Information

- None

Data Source Hierarchy Guide

1. EMS Run Report

TRANSPORT ROLE

Description

The role the EMS provider was performing for the leg of travel being recorded.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Transport Role	**NTDB Element Number** N/A
Local V5 Field Name Transport Role	**NTDB Data Dictionary Page Number** N/A

Element Value

- 3 - Non-Transport
- 4 - Transport from Facility to Your Facility
- 5 - Transport from Facility to Rendezvous
- 6 - Transport from Rendezvous to Your Facility
- 7 - Transport to Other
- Common null values

Additional Information

Data Source Hierarchy Guide

1. EMS Run Report

EMS DISPATCH DATE

Description

The date the unit transporting to your hospital was notified by dispatch.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Call Dispatched (Date)	**NTDB Element Number** N/A
Local V5 Field Name Call Dispatched (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY.
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your hospital from the transferring hospital was notified by dispatch or assigned to this transport.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS DISPATCH TIME

Description

The time the unit transporting to your hospital was notified by dispatch.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Call Dispatched (Time)	**NTDB Element Number** N/A
Local V5 Field Name Call Dispatched (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- For inter-facility transfer patients, this is the time at which the unit transporting the patient to your hospital from the transferring hospital was notified by dispatch or assigned to this transport.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS RESPOND DATE

Description

The date on which unit responded to the call.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name En Route (Date)	**NTDB Element Number** N/A
Local V5 Field Name En Route (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY.
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your hospital from the transferring hospital responded to the call.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

EMS RESPOND TIME

Description

The time the unit responded to the call.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name En Route (Time)	**NTDB Element Number** N/A
Local V5 Field Name En Route (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- For inter-facility transfer patients, this is the time the unit transporting the patient to your hospital from the transferring hospital responded to the call.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVAL DATE AT TRANSFERRING FACILITY

Description

The date the unit transporting to your hospital arrived at the transferring facility.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Location (Date)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Location (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values

Additional Information

- Collected as MM/DD/YYYY.
- For inter-facility transfer patients, this is the date on which the unit transporting the patient to your hospital from the transferring hospital arrived at the transferring hospital. (Arrival is defined as date/time when the vehicle stopped moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVAL TIME AT TRANSFERRING FACILITY

Description

The time the unit transporting to your hospital arrived at the transferring facility (the time the vehicle stopped moving).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Location (Time)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Location (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- For inter-facility transfer patients, this is the time the unit transporting the patient to your hospital from the transferring hospital arrived at the transferring hospital. (Arrival is defined as date/time when the vehicle stopped moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT DEPARTURE DATE FROM TRANSFERRING FACILITY

Description

The date the unit transporting to your hospital left the transferring facility.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departed Location (Date)	**NTDB Element Number** N/A
Local V5 Field Name Departed Location (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values
- Times are associated with the agency that transported the patient to the hospital.
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Additional Information

- Collected as MM/DD/YYYY.
- For inter-facility transfer patients, this is the date the unit transporting the patient to your hospital from the transferring hospital departed from the transferring hospital. (Departure is defined as date/time when the vehicle started moving.)
- The null value “Not Applicable” is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT DEPARTURE TIME FROM TRANSFERRING FACILITY

Description

The time the unit transporting to your hospital departed from the transferring facility (the time the vehicle started moving)

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Departed Location (Time)	**NTDB Element Number** N/A
Local V5 Field Name Departed Location (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- For inter-facility transfer patients, this is the time the unit transporting the patient to your hospital from the transferring hospital departed from the transferring hospital. (Departure is defined as date/time when the vehicle started moving.)
- The null value "Not Applicable" is reported for patients who were not transported by EMS.

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVED AT DESTINATION DATE

Description

The date unit arrived at its specific destination.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Destination (Date)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Destination (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum: 1990; Maximum: 2099
- Common null values
- Times are associated with the agency that transported the patient to the hospital.

Additional Information

- Collected as MM/DD/YYYY

Data Source Hierarchy Guide

1. EMS Run Report

EMS UNIT ARRIVED AT DESTINATION TIME

Description

The time at which the unit arrived at its specific destination.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Arrived at Destination (Time)	**NTDB Element Number** N/A
Local V5 Field Name Arrived at Destination (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HH:MM, military time.
- Times are associated with the agency that transported the patient to the hospital.

Data Source Hierarchy Guide

1. EMS Run Report

ED / RESUSCITATION

ARRIVAL/ADMISSION

ED DIRECT ADMIT

Description

Identifies a patient who was admitted to the hospital without going through the ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Direct Admit	**NTDB Element Number** N/A
Local V5 Field Name Direct Admit	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

- Null values are not accepted for this variable.

Data Source Hierarchy Guide

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

ED/HOSPITAL ARRIVAL DATE

Description

The date the patient arrived at the ED/hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ED Arrival/Admit (Date)	**NTDB Element Number** N/A
Local V5 Field Name ED Arrival/Admit (Date)	**NTDB Data Dictionary Page Number** 37

Element Value

- Minimum constraint: 1990; Maximum constraint: 2099
- Relevant value for data element
- Common null values

Additional Information

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

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. ED Record
3. Face Sheet
4. Billing Sheet
5. Discharge Summary

ED/HOSPITAL ARRIVAL TIME

Description

The time the patient arrived at the ED/hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ED Arrival/Admit (Time)	**NTDB Element Number** N/A
Local V5 Field Name ED Arrival/Admit (Time)	**NTDB Data Dictionary Page Number** 38

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

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

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. ED Record
3. Face Sheet
4. Billing Sheet
5. Discharge Summary

ED DISCHARGE DATE

Description

The date the order was written for the patient to be discharged from the ED.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ED Departure Order (Date)	**NTDB Element Number** N/A
Local V5 Field Name ED Departure Order (Date)	**NTDB Data Dictionary Page Number** 60

Element Value

- Minimum constraint: 1990; Maximum constraint: 2099
- Relevant value for data element
- Common null values

Additional Information

- Collected as MM-DD-YYYY.
- If multiple orders were written, report the final disposition order date.
- The null value “Not Applicable” is reported if the patient is directly admitted to the hospital.
- If ED Discharge Disposition is “44, Morgue,” then ED Discharge Date is the date of death as indicated on the patient’s death certificate.

Data Source Hierarchy Guide

1. Physician Order
2. ED Record
3. Triage/Trauma/Hospital Flow Sheet
4. Nursing Notes/Flow Sheet
5. Discharge Summary
6. Billing Sheet
7. Progress Notes

ED DISCHARGE TIME

Description

The time the order was written for the patient to be discharged from the ED.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ED Departure Order (Time)	**NTDB Element Number** N/A
Local V5 Field Name ED Discharge Order (Time)	**NTDB Data Dictionary Page Number** 61

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Collected as HHMM, military time.
- If multiple orders were written, report the final disposition order date.
- The null value “Not Applicable” is reported if the patient is directly admitted to the hospital.
- If ED Discharge Disposition is “44, Morgue,” then ED Discharge Time is the time of death as indicated on the patient’s death certificate.

Data Source Hierarchy Guide

1. Physician Order
2. ED Record
3. Triage/Trauma/Hospital Flow Sheet
4. Nursing Notes/Flow Sheet
5. Discharge Summary
6. Billing Sheet
7. Progress Notes

ED DEPARTURE DATE

Description

The time the patient was discharged from the ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name ED Departure (Date)	**NTDB Element Number** NA
Local V5 Field Name ED Departure (Date)	**NTDB Data Dictionary Page Number** NA

Element Value

- Minimum constraint: 1990; Maximum constraint: 2099
- Relevant value for data element
- Common null values

Additional Information

- Collected as MM/DD/YYYY.
- This field reflects when the patient physically left the emergency department.
- The null value “Not Applicable” is reported if the patient is directly admitted to the hospital.
- If ED Discharge Disposition is “44, Morgue,” then ED Discharge Date is the date of death as indicated on the patient’s death certificate.

Data Source Hierarchy Guide

1. Physician Order
2. ED Record
3. Triage/Trauma/Hospital Flow Sheet
4. Nursing Notes/Flow Sheet
5. Discharge Summary
6. Billing Sheet
7. Progress Notes

ED DEPARTURE TIME

Description

The time the patient was discharged from the ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name ED Departure (Time)	**NTDB Element Number** NA
Local V5 Field Name ED Departure (Time)	**NTDB Data Dictionary Page Number** NA

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Relevant value for data element
- Common null values

Additional Information

- Collected as HH:MM, military time.
- This field reflects when the patient physically left the emergency department.
- The null value “Not Applicable” is reported if the patient is directly admitted to the hospital.
- If ED Discharge Disposition is “44, Morgue” then ED Discharge Time is the time of death as indicated on the patient’s death certificate.

Data Source Hierarchy Guide

1. Physician Order
2. ED Record
3. Triage/Trauma/Hospital Flow Sheet
4. Nursing Notes/Flow Sheet
5. Discharge Summary
6. Billing Sheet
7. Progress Notes

SIGNS OF LIFE

Description

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

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Signs of Life	**NTDB Element Number** NA
Local V5 Field Name Signs of Life	**NTDB Data Dictionary Page Number** NA

Element Value

- 1 - Arrived with NO signs of life
- 2 - Arrived with signs of life
- Common null values

Additional Information

- A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Progress Notes
3. Nursing Notes/Flow Sheet
4. EMS Run Report
5. History & Physical

MODE OF ARRIVAL

Description

Indicator of the mode of transport to the ED.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Mode of Arrival	**NTDB Element Number** N/A
Local V5 Field Name Mode of Arrival	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Advanced Life Support Ambulance
- 2 - Advanced Life Support Helicopter
- 3 - Ambulance
- 4 - Basic Life Support Ambulance
- 5 - Basic Life Support Helicopter
- 6 - Helicopter
- 7 - Police
- 8 - Private Vehicle
- 9 - Walk-In
- Common null values

Additional Information

- If 8 – Private Vehicle is selected, make sure to select 1 – Yes for the POV data element located on the Prehospital/Scene/Transport tab.

Data Source Hierarchy Guide

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

TRAUMA TEAM ACTIVATION LEVEL

Description

Patient received the highest level of trauma activation at your hospital.

INCLUDE:

- Patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital.
- Patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were downgraded after arrival to your center.
- Patients who received a lower level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were upgraded to the highest level of trauma activation.

EXCLUDE:

- Patients who received the highest level of trauma activation after ED discharge.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Response Level	**NTDB Element Number** N/A
Local V5 Field Name Response Level	**NTDB Data Dictionary Page Number** 34

Element Value

- 1 - Level 1
- 2 - Level 2
- 3 - Level 3
- 4 - Consult
- Common null values

Additional Information

- Highest level of activation is defined by your hospital's criteria.

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. ED Records
3. History and Physical
4. Physician Notes/Flow Sheet
5. Discharge Summary

TRAUMA TEAM ACTIVATION DATE

Description

The date the trauma team was activated.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Response Activation (Date)	**NTDB Element Number** N/A
Local V5 Field Name Response Activation (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Minimum constraint: 1990; Maximum constraint: 2099
- Relevant value for data element
- Common null values

Additional Information

- Collected as MM/DD/YYYY

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. ED Records
3. History and Physical
4. Physician Notes/Flow Sheet
5. Discharge Summary

TRAUMA TEAM ACTIVATION TIME

Description

The time the trauma team was activated.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Response Activation (Time)	**NTDB Element Number** N/A
Local V5 Field Name Response Activation (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Relevant value for activation level
- Common null values

Additional Information

- Collected as HH:MM, military time.

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. ED Records
3. History and Physical
4. Physician Notes/Flow Sheet
5. Discharge Summary

ED DISCHARGE DISPOSITION

Description

The disposition unit the order was written for the patient to be discharged from the ED.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ED Disposition	**NTDB Element Number** N/A
Local V5 Field Name ED Disposition	**NTDB Data Dictionary Page Number** 59

Element Value

- 3 - Operating Room
- 4 - Intensive Care Unit (ICU)
- 5 - Step-Down Unit
- 6 - Floor
- 7 - Telemetry Unit
- 8 - Observation Unit
- 9 - Burn Unit
- 13 - Labor and Delivery
- 14 - Neonatal/Pediatric Care Unit
- 40 - Home or Self Care (Routine Discharge)
- 41 - Home with Services
- 42 - Left AMA
- 43 - Correctional Facility/Court/Law Enforcement
- 44 - Morgue
- 45 - Child Protective Agency
- 70 - Acute Care Facility
- 71 - Intermediate Care Facility
- 72 - Skilled Nursing Facility
- 73 - Rehab (Inpatient)
- 74 - Long-Term Care
- 75 - Hospice
- 76 - Mental Health/Psychiatric Hospital (Inpatient)
- 77 - Nursing Home
- 79 - Another Type of Inpatient Facility Not Defined Here
- 80 - Burn Center
- Common null values

Additional Information

- If multiple orders were written, report the final disposition order.
- The null value “Not Applicable” is reported if the patient is directly admitted to the hospital.
- If ED Discharge Disposition is 41 – Home with Services, 44 – Morgue, 43 – Correctional Facility/Court/Law Enforcement, 40 – Home or Self Care (Routine Discharge), 42 – Left AMA, 70 – Acute Care Facility then Hospital Discharge Date, Time, and Disposition should be N/A.

Data Source Hierarchy Guide

1. Physician Order
2. Discharge Summary
3. Nursing Notes/Flow Sheet
4. Case Management/Social Services Notes
5. ED Record
6. History & Physical

HOSPITAL ADMITTING SERVICE

Description

Indicator of the section of the hospital to which the patient was sent for care.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Admitting Service	**NTDB Element Number** N/A
Local V5 Field Name Admitting Service	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Trauma
- 2 - Neurosurgery
- 3 - Orthopedics
- 4 - General Surgery
- 5 - Pediatric Surgery
- 6 - Cardiothoracic Surgery
- 7 - Burn Services
- 8 - Emergency Medicine
- 9 - Pediatrics
- 23 - Hospitalist
- 57 - Medicine
- 58 - Intensivist
- 60 – Endocrinology
- 61 - Geriatrics
- 98 - Other Surgical
- 99 - Other Non-Surgical
- Common null values

Additional Information

Data Source Hierarchy Guide

1. ED Discharge/Transfer Sheet
2. Nursing Progress Notes

OR DISPOSITION

Description

The disposition of the patient following post-anesthesia recovery.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Post OR Disposition	**NTDB Element Number** N/A
Local V5 Field Name OR Disposition	**NTDB Data Dictionary Page Number** N/A

Element Value

- 4 - Intensive Care Unit
- 5 - Step-Down Unit
- 6 - Floor
- 7 - Telemetry Unit
- 8 - Observation Unit
- 9 - Burn Unit
- 11 - Post-Anesthesia Care Unit
- 14 - Neonatal/Pediatric Care Unit
- 42 - Left AMA
- 44 - Morgue
- 70 - Acute Care Facility
- Common null values

Additional Information

- Must enter '3 – Operating Room' in the ED Disposition field to make this field available.

Data Source Hierarchy Guide

1. OR Nurse's Notes
2. Operative Records

PRIMARY TRAUMA SERVICE TYPE

Description

The primary service type responsible for the care of this patient.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Primary Trauma Service Type	**NTDB Element Number** N/A
Local V5 Field Name Primary Trauma Service Type	**NTDB Data Dictionary Page Number** 62

Element Value

- 1. Adult
- 2. Pediatric

Additional Information

- The primary service type responsible for trauma evaluation and care of the patient.
- This element will be used to determine which eligible Trauma Quality Programs report [adult or pediatric] the patient will appear; report age criteria will still apply.
- Adult trauma centers that do not have a separate pediatric service must report Element Value "1. Adult."
- Pediatric trauma centers that do not have a separate adult service must report Element Value "2. Pediatric."

Data Source Hierarchy Guide

1. Triage/Trauma Flow Sheet
2. History and Physical
3. Discharge Summary

ED QUESTIONS

ARKANSAS TRAUMA COMMUNICATIONS CENTER (ATCC) UTILIZATION

Description

Indicator that the ATCC was contacted to coordinate patient transfer.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Was ATCC utilized for the patient transfer?	**NTDB Element Number** N/A
Local V5 Field Name Was ATCC utilized for the patient transfer?	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

- This field is required by the sending facility only.
- Question will be presented as: “Was ATCC utilized for the patient transfer?”
- Field will become active if ED disposition is “Acute Care Facility” (option 70) or “Burn Center” (option 80).

Data Source Hierarchy Guide

1. Trauma Flow Sheet
2. ED Records

ATCC DATE OF CONTACT

Description

Indicator of the date that the ATCC was contacted to coordinate patient transfer.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name ATCC Contacted (Date)	**NTDB Element Number** N/A
Local V5 Field Name ATCC Contacted (Date)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Collected as MM/DD/YYYY
- Common null values

Additional Information

- This field is required by the sending facility only.
- Field will become active if ED disposition is “Acute Care Facility” (option 70), or “Burn Center” (option 80).
- Must enter ‘Y’ in the Was ATCC utilized for patient transfer? field to make this field available.

Data Source Hierarchy Guide

1. Trauma Flow Sheet
2. ED Records

ATCC TIME OF CONTACT

Description

Indicator of the time that the ATCC was contacted in the transfer process.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name ATCC Contacted (Time)	**NTDB Element Number** N/A
Local V5 Field Name ATCC Contacted (Time)	**NTDB Data Dictionary Page Number** N/A

Element Value

- Collected as HH:MM, military time.
- Minimum constraint: 00:00; Maximum Constraint 23:59
- Field will become active if ED disposition is “Acute Care Facility” (option 70) or “Burn Center” (option 80).
- Common null values

Additional Information

- This field is required by the sending facility only.
- Question will be presented as: “Time ATCC was contacted for patient transfer.”
- Field will become active if ED disposition is “Acute Care Facility” (option 70) or “Burn Center” (option 80).
- Must enter ‘Y’ in the Was ATCC utilized for patient transfer? field to make this field available.

Data Source Hierarchy Guide

1. Trauma Flow Sheet
2. ED Records

ATCC NOT UTILIZED; PLEASE SPECIFY*

Description

Specification of the reason for not utilizing the ATCC to facilitate patient transfer.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name If No, please specify	**NTDB Element Number** N/A
Local V5 Field Name If No, please specify	**NTDB Data Dictionary Page Number** N/A

Element Value

- Free-text box
- Common null values

Additional Information

- Field will become active if ED disposition is “Acute Care Facility” (option 70) or “Burn Center” (option 80).
- Transfers to burn center should be coordinated through ATCC.
- If value is “other” use the free-text box to indication.
- This field is required by the sending facility only.

Data Source Hierarchy Guide

1. Trauma Flow Sheet
2. ED Records

ANTIBIOTICS THERAPY

Reporting Criterion: Report on all patients with any open fracture(s).

Description

Intravenous antibiotic therapy was administered to the patient within 24 hours after injury.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name IV Antibiotics administered for any open fracture w/I 24 hours?	**NTDB Element Number** N/A
Local V5 Field Name IV Antibiotics administered for any open fracture w/I 24 hours?	**NTDB Data Dictionary Page Number** 172

Element Value

- Yes
- No
- Common null values

Additional Information

- The null value “Not Applicable” is reported for patients that do not meet the reporting criterion.
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines and includes all AIS code descriptors that contain “open” and all AIS extremity/limb codes descriptors that contain “amputation.”

Data Source Hierarchy Guide

1. EMS Run Sheet
2. Triage/Trauma/ICU Flow Sheet
3. Medication Summary
4. Anesthesia Record
5. Nursing Notes/Flow Sheet
6. Pharmacy Record

ANTIBIOTICS THERAPY DATE

Reporting Criterion: Report on all patients with any open fracture(s).

Description

The date of first recorded intravenous antibiotic therapy administered to the patient within 24 hours after injury.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name IV antibiotics given (Date)	**NTDB Element Number** N/A
Local V5 Field Name IV antibiotics given (Date)	**NTDB Data Dictionary Page Number** 173

Element Value

- Minimum constraint: 1990; Maximum constraint: 2099
- Relevant value for data element
- Common null values

Additional Information

- Reported as MM-DD-YYYY.
- The null value “Not Applicable” is reported for patients that do not meet the reporting criterion.
- The null value “Not Applicable” is reported if Antibiotic Therapy is Element Value “2. No”.
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines and includes all AIS code descriptors that contain "open" and all AIS extremity/limb codes descriptors that contain "amputation."

Data Source Hierarchy Guide

1. EMS Run Sheet
2. Triage/Trauma/ICU Flow Sheet
3. Medication Summary
4. Anesthesia Record
5. Nursing Notes/Flow Sheet
6. Pharmacy Record

ANTIBIOTICS THERAPY TIME

Reporting Criterion: Report on all patients with any open fracture(s).

Description

The time of first recorded intravenous antibiotic therapy administered to the patient within 24 hours after injury.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name IV antibiotics given (Time)	**NTDB Element Number** N/A
Local V5 Field Name IV antibiotics given (Time)	**NTDB Data Dictionary Page Number** 174

Element Value

- Minimum constraint: 00:00; Maximum constraint: 23:59
- Common null values

Additional Information

- Reported as HHMM military time.
- The null value “Not Applicable” is reported for patients that do not meet the reporting criterion.
- The null value “Not Applicable” is reported if Antibiotic Therapy is Element Value “2. No”.
- Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines and includes all AIS code descriptors that contain "open" and all AIS extremity/limb codes descriptors that contain "amputation."

Data Source Hierarchy Guide

1. EMS Run Sheet
2. Triage/Trauma/ICU Flow Sheet
3. Medication Summary
4. Anesthesia Record
5. Nursing Notes/Flow sheet
6. Pharmacy Record

ANTIBIOTICS THERAPY - SPECIFY LOCATION

Reporting Criterion: Collect on all patients with any open fracture(s).

Description

The location where the first dose of intravenous antibiotics was given.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Where was it given	**NTDB Element Number** N/A
Local V5 Field Name Where was it given	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - This facility
- 2 - Referring facility
- 3 - Prehospital (EMS)
- Common null values

Additional Information

- Specify the location where the first dose of intravenous antibiotic therapy was administered to the patient within 24 hours after injury.
- The null value “Not Applicable” is reported if the data element value for Antibiotic Therapy is “No.”
- Will only become active if “Yes,” in the Antibiotics Therapy data element.

Data Source Hierarchy Guide

1. Triage/Trauma/ICU Flow Sheet
2. EMS Patient Care Record
3. Medication Summary
4. Anesthesia Record
5. Nursing Notes/Flow Sheet
6. Pharmacy Record

ANTICOAGULANTS AT HOME

Description

Documentation in the medical record of the administration of medication (anticoagulants, antiplatelet agents, thrombin inhibitors, thrombolytic agents) that interferes with blood clotting.

EXCLUDE:

- Patients whose only anticoagulant therapy is chronic aspirin.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Did patient home medications list include anticoagulants?	**NTDB Element Number** N/A
Local V5 Field Name Did patient home medications list include anticoagulants?	**NTDB Data Dictionary Page Number** 69

Element Value

- Yes
- No
- Common null values

Additional Information

- Present prior to injury
- Anticoagulant must be part of the patients' s active medication.
- The null value "Not Known/Not Recorded" is only reported if no past medical history is available.

Data Source Hierarchy Guide

1. History & Physical
2. Physician's Notes
3. Progress Notes
4. Case Management/Social Services
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

ANTICOAGULANTS AT HOME (IF YES, SPECIFY)

Description

Documentation in the medical record of the administration of medication (anticoagulants, antiplatelet agents, thrombin inhibitors, thrombolytic agents) that interferes with blood clotting.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name If Yes, Specify:	**NTDB Element Number** N/A
Local V5 Field Name If Yes, Specify:	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 – Arixtra (Fondaparinux)
- 2 – Brillinta (Ticagrelor)
- 3 – Coumadin (Warfarin)
- 4 – Effient (Prasugrel)
- 5 – Eliquis (Apixaban)
- 6 – Fragmin (Dalteparin)
- 7 – Heparin (Heparin)
- 8 – Lovenox (Enoxaparin Sodium)
- 9 – Pentoxifylline (Pentoxifylline)
- 10 – Plavix (Clopidogrel)
- 11 – Pradaxa (Dabigatran)
- 12 – Xarelto (Rivaroxban)
- 13 – Other
- / - Not Applicable
- ? - Unknown

Additional Information

- Check all that apply.
- Question presented as “If Yes, Specify.”
- Must enter ‘Y’ in the Did patient home medications list include anticoagulants? field to make this field available.

Data Source Hierarchy Guide

1. History & Physical
2. Physician's Notes
3. Progress Notes
4. Case Management/Social Services
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

HEAD CT SCAN

Description

The completion of a head CT during the patient's stay in the emergency department at your facility.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Was a CT of the head done at your facility?	**NTDB Element Number** N/A
Local V5 Field Name Was a CT of the head done at your facility?	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

- Question presented as "Was a CT of the head done at your facility?"
- Answer "Yes" only if the CT was performed at your facility.

Data Source Hierarchy Guide

1. Triage Trauma Flow Sheet
2. Operative Records
3. ER/ICU Records
4. Hospital Discharge Summary
5. Radiology Report
6. Billing Report

ATCC TRANSFER

Description

Indicator for whether or not the patient was transferred to another facility using ATCC.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name ATCC Transfer?	**NTDB Element Number** N/A
Local V5 Field Name ATCC Transfer?	**NTDB Data Dictionary Page Number** N/A

Element Value

- Yes
- No
- Common null values

Additional Information

- Question presented as “ATCC Transfer?”
- Answer “Yes” only if ATCC was utilized to coordinate patient transfer.

Data Source Hierarchy Guide

1. Triage Trauma Flow Sheet
2. ER/ICU Records
3. Hospital Discharge Summary
4. Billing Report

REASON FOR TRANSFER

Description

The primary reason for transferring the patient.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Primary Reason	**NTDB Element Number** N/A
Local V5 Field Name Primary Reason	**NTDB Data Dictionary Page Number** N/A

Element Value

- Burn (Adult or Pedi)
- Complex Pelvic
- CT/MRI
- Facial or Eye
- General Surgery
- Hand Trauma
- Multi-System
- Neuro (Head/Spine)
- Non-Specific
- Ortho (Excludes Pelvic)
- Pediatric
- Other
- Common null values

Additional Information

- Record the primary service that is not available at the transferring facility and is the reason for transfer.
- Field will become active if ED disposition is “Acute Care Facility” (option 70) or “Burn Center” (option 80).
- This is an Arkansas specific variable and must be answered for all transfers out of the ED/ER.

Data Source Hierarchy Guide

1. Trauma Flow Sheet
2. ED Records

INITIAL ASSESSMENT

INITIAL ED/HOSPITAL TEMPERATURE

Description

First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Temperature	**NTDB Element Number** ED_05
Local V5 Field Name Temperature	**NTDB Data Dictionary Page Number** 41

Element Value

- Minimum constraint: 0.0; Maximum constraint: 120.0 C/F
- Common null values

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet

INITIAL ED/HOSPITAL TEMPERATURE UNITS

Description

Indicator of whether the temperature was captured in Fahrenheit or Celsius (centigrade).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Unit	**NTDB Element Number** N/A
Local V5 Field Name Unit	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 – C (Celsius)
- 2 – F (Fahrenheit)

Additional Information

- Variable is captured only in the V5 registry.

Data Source Hierarchy Guide

1. Triage Form/Trauma Flow Sheet
2. ED Records

INITIAL ED/HOSPITAL TEMPERATURE ROUTE

Description

Indicator of the route of patient temperature assessment.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Route	**NTDB Element Number** N/A
Local V5 Field Name Route	**NTDB Data Dictionary Page Number** N/A

Element Value

- 1 - Oral
- 2 - Tympanic
- 3 - Rectal
- 4 - Axillary
- 5 - Core
- 6 - Other
- 7 - Temporal
- Common null values

Additional Information

- Variable is captured only in the V5 registry.

Data Source Hierarchy Guide

1. Triage Form/Trauma Flow Sheet
2. ED Records

INITIAL ED/HOSPITAL WEIGHT

Description

First recorded weight within 24 hours or less of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Weight	**NTDB Element Number** N/A
Local V5 Field Name Weight	**NTDB Data Dictionary Page Number** 55

Element Value

- Minimum constraint: 6 lbs./3 kgs.; Maximum constraint: 900 lbs./400 kgs.
- Common null values

Additional Information

- Report in kilograms (kg).
- May be based on family or self-report.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- Report the null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital Weight was not measured within 24 hours or less of ED/hospital arrival.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Pharmacy Record

INITIAL ED/HOSPITAL WEIGHT UNITS

Description

Indicator of whether the weight was captured in pounds (lbs.) or kilograms (kg).

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Units	**NTDB Element Number** N/A
Local V5 Field Name Units	**NTDB Data Dictionary Page Number** N/A

Element Value

- lbs.
- kgs.
- Common null values

Additional Information

- In V5 Registry, only completed if a value is provided for “Weight.”

Data Source Hierarchy Guide

1. Triage Form/Trauma Flow Sheet
2. ED Records

INITIAL ED/HOSPITAL HEIGHT

Description

First recorded height after ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Height	**NTDB Element Number** N/A
Local V5 Field Name Height	**NTDB Data Dictionary Page Number** 54

Element Value

- Minimum constraint: 0; Maximum constraint: 999
- Common null values

Additional Information

- Reported in centimeters.
- May be based on family or self-report.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- Report the null value “Not Known/Not Recorded” if the patient’s Initial ED/Hospital Height was not recorded prior to discharge.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Pharmacy Record

INITIAL ED/HOSPITAL HEIGHT UNITS

Description

Indicator of whether the height was captured in centimeters or inches.

Required in ATR Yes	**Required in NTDB** No
Web V5 Field Name Units	**NTDB Element Number** N/A
Local V5 Field Name Units	**NTDB Data Dictionary Page Number** N/A

Element Value

- Centimeters
- Inches
- Common null values

Additional Information

- In V5 Registry, only completed if a value is provided for “Height”

Data Source Hierarchy Guide

1. Triage Form/Trauma Flow Sheet
2. ED Records

INITIAL ED/HOSPITAL GCS ASSESSMENT QUALIFIERS

Description

Documentation of factors potentially affecting the first assessment of GCS within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name At Time Vitals Taken	**NTDB Element Number** N/A
Local V5 Field Name At Time Vitals Taken	**NTDB Data Dictionary Page Number** 50

Element Value

- Paralytic Agents
- Patient Intubated
    - If Yes, Method
        - Combitube
        - Cricothyrotomy
        - Cricothyrotomy – Needle
        - Endotracheal Tube – Nasal
        - Endotracheal Tube – Oral
        - Endotracheal Tube – Route NFS
        - Esophageal Obturator Airway
        - Laryngeal Mask Airway
        - LT Blind Insertion Airway Device
        - Tracheostomy
        - Unknown
- Patient Sedated
- Respiration Assisted
    - If Yes, Type
        - Bag Valve Mask
        - Nasal Airway
        - Oral Airway
        - Ventilator
        - Unknown
- Eye Obstruction
- Common null values

Additional Information

- Report all that apply.
- Identifies treatments given to the patient that may affect the first GCS assessment. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
- *Element Value* "1. Patient Chemically Sedated or Paralyzed" is reported if an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible.
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record.

- Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.
- Please note that the first recorded hospital vitals do not need to be from the same assessment.
- The null value "Not Known/Not Recorded" is reported if *Initial ED/Hospital GCS-40* is reported.
- The null value "Not Known/Not Recorded" is reported if the *Initial ED/Hospital GCS Assessment Qualifiers* are not documented within 30 minutes of ED/hospital arrival.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician's Notes/Flow Sheet

INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE

Description

First recorded systolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name SBP	**NTDB Element Number** N/A
Local V5 Field Name SBP	**NTDB Data Dictionary Page Number** 39

Element Value

- Element Value range 0-300
- Common null values

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician's Notes
4. History & Physical

INITIAL ED/HOSPITAL DIASTOLIC BLOOD PRESSURE

Description

First recorded diastolic blood pressure in the ED/hospital within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** No
Required in ITDX Yes	**NTDB Element Number** N/A
Web V5 Field Name DBP	**NTDB Data Dictionary Page Number** N/A
Local V5 Field Name DBP	

Element Value

- Element Value range 0-300
- Common null values

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician's Notes
4. History & Physical

INITIAL ED/HOSPITAL PULSE RATE

Description

First recorded pulse in the ED/hospital (palpated or auscultated), within 30 minutes of ED/hospital arrival (expressed as a number per minute).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Pulse Rate	**NTDB Element Number** N/A
Local V5 Field Name Pulse Rate	**NTDB Data Dictionary Page Number** 40

Element Value

- Element Value range 0-299
- Common null values

Additional Information

- Please note that first recorded/hospital vitals do not need to be from the same assessment.
- Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.

Data Source Hierarchy Guide

1. Triage/Trauma /Trauma Flow Sheet
2. Nurses Notes/Flow Sheet

INITIAL ED/HOSPITAL RESPIRATORY RATE

Description

First recorded respiratory rate in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a number per minute).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Unassisted Resp Rate	**NTDB Element Number** N/A
Local V5 Field Name Unassisted Resp Rate	**NTDB Data Dictionary Page Number** 42

Element Value

- Minimum constraint: 0; Maximum constraint: 999
- Common null values

Additional Information

- If reported, Initial ED/Hospital Respiratory Assistance.
- Please note that first recorded hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE

Description

Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Assisted Resp Rate	**NTDB Element Number** N/A
Local V5 Field Name Assisted Resp Rate	**NTDB Data Dictionary Page Number** 43

Element Value

- Minimum constraint: 0; Maximum constraint: 99
- Common null values

Additional Information

- Only reported if Initial ED/Hospital Respiratory Rate is reported.
- Respiratory Assistance is defined as mechanical and/or external support of respiration.
- The null value "Not Applicable" is reported if Initial ED/Hospital Respiratory Rate is "Not Known/Not Recorded."
- Please note that first recorded hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

INITIAL ED/HOSPITAL OXYGEN SATURATION

Description

First recorded oxygen saturation in the ED/hospital within 30 minutes of ED/hospital arrival (expressed as a percentage).

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name O2 Saturation	**NTDB Element Number** N/A
Local V5 Field Name O2 Saturation	**NTDB Data Dictionary Page Number** 44

Element Value

- Minimum constraint: 0; Maximum constraint: 100
- Common null values

Additional Information

- If reported, report Initial ED/Hospital Supplemental Oxygen.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Respiratory Therapy Notes/Flow Sheet

INITIAL ED/HOSPITAL SUPPLEMENTAL OXYGEN

Description

Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Supplemental O2	**NTDB Element Number** N/A
Local V5 Field Name Supplemental O2	**NTDB Data Dictionary Page Number** 45

Element Value

- No supplemental oxygen
- Supplemental oxygen
- Common null values

Additional Information

- The null value “Not Applicable” is reported if the Initial ED/Hospital Oxygen Saturation is “Not Known/Not Recorded.”
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS – EYE

Description

First recorded Glasgow Coma Score (GCS) Eyes in the ED/hospital within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS: Eye	**NTDB Element Number** N/A
Local V5 Field Name GCS: Eye	**NTDB Data Dictionary Page Number** 46

Element Value

- 1 - No eye movement when assessed
- 2 - Opens eyes in response to painful stimulation
- 3 - Opens eyes in response to verbal stimulation
- 4 - Opens eyes spontaneously
- Common null values

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be recorded, IF there is no other contradicting documentation.
- The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 – Eye is documented.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician's Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS - VERBAL

Description

First recorded Glasgow Coma Score (GCS) Verbal within 30 minutes of Ed/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS: Verbal	**NTDB Element Number** N/A
Local V5 Field Name GCS: Verbal	**NTDB Data Dictionary Page Number** 47

Element Value

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

Additional Information

- If patient is intubated, then the GCS Verbal score is equal to 1.
- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation.
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 – Verbal is reported.
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS – Verbal was not measured within 30 minutes of ED/Hospital arrival.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician’s Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS - MOTOR

Description

First recorded Glasgow Coma Score (GCS) Motor within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS: Motor	**NTDB Element Number** N/A
Local V5 Field Name GCS: Motor	**NTDB Data Dictionary Page Number** 48

Element Value

- **Pediatric (≤ 2 years)**
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Appropriate response to stimulation
  - Common null values
- **Adult**
  - 1 - No motor response
  - 2 - Extension to pain
  - 3 - Flexion to pain
  - 4 - Withdrawal from pain
  - 5 - Localizing pain
  - 6 - Obeys commands
  - Common null values

Additional Information

- If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., if the chart indicates “patient withdraws from a painful stimulus,” a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 – Motor is reported.
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS – Motor was not measured within 30 minutes of ED/Hospital arrival.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician’s Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS - TOTAL

Description

First recorded Glasgow Coma Scale (GCS) Total Score within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS: Total	**NTDB Element Number** N/A
Local V5 Field Name GCS: Total	**NTDB Data Dictionary Page Number** 49

Element Value

- Minimum constraint: 3; Maximum constraint: 15
- Common null values

Additional Information

- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as “AAOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as GCS of 15 IF there is no other contradicting documentation.
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS 40 is reported.
- The null value “Not Known/Not Recorded” is reported if Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Motor, Initial ED/Hospital GCS – Verbal were not measured within 30 minutes of ED/Hospital arrival.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician’s Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS 40 - EYE

Description

First recorded Glasgow Coma Score 40 (GCS-40) Eyes score in the ED/hospital within 30 minutes of ED/hospital.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS 40: Eye	**NTDB Element Number** N/A
Local V5 Field Name GCS 40: Eye	**NTDB Data Dictionary Page Number** 51

Element Value

Adult:

- None
- To Pressure
- To Sound
- Spontaneous
- Not Testable

Pediatric < 5 years:

- None
- To Pain
- To Sound
- Spontaneous
- Not Testable

Additional Information

- If a patient does not have a numeric GCS-40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. (e.g., the chart indicates: "patient's eyes open spontaneously," an Eye GCS-40 of 4 may be recorded, IF there is no other contradicting documentation).
- Report Element Value "0. Not Testable" if unable to assess (e.g., swelling to eye(s)).
- The null value "Not Known/Not Recorded" is reported if Initial Field ED/Hospital GCS – Eye is reported.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Eyes was not measured within 30 minutes or less of ED/hospital arrival.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nursing Notes/Flow Sheet
3. Physician Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS 40 - VERBAL

Description

First recorded Glasgow Coma Score 40 (GCS-40) Verbal score within 30 minutes of Ed/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS 40: Verbal	**NTDB Element Number** N/A
Local V5 Field Name GCS 40: Verbal	**NTDB Data Dictionary Page Number** 52

Element Value

Adult:

- None
- Sounds
- Words
- Confused
- Oriented
- Not Testable

Pediatric < 5 years:

- None
- Cries
- Vocal Sounds
- Words
- Talks Normally
- Not Testable

Additional Information

- If a patient does not have a numeric GCS-40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS-40 scale, the appropriate numeric score may be listed. (e.g., the chart indicates: "patient correctly gives name, place and date," a Verbal GCS of 5 may be recorded, IF there is no other contradicting documentation).
- Report Element Value “0. Not Testable” if unable to assess (e.g., patient is intubated).
- The null value “Not Known/Not Recorded” is reported if Initial Field ED/Hospital GCS – Verbal is reported.
- The null value “Not Known/Not Recorded” is reported if the patient’s Initial ED/Hospital GCS 40–Verbal was not measured within 30 minutes or less of ED/Hospital arrival.

Data Source Hierarchy Guide

1. Triage Form/Trauma/Hospital Flow Sheet
2. Nurse Notes/Flow Sheet
3. Physician Notes/Flow Sheet

INITIAL ED/HOSPITAL GCS 40 - MOTOR

Description

First recorded Glasgow Coma Score 40 (GCS-40) Motor within 30 minutes of ED/hospital arrival.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name GCS 40: Motor	**NTDB Element Number** N/A
Local V5 Field Name GCS 40: Motor	**NTDB Data Dictionary Page Number** 53

Element Value

Adult:

- None
- Extension
- Abnormal Flexion
- Normal Flexion
- Localizing
- Obeys Commands
- Not Testable

Pediatric < 5 years:

- None
- Extension to Pain
- Flexion to Pain
- Localizes Pain
- Obeys Commands
- Not Testable

Additional Information

- If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g., if the chart indicates "patient opened mouth and stuck out tongue when asked," for adult patients, a Motor GCS 40 of 6 may be recorded, IF there is no other contradicting documentation.
- Report Element Value "0. Not Testable" if unable to assess (e.g., neuromuscular blockade).
- The null value "Not Known/Not Recorded" is reported if Initial Field ED/Hospital GCS – Motor is reported.
- The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 – Motor was not measured within 30 minutes or less of ED/Hospital arrival.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes/Flow Sheet

LABS/SCREENINGS/TOXICOLOGY

ALCOHOL SCREEN

Description

A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Alcohol Use Indicator	**NTDB Element Number** N/A
Local V5 Field Name Alcohol Use Indicator	**NTDB Data Dictionary Page Number** 57

Element Value

- 1 - No (Not Tested)
- 2 - No (Confirmed by Test)
- 3 - Yes (Confirmed by Test [Trace Levels])
- 4 - Yes (Confirmed by Test [Beyond Legal Limit])
- Common null values

Additional Information

- Alcohol screen may be administered at any facility, unit or setting treating this patient event.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records

ALCOHOL SCREEN RESULTS

Description

First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name ETOH/BAC Level	**NTDB Element Number** N/A
Local V5 Field Name Drug Use Indicator	**NTDB Data Dictionary Page Number** 58

Element Value

- Minimum: 0.0; Maximum: 1500.00
- Relevant value for data element.

Additional Information

- Collect as X.XX grams per deciliter (g/dl).
- Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- The null value “Not Applicable” is reported for those patients who were not tested.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records

DRUG SCREEN

Description

First recorded positive drug screen results within 24 hours after first hospital encounter.

Required in ATR Yes	**Required in NTDB** Yes
Web V5 Field Name Drug Screen	**NTDB Element Number** N/A
Local V5 Field Name Drug Screen	**NTDB Data Dictionary Page Number** 56

Element Value

- 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

Additional Information

- Report all that apply.
- Record positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
- Results from a referring facility should be recorded in the referring facility screen.
- “None” is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results.
- If multiple drugs are detected, only report drugs that were NOT administered at any facility (or setting) treating this patient event.

Data Source Hierarchy Guide

1. Lab Results
2. Transferring Facility Records