
Oregon Trauma Registry

Trauma One...



Oregon Trauma Registry

Abstract Manual

**Department of Human Services
Office of Public Health & Health Planning
EMS & Trauma Systems**

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I. INTRODUCTION

A systematic approach to trauma care provides the best means to protect the public from premature death and prolonged disability. A trauma care system reduces death and disability by identifying the causes of injury and promoting activities to prevent injury from occurring, and by assuring that the required emergency medical resources are available and the necessary infrastructure is in place to deliver the "right" patient to the "right" hospital.

Trauma system hospitals are required to report to the Oregon Trauma Registry (OTR) specific data for each trauma system patient within 90 days of death or discharge of that patient. The Oregon Trauma Registry collects data about the causes of injury, the emergency response, and the outcome of all trauma system patients. Input to the OTR is provided in most cases by computerized data entry at each trauma system hospital.

The information you will be abstracting from the patient's medical record includes data related to demographics, prehospital care, trauma team activation and response, emergency department assessment, invasive and diagnostic procedures, operative maneuvers, and outcome. This information is used by the State Public Health Division, STAB, and ATABs to monitor the statewide trauma system, target prevention activities, and conduct research. Your participation in collecting this important information is crucial to our state's evaluation and monitoring process.

II. REPORTING REQUIREMENTS

Oregon Administrative Rule 333-200-0090 requires that a trauma system hospital report to the Oregon Trauma Registry (OTR) all required data for each and every trauma patient as defined in the rule within 90 days of death or discharge of that patient. Data shall be submitted using the trauma registry database (Trauma One). If there are no cases for a given month (e.g., small volume trauma centers), please inform the OTR by telephone or in writing. This will prevent the issuance of a late reporting notice.

The Division may, at its sole discretion, permit data submission by alternative means where use of the Division's electronic database would impose a severe hardship on the reporting institution. Request for alternative data submission should be forwarded in writing to the Trauma Systems Manager at the address below. Data submitted via paper format should be mailed to the following address:

**Trauma Registry
Oregon State Public Health Division
EMS & Trauma Systems
800 NE Oregon St, Suite 465
Portland, OR 97232**

Oregon Trauma Registry Case Definition

A trauma system hospital shall submit data to the Oregon Trauma Registry (OTR) for each and every patient as defined below:

1. Patients entered into the trauma system by field personnel.
(Exhibit 2)
2. Any patient for whom the trauma team is activated.
(Exhibit 3)
3. A patient whose injuries require a surgeon's evaluation and treatment.
4. Patients transferred to a trauma center for trauma system care.
(Exhibit 5)
5. Patients who met triage criteria or interhospital transfer guidelines at the transferring facility. (Exhibits 2, 5)
6. Patients who did not receive a trauma team response but retrospectively, at either the transferring or receiving facility, have any of the following:
 - A. ISS >8
 - B. Death
 - C. Major operative procedure within 6 hours of hospital arrival.
 - D. ICU admission within 24 hours of hospital arrival.
 - E. Burn injured patients admitted to your facility or transferred to a Burn Center
7. Any patient previously treated within the trauma system (at any trauma center) who required unplanned readmission from treatment of injuries or complications resulting from the initial injuries.

EXCLUSIONS:

- **any injured patient with an isolated hip fracture resulting from a fall from the same height**
- **mechanisms without accompanying anatomical injuries:**
 - **poisoning**
 - **drowning/near drowning**
 - **suffocation/asphyxiation**

Oregon Trauma Registry, EMS & Trauma Systems Section, DHS, March 2004

III. GENERAL INSTRUCTIONS

This manual contains instructions for abstracting patient information and submitting data to the Oregon Trauma Registry (OTR). These instructions follow the format of the OTR trauma registry software, Trauma One, and are divided into sections accordingly. Each section outlines the data elements that are required to be reported to the OTR as set forth in OAR 333-200-0090. A description, and in some cases an example, is provided for every data element listed. Please report all relevant information as clearly and completely as possible.

For the purpose of this manual and in data entry:

1. All data elements should be reported unless otherwise indicated in brackets signifying an optional field. Example: **[Admitting Physician]**.
2. **CAPITALIZED**, underlined, and bold words or parts of words denote the corresponding code for computer entry. Example: **NONE**
3. If the data element cannot be located in the patient's medical records, report as **ND** (Not Documented) in the appropriate field. Do not leave fields blank or report as zero (0) unless specially indicated.
4. When the data element does not apply to this patient, report as NA (Not Applicable) in the field.
5. When entering dates enter in two-digit month, two-digit day, four-digit year format (Example: 01012006. You do not need to enter the slash /)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ANY OF THE FOLLOWING DHS STAFF:


Susan Harding	(971) 673-0527	susan.m.harding@state.or.us
Donald Au	(971) 673-0521	donald.k.au@state.or.us
Susan Werner	(971) 673-0534	susan.m.werner@state.or.us
Office Fax #	(971) 673-0555	

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DEMOGRAPHIC SECTION

FIELD	TYPE	DESCRIPTION
Recorded By	Text	The name or initials of the individual entering the information for this record.
Recorder Date	Date	The date the record is initiated in Trauma One, using two-digit month, two-digit day, and four-digit year (MMDDYYYY). <i>NOTE: Trauma One has a default set at the current date.</i>
State	Pick list	The State of trauma band ownership. The default is OR , but if a patient has a non-Oregon trauma band that was issued by another state, enter appropriate state code.
Trauma Band #	Numeric	A unique number assigned to each patient at the time he/she is entered into the trauma system by means of a wristband. This can be initiated either by prehospital or hospital personnel. This number will follow the patient through their entire hospital stay. <i>NOTE: Oregon trauma band numbers are 6 digits.</i>
Hospital Account #	Text	The hospital's internal account number for the patient.
Medical Record No.	Text	The hospital medical record number of the patient.
Last Name	Text	The patient's legal last name.
First Name	Text	The patient's legal first name.
Mid Init	Text	The patient's legal middle initial. <i>NOTE: If this information is not available in the patient's records, record as ND.</i>
[Alias Last]	Text	Pseudo last name assigned to a patient for confidentiality purposes or lack of identification.
[Alias First]	Text	Pseudo first name assigned to a patient for confidentiality purposes or lack of identification.
Date of Birth	Date	The patient's date of birth. Use two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Age	Auto fill	The patient's age is auto calculated based on the date of birth and injury date. No entry required.

DEMOGRAPHIC SECTION

FIELD	TYPE	DESCRIPTION
In	Auto fill	The increment appropriate for numeric age value is auto calculated based on the date of birth and injury date. No entry required. Y Years M Months W Weeks D Days
Gender	Pick list	The patient's gender. F Female M Male
Race/Ethnicity	Pick list	The patient's race or ethnic group. <i>NOTE: If this information is not available in the patient's records, record as ND.</i> W White B Black or African American NAT American Indian or Alaskan Native A Asian H Hispanic or Latino PI Pacific Islander or Native Hawaiian OTH Other race or ethnic group
Soc. Sec. No.	Numeric	The patient's social security number. <i>NOTE: If this information is not available in the patient's records, record as ND. <u>DO NOT</u> enter all one digit.</i>
Zip Code of Residence	Pick list	The five-digit zip code of patient's residence. <i>NOTE: When you enter a zip code, it will auto populate the city, county, state, and country fields.</i>  <i>Another feature is the ellipse button at the right of the zip code field. If you are not sure of the zip code, you can click on this button, to pull up a list showing counties, cities, and zip codes. You can narrow your refine your search by state, county, or city. Once you have made your selection, either double-click on the row, or press the 'Select' button.</i>
[+4]		The +4-digit zip code of patient's residence.
City	Pick list	The city in which the patient resides.
County	Pick list	The county in which the patient resides.

DEMOGRAPHIC SECTION

FIELD	TYPE	DESCRIPTION
State	Pick list	The state in which the patient resides.
Country	Pick list	The country in which the patient resides.
Arrival Date	Date	The date that the patient arrived at the hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Arrival Time	Time	The time (military) that the patient arrived at the hospital.
Trauma System Entry	Pick list	<p>Location in which trauma system entry was initiated.</p> <p>Field A patient who meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. Meets any triage criteria, including discretionary, as determined by field personnel. 2. Is entered into the trauma system by field personnel. 3. Is transported to the ED via ground or air ambulance. <p style="text-align: center;">OR</p> <p>Any patient for whom a trauma hospital activates the trauma team prior to patient arrival in the ED based on information received from prehospital personnel whether or not specific triage criteria are referred to.</p> <p>ED A patient who has not been entered prior to hospital arrival, and who required a general surgeon evaluation and treatment after assessment by ED personnel; or who meets physiologic, anatomic, or mechanism of injury prehospital triage criteria; or a patient who arrives from a non-acute care facility such as a clinic or private physician's office and meets prehospital triage criteria.</p> <p>Transfer (For receiving hospitals only) A patient who met physiologic, anatomic, or mechanism of injury triage criteria and/or trauma system interhospital transfer criteria (at <u>any</u> hospital) and is transferred to a trauma center.</p> <p>Retrospective A patient who did not receive a trauma team</p>


DEMOGRAPHIC SECTION

FIELD	TYPE	DESCRIPTION
		<p>response at the time of entry into a hospital, but who retrospectively meets reporting criteria (e.g., sustains injuries which at any time during hospitalization result in ISS>8, death, major OR procedure within 6 hours of hospital arrival, or ICU admission within 24 hrs of hospital arrival.)</p>
<p>Patient Category</p>	<p>Pick list</p>	<p>Category identifying how the patient will be tracked in the registry. Trauma One will automatically place a “T” in this field upon entering the Trauma System Entry field. <i>NOTE: More than one category can be assigned.</i></p> <p><u>T</u> Trauma <u>CB</u> CBRNE (Disaster designation for Chemical, Biological, Radiological, Nuclear or Explosive Incidents) <u>SP</u> Special Population</p>

INJURY SECTION

FIELD	TYPE	DESCRIPTION
Injury Date	Date	The date that the injury occurred. Use two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Injury Time	Time	The time (military) that the injury occurred, either estimate or actual. If you are unable to ascertain the time of injury from the prehospital record, record as ND.
Act/Est?	Pick list	Identifies whether the injury time was actual or an estimate. <u>A</u> Actual <u>E</u> Estimate
E849.x Injury Location	Pick list	The location where the injury occurred. Enter the numeric code that corresponds with the appropriate location. The location long text will auto fill after the code is entered. 0 Home 1 Farm 2 Mine or Quarry 3 Industrial 4 Recreation or Sport 5 Street or Highway/freeway) 6 Public building 7 Residential institution 8 Other specified place 9 Other unspecified place
Address of Injury Scene	Text	Enter the complete street address where the injury occurred. This information is generally available on the prehospital care report. <i>Note: If all the information you have is a milepost, you can go to the website below for an Oregon map that shows milepost markers:</i> http://www.oregon.gov/ODOT/TD/TDATA/gis/odotmaps.shtml <i>Once at this website, go to “Pavement Condition Maps’.</i> <i>From here, you should be able to locate the milepost and nearest city that will assist you in finding the proper zip code.</i> <i>If the injury did occur in a truly remote area where all that can be determined is the county, make the city and zip ND (F6).</i>

INJURY SECTION

FIELD	TYPE	DESCRIPTION
Zip of Injury	Pick list	<p>The five-digit zip code of injury location. NOTE: When you enter a zip code, it will auto populate the city, county, state, and country fields.</p> <p> Another feature is the ellipse button at the right of the zip code field. If you are not sure of the zip code, you can click on this button, to pull up a list showing counties, cities, and zip codes. You can refine your search by state, county, or city. Once you have made your selection, either double-click on the row, or press the ‘Select’ button.</p>
City	Pick list	The city in which the injury occurred.
County	Pick list	The county in which the injury occurred.
State	Pick list	The state where injury occurred.
[Latitude]	Numeric	
[Longitude]	Numeric	
E-code	Pick list	<p>The ICD9 external cause of injury code for the environmental events, circumstances, and conditions that caused the injury. If more than one set of circumstances applies, use a second E-code. DO NOT ENTER E849.x CODES HERE. That information goes in the ‘injury location’ field.</p> <p>NOTE: The first e-code listed will auto populate the “Injury Type” field. Remember, if typing in, begin with ‘E’.</p> <p>There is a search option at the top of the e-code pick list. Type a word describing the mechanism of injury and it will pull up a list with all e-codes that include that word. From there you can choose the appropriate code.</p>
Safety Equipment	Pick list	<p>Identify all of the protective devices and equipment in use at the time the injury occurred. If this event did not prescribe the use of any protective device (e.g., tripped on street and fell), then enter NA by pressing F7.</p> <p><u>AIRBAG</u> Airbag <u>BELT</u> 3-pt Seat Belt (Shoulder and Lap) <u>SHOULD</u> Shoulder Belt (only) <u>LAP</u> Lap Belt (only) <u>SAFETY</u> Safety Belt NOS</p>

INJURY SECTION

FIELD	TYPE	DESCRIPTION
		<u>CHILD</u> Child Seat <u>CLOTH</u> Protective Clothing <u>FLOAT</u> Flotation <u>GLAS</u> Glasses <u>HELM</u> Helmet <u>NONE</u> None <u>OTHER</u> Other NOS
[Location of Patient]	Pick list	Additional detail regarding location of the patient at the scene of injury.
[Cause of Injury]	Pick list	Additional detail regarding cause of injury.
Fall Height	Numeric	This field is specific to falls, record height in feet.
MV Speed	Numeric	This field is specific to motor vehicle collisions; record the combined forces in mph. (Example: 2-car MVC both @ 55-mph, record as 110; 1-car @ 65-mph hit parked car, record as 65.)
Injury Type	<i>Auto fill</i>	Based on the first e-code given, this field categorizes the injury event as either B lunt, Penetrating, or X Burn. No entry required.
Work Related	Pick list	If the injury was associated with the patient's work activity, enter a Y . A transportation injury which occurred while working is considered work related. For example, a patient driving a delivery van when he/she was involved in a motor vehicle crash. An injury that occurs while in transit to/from work is not considered work related.
Occupation	Pick list	If the patient's injury was work related, indicate his or her occupation. This field will NA if 'Work Related' field filled with N . ENGINEERING Architecture/Engineering ART/ENTERTAINME Arts, Design, Entert, Sports,, & Media BUILD GROUNDS Building/Grounds Cleaning/Mainten. BUSINESS Business/Financial Operations SOCIAL SERVICES Community/Social Services COMPUTER Computer & Mathematical CONSTRUCTION Construction & Extraction EDUCATION Education/Training/Library FARMING Farming/Fishing/Forestry FOOD Food Preparation/Serving HEALTHCARE Healthcare Practitioners/Technical HEALTHCARE SUPP Healthcare Support MAINTENANCE Installation/Maintenance/Repair LEGAL Legal SCIENCE Life, Physical, & Social Science

INJURY SECTION

FIELD	TYPE	DESCRIPTION
		LOGGING Logging MANAGEMENT Management MILITARY Military OFFICE Office & Administrative Services PERSONAL CARE Personal Care & Service PRODUCTION Production PROTECTIVE Protective Services SALES Sales and Related TRANSPORATION Transportation/Material Moving
Employer Name	Text	The name of the employer if the injury occurred on the job. Please give the name of the company, organization, or business. 'Self' is not considered an appropriate response for employer. If the patient is actually self employed, then give the name of the patient.
Injury Comments	Text	Write a brief description of the event or circumstances which caused the injury.

Complete this section **ONLY IF THE PATIENT WAS TRANSPORTED VIA GROUND OR AIR AMBULANCE.**

NOTE to Data Entry Users: This section has the capacity to accept information from ALL prehospital agencies involved in the patient's care. It is recommended to enter all the information for one agency before moving to the next agency. To start an entry for a second prehospital agency, press the 'NEW' button. To navigate between agencies, use the 'PREVIOUS' 'NEXT' 'NEXT' 'LAST' buttons. To move from the last EMS time field to the 'Treatment' scrolling window, press CTRL ↓.

EMS SECTION

FIELD	TYPE	DESCRIPTION
MCI/MPS	Pick list	If this patient was involved in a multiple patient scene involving 3 or more. <u>Y</u> Yes <u>N</u> No
Type	Pick list	Enter the type of prehospital agency providing service to the patient. <u>1S</u> First Responder <u>TP</u> Transports patient from scene to hospital <u>AS</u> Assisting transport agency <u>IF</u> Inter-facility transport agency
Agency	Pick list	Enter the code for the prehospital agency.
PCR?	Pick list	Was the Prehospital Care Report available? <u>Y</u> Yes <u>N</u> No <u>I</u> Incomplete The <input type="checkbox"/> P button next to this field will initiate a Quick Report form letter to the prehospital agency to request their PCRf. NOTE: This letter must first be customized specifically for your hospital..
PCR #	Text	The prehospital care report number for the agency identified.
Date Called	Date	The date that the prehospital agency was notified by 911/Dispatch, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Time Called	Time	The time (military) that the prehospital agency was notified by 911/Dispatch.
At Scene	Time	The time (military) that the prehospital agency arrived at the scene.

EMS SECTION

FIELD	TYPE	DESCRIPTION
Patient Contact	Time	The time (military) that the prehospital agency first initiated care of the patient.
Departed Scene	Time	The time (military) that the prehospital agency departed the scene.
Dest. Time	Time	The time (military) that the prehospital agency transporting the patient arrived at the hospital. This also applies to an assisting transport agency involved in a rendezvous. Their destination time would be when an agency transfers over care of patient to another transporting agency.
Resp Time	<i>Calculated</i>	This calculates the prehospital agency "Time Called" to "At Scene" in minutes. No entry required.
Time to Pat.	<i>Calculated</i>	This calculates the prehospital agency "Time Called" to "Patient Contact" in minutes. No entry required.
Scene Time	<i>Calculated</i>	This calculates the prehospital agency "At Scene" to "Departed Scene" in minutes. No entry required.
Trans Time	<i>Calculated</i>	This calculates the prehospital agency "Departed Scene" to "Destination Time" in minutes. No entry required.
Intub. Attempts	Numeric	The number of intubation attempts by each agency. This field should be filled or "ND" for each EMS agency being reported.
Successful?	Pick list	Was the intubation attempt successful? This field should be filled or "ND" for each EMS agency being reported. If intubation attempts is zero (0), then this field will autofill to NA. <u>Y</u> Yes <u>N</u> No
Treatments	Pick list	Select all of the procedures/treatments which were successfully performed in the field as documented on the prehospital care report. <u>NONE</u> No prehospital procedures performed <u>NEED</u> Needle Thoracostomy <u>MAST</u> MAST trousers inflated to treat hemodynamic instability. Do not include situations in which MAST trousers were used to stabilize fractures. <u>CPR</u> CPR performed at scene or enroute.

EMS SECTION

FIELD	TYPE	DESCRIPTION
		<p><u>SPLINT</u> Equipment used for fracture stabilization, including MAST trousers.</p> <p><u>COLLAR</u> C-collar in place prior to hospital arrival</p> <p><u>SP-IMM</u> Stabilization of the spine including the use of a backboard or manual stabilization.</p> <p><u>PAD-BACK</u> Padded backboard</p> <p><u>MEDS</u> Any medications administered in the prehospital setting.</p> <p><u>IV</u> IV access in place prior to hospital arrival.</p> <p><u>IO</u> Interosseous device placed prior to hospital arrival.</p> <p><u>INTUB</u> Patient tracheally intubated prior to hospital arrival.</p> <p><u>BLOOD</u> Administration of blood</p>
ICD9	<i>Auto fill</i>	No data entry is required. The ICD9 procedure code associated with the treatment provided.
EMS Type	Pick list	<p>The type of prehospital agency providing the treatment.</p> <p><u>1S</u> First Responder</p> <p><u>TP</u> Transport agency from scene</p> <p><u>AS</u> Assisting transport agency</p> <p><u>IF</u> Inter-facility transfer agency</p>
Procedure ICD9 Text	<i>Auto fill</i>	No data entry is required. The ICD9 procedure code text associated with the treatment provided.
Triage Criteria	Pick list	<p>Report all of the triage criteria that are documented on the patient's prehospital care report from list below:</p> <p>I. Vital Signs/LOC: <u>SHOCK</u> - Syst. BP <90 Resp. distress: <u>RATE</u> < 10 or > 29 Altered <u>MENT</u>ation: GCS ≤ 12</p> <p>II. Anatomy of Injury: <u>PEN</u>etration from head to mid-thigh <u>AMP</u>utation proximal to wrist or ankle Spinal cord injury with <u>PARAL</u>ysis <u>FLAIL</u> chest injury 2 or more obvious <u>FX</u>'s of femur/humerus</p> <p>III. Mechanism of Injury: <u>DEATH</u> of same car occupant Pt. <u>EJECT</u>ed from enclosed vehicle Heavy <u>EXTRIC</u>ation > 20 minutes</p> <p>IV. Hi-Energy Transfer Situation: <u>FALL</u> > 20 feet <u>PED</u> hit at > 20 mph or thrown > 15 feet Vehicle <u>ROLL</u>over <u>MCA</u>/ATV/Bicycle crash <u>IMPACT</u> or significant intrusion</p> <p>V. Comorbid Factors: <u>AGE</u> < 5 or > 55 Bleeding disorder/anti<u>COAG</u>ulants <u>MED</u>ical illness Presence of in<u>TOX</u>icants <u>PREG</u>nancy <u>IMM</u>unosuppressed patients</p> <p>VI. Prehospital Discretion: <u>EMT</u> discretion <u>OTHER</u> reason for entry NOS</p>
<p><i>Prehospital Vital Signs:</i> Record the initial (first) assessment for each data element as it is documented on the patient's prehospital care record. Additional sets of vital signs may be entered, but are not required. Be sure that a time is associated for all vital signs recorded.</p>		

EMS SECTION

FIELD	TYPE	DESCRIPTION
Type	Pick list	Which type of prehospital agency performing the assessment: <u>1S</u> First Responder <u>TP</u> Transport agency from scene <u>AS</u> Assisting transport agency <u>IF</u> Inter-facility transfer agency
Date	Date	Date that prehospital assessment was performed on the patient, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Time	Time	Time (military) that prehospital assessment was performed on the patient.
Pulse	Numeric	The pulse rate (heart rate) of the patient in beats per minute at the time documented.
Resp Rate	Numeric	The number of UNASSISTED respirations per minute by the patient at the time documented. DO NOT use bagged or controlled ventilatory rates. This assessment requires that the patient's respirations occur without support.
SBP	Numeric	The actual numeric systolic blood pressure obtained in either arm at the time documented.
DBP	Numeric	The actual numeric diastolic blood pressure obtained in either arm at the time documented.
MAP	<i>Calculated</i>	The Mean Arterial Pressure as calculated by the formula: SBP + (DBPx2), then divided by 3.
Eyes	Pick list	Assessment of the eye-opening component of the Glasgow Coma Scale at the time documented. <u>4</u> = Spontaneous <u>3</u> = To voice <u>2</u> = To pain <u>1</u> = No response
Verbal	Pick list	Assessment of the verbal component of the Glasgow Coma Scale at the time documented. <u>5</u> = Oriented <u>4</u> = Confused <u>3</u> = Inappropriate words <u>2</u> = Incomprehensible sounds <u>1</u> = No response

EMS SECTION

FIELD	TYPE	DESCRIPTION
Motor	Pick list	Assessment of the motor component of the Glasgow Coma Scale at the time documented. <u>6</u> = Obeys commands <u>5</u> = Localizes pain <u>4</u> = Withdraws (from pain) <u>3</u> = Flexion (to pain) <u>2</u> = Extension (to pain) <u>1</u> = No response
GCS	Numeric	The sum of the Glasgow Coma Scale components. If all three components are present, this field will auto fill. You may enter in a total ONLY if some or all of the components are not documented.
RTS	<i>Calculated</i>	The revised trauma score. Required elements for this calculation are GCS, SBP and Resp. Rate.
Airway	Pick list	The airway status of the patient at the time vital signs are documented. <u>BVM</u> Use of bag valve mask for assisted ventilation. <u>CRIC</u> Cricothyroidotomy <u>ET</u> Orotracheal or nasotracheal intubation <u>LMA</u> Laryngeal mask airway <u>N</u> A normal patent airway, requiring no support <u>O</u> Use of an oral or nasal airway <u>P-BVM</u> Pharmacological paralysis w/o intubation <u>P-ET</u> Pharmacological paralysis with intubation <u>P-T</u> Pharmacological paralysis with tracheostomy <u>PEAD</u> Use of an esophageal obturator, King, or combitube <u>TRACH</u> Tracheostomy
		<i>NOTE: If the patient was intubated and chemically paralyzed at the time of the assessment. (Airway = P-ET, P-T, or P-BVM), DO NOT report Resp Rate, GCS components or GCS total; THESE FIELDS should be recorded as NA.</i>
End Tidal C02?	Pick list	If the patient has been intubated, is there a device in place to measure end-tidal CO ₂ . <u>Y</u> Yes <u>N</u> No
[End Tidal C02]	Numeric	A quantitative end-tidal CO ₂ measurement.

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Complete this section **ONLY IF THE PATIENT WAS TRANSFERRED INTO YOUR HOSPITAL** from another acute care facility.

REFER IN SECTION (data from referring facility)

FIELD	TYPE	DESCRIPTION
Date of Arrival	Date	The date that the patient arrived at the referring hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Time of Arrival	Time	The time (military) that the patient arrived at the referring hospital.
Date of Exit	Date	The date that the patient left the referring hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Time of Exit	Time	The time (military) that the patient left the referring hospital.
Length of Stay (Min)	<i>Calculated</i>	The length of stay at the referring hospital calculated arrival date/time to exit date/time. No entry required.
Referring Hospital	Pick list	Enter the hospital code from which the patient was transferred. See <i>Appendix 1: Acute Care Hospitals</i> .
[Referring Physician]	Text	The name of the physician from the transferring hospital that referred the patient.
Nature of Transfer:	Pick list	The reason patient was transferred to your hospital. <u>HIGH</u> Higher level of care <u>REQ</u> Patient request <u>DIV</u> Diversion <u>SPEC</u> Specialty services
Records Available?	Pick list	Were records from referring hospital transferred with the patient. <u>Y</u> Yes <u>N</u> No
<u>Referring Hospital Vital Signs:</u>		
[Date]	Date	Date that referring hospital assessment was performed on the patient, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).

REFER IN SECTION (data from referring facility)

FIELD	TYPE	DESCRIPTION
[Time]	Time	Time (military) that referring hospital assessment was performed on the patient.
[Pulse]	Numeric	The pulse rate (heart rate) of the patient in beats per minute at the time documented.
[Resp Rate]	Numeric	The number of UNASSISTED respirations per minute by the patient at the time documented. This assessment requires that the patient's respirations are without support. DO NOT use bagged or controlled ventilatory rates.
[SBP]	Numeric	The actual numeric systolic blood pressure obtained in either arm at the time documented.
[DBP]	Numeric	The actual numeric diastolic blood pressure obtained in either arm at the time documented.
[MAP]	<i>Calculated</i>	The Mean Arterial Pressure as calculated by the formula: SBP + (DBPx2), then divided by 3.
[Eyes]	Pick list	Assessment of the eye-opening component of the Glasgow Coma Scale at the time documented. <u>4</u> = Spontaneous <u>3</u> = To voice <u>2</u> = To pain <u>1</u> = No response
[Verbal]	Pick list	Assessment of the verbal component of the Glasgow Coma Scale at the time documented. <u>5</u> = Oriented <u>4</u> = Confused <u>3</u> = Inappropriate words <u>2</u> = Incomprehensible sounds <u>1</u> = No response
[Motor]	Pick list	Assessment of the motor component of the Glasgow Coma Scale at the time documented. <u>6</u> = Obeys commands <u>5</u> = Localizes pain <u>4</u> = Withdraws (from pain) <u>3</u> = Flexion (to pain) <u>2</u> = Extension (to pain) <u>1</u> = No response

REFER IN SECTION (data from referring facility)

FIELD	TYPE	DESCRIPTION
[GCS]	Numeric	The sum of the GCS components. If all 3 components are present, this field will auto fill. You may enter in a total ONLY if some or all components are not documented.
[RTS]	<i>Calculated</i>	The revised trauma score. Required elements for this calculation are GCS, SBP and Resp. Rate.
[Temp – in]	Numeric	The patient’s temperature as documented from the referring hospital in F ahrenheit or C elsius.
[Airway on D/C]	Pick list	<p>The airway status of the patient at the time of discharge from the referring hospital.</p> <p><u>BVM</u> Use of bag valve mask for assisted ventilation. <u>CRIC</u> Cricothyroidotomy <u>ET</u> Orotracheal or nasotracheal intubation <u>LMA</u> Laryngeal mask airway <u>N</u> A normal patent airway, requiring no support <u>O</u> Use of an oral or nasal airway <u>P-BVM</u> Pharmacological paralysis w/o intubation <u>P-ET</u> Pharmacological paralysis with intubation <u>P-T</u> Pharmacological paralysis with tracheostomy <u>PEAD</u> Use of an esophageal obturator, King, or combitube <u>TRACH</u> Tracheostomy</p>
<i>Referring Hospital Treatments:</i>		
[Date]	Date	The date that treatment was provided at the referring hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
[Time]	Time	The time (military) that a treatment was provided at the referring hospital.
[Treatment]	Pick list	<p>Treatments provided to patient while at the referring hospital.</p> <p><u>BLOOD</u> Administration of blood <u>AF7</u> Activated Factor 7 <u>FFP</u> Fresh frozen blood <u>PROD</u> Other blood products: Platelets, cryoprecipitate, or factors other than Activated Factor 7 <u>CPR</u> CPR performed. <u>DPL</u> Diagnostic peritoneal lavage. <u>CHEST</u> Insertion of chest tube (thoracostomy).</p>

REFER IN SECTION (data from referring facility)

FIELD	TYPE	DESCRIPTION
		<p><u>THORA</u> Thoracotomy – surgical incision or needle aspiration through the chest wall for life threatening chest injury.</p> <p><u>IO</u> Interosseous device placed while in the ED.</p> <p><u>ART</u> Arterial line placed for BP monitoring</p> <p><u>SG</u> Swan Ganz catheter or CVP placement for hemodynamic monitoring.</p> <p><u>NONE</u> No listed procedures performed.</p>
<i>Radiological Studies:</i>		
[Date]	Date	The date that study was performed at the referring hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
[Time]	Time	The time (military) that study was performed at the referring hospital.
[Study]	Pick list	<p>Diagnostic studies performed while at the referring hospital.</p> <p><u>CT</u> CT Scan</p> <p><u>MRI</u> Magnetic Resonance Imaging</p> <p><u>PLAIN</u> Plain Film x-ray</p> <p><u>US</u> Ultrasound</p> <p><u>FAST</u> Focused Abdominal Sonography for Trauma.</p>
[Body Part]	Pick list	<p>Body part of study performed at the referring hospital.</p> <p><u>HEAD</u> Head</p> <p><u>ABD</u> Abdomen</p> <p><u>PELVIS</u> Pelvis</p> <p><u>CHEST</u> Chest</p> <p><u>CSPINE</u> Cervical spine</p> <p><u>TSPINE</u> Thoracic spine</p> <p><u>LSPINE</u> Lumbar spine</p> <p><u>EXT</u> Extremity</p>

ED SECTION

FIELD	TYPE	DESCRIPTION
Arrived From	Pick list	<p>The location that the patient was sent from.</p> <p><u>CLINIC</u> Clinic or MD office <u>HOME</u> Home <u>JAIL</u> Jail/Prison <u>OTHER</u> Other <u>REFER</u> Referring hospital <u>SCENE</u> Scene of injury <u>SNF</u> Skilled nursing facility <u>URGENT</u> Urgent care</p>
Transport Mode	Pick list	<p>The means of transportation to your hospital.</p> <p><u>AMB</u> Transported via ground ambulance <u>POV</u> Transported via privately owned vehicle <u>WALK</u> Arrived by own means as a walk-in <u>HELI</u> Transported via helicopter <u>POLICE</u> Transported via law enforcement <u>AUTO LAUNCH</u> Transported from the scene via helicopter (<i>flight activated by dispatch center</i>). <u>OTHER</u> Transported via other means of transportation not otherwise specified. <u>WG</u> Transported via fixed-wing aircraft</p>
Airway on Arrival	Pick list	<p>The patient’s airway on arrival to the hospital. If the patient was not transported by EMS personnel, this field will autofill to show “Normal” airway.</p> <p><u>BVM</u> Use of bag valve mask for assisted ventilation. <u>CRIC</u> Cricothyroidotomy <u>ET</u> Orotracheal or nasotracheal intubation <u>LMA</u> Laryngeal mask airway <u>N</u> A normal patent airway, requiring no support <u>O</u> Use of an oral or nasal airway <u>P-BVM</u> Pharmacological paralysis w/o intubation <u>P-ET</u> Pharmacological paralysis with intubation <u>P-T</u> Pharmacological paralysis with tracheostomy <u>PEAD</u> Use of an esophageal obturator, King, or combitube <u>TRACH</u> Tracheostomy</p>

ED SECTION

FIELD	TYPE	DESCRIPTION
ED Activation Criteria	Pick list	The criteria determined in ED which was used to activate the trauma system. <i>NOTE: This field applies ONLY if patient was entered into the trauma system by ED personnel, <u>NOT</u> EMS; and should not be used in place of Exhibit 3 or as a determination for a FULL or MODIFIED response.</i> <i>If patient was entered by EMS, this field will automatically NA.</i>
<p>UNUS - Unstable vital signs Syst. BP <90 Resp. rate < 10 or > 29 Airway management required</p> <p>MENT - Altered mentation GCS ≤ 12</p> <p>ANAT - Anatomical injury Penetrating injury of the neck, torso, groin Amputation proximal to wrist or ankle Spinal cord injury with paralysis Flail chest injury 2 or more obvious FX's of femur/humerus</p>	<p>MECH – Mechanism of injury Death of same car occupant Pt. ejected from enclosed vehicle Heavy extrication > 20 minutes</p> <p>ENERG - High energy transfer Fall > 20 feet Pedestrian hit at > 20 mph or thrown > 15 feet MCA/ATV/Bicycle crash Impact or significant intrusion</p>	<p>COMORB – Comorbid factors Age < 5 or > 55 Bleeding disorder/anticoagulants Medical illness; card Presence of intoxicants Pregnancy Immuno-suppressed patients</p> <p>POS Patient had positive imaging finding</p> <p>STAFF Activation based on staff discretion</p> <p>OTHER Activation for reasons NOS</p>

ED SECTION

FIELD	TYPE	DESCRIPTION
Arrival Time	<i>Auto fill</i>	The time (military) that the patient arrived in the ED. No entry required.
Exit Date	Date	The date that the patient was discharged from the ED, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Exit Time		The time (military) that the patient was discharged from the ED.
LOS (min)	<i>Calculated</i>	The length of stay from the time patient entered the ED until the time they were discharged from ED in minutes. (The hour/minute conversion is displayed to the right.) No entry required
[ED Physician]	Pick list	The emergency department physician assigned to care for the patient upon arrival to the ED. This list should be customized at each hospital to reflect their specific providers.

ED SECTION

FIELD	TYPE	DESCRIPTION
Disposition	Pick list	<p>The patient’s disposition when discharged from the Emergency Department resuscitation area.</p> <p>ED:</p> <p><u>DC</u> Discharged from the emergency department</p> <p><u>EXP</u> Expired in the emergency department or diagnostic area prior to inpatient admission.</p> <p><u>AMA</u> Left the ED “against medical advice”</p> <p><u>DOA</u> Pronounced dead on arrival to the ED within 5-10 minutes of arrival with no invasive procedures performed. The patient may have been placed on a monitor and had CPR performed.</p> <p><u>TRANS</u> Transferred to another acute care facility.</p> <p>INPATIENT:</p> <p><u>OR</u> Taken to the operating room from the ED.</p> <p><u>ICU</u> Admitted to an ICU from the ED, or after diagnostic work-up. This includes any critical care unit such as trauma ICU, med/surg ICU, coronary care unit, pediatric ICU, neuro ICU, or burn unit.</p> <p><u>FLOOR</u> Inpatient ward, telemetry/monitored care unit.</p> <p><u>STEP</u> Stepdown unit</p> <p><u>D-OR</u> Direct to OR (no time in ED)</p> <p><u>D-ICU</u> Direct to ICU (no time in ED)</p> <p><u>D-FLOOR</u> Direct to Floor</p> <p><u>OBS</u> Observation status/short stay unit.</p> <p><u>OTHER</u> Inpatient care area NOS</p>
[Admitting Physician]	Pick list	<p>The primary physician directing the patient’s care and responsible for admission to the hospital. This list should be customized at each hospital to reflect their specific providers.</p>
Admitting Service	Pick list	<p>The primary service to which the patient is admitted. If the patient was receiving care from more than one physician, select the service that initially admitted the patient and requested the consultation of additional services. NOTE: If the patient was discharged from the ED, record this field as NA.</p>

ED SECTION

FIELD	TYPE	DESCRIPTION
		<p><u>TS</u> Trauma surgeon <u>ED</u> Emergency department physician <u>ORTHO</u> Orthopedic surgery <u>NS</u> Neurosurgery <u>ANES</u> Anesthesiology <u>PT/OT/SPEECH</u> Physical therapy, occupational therapy, speech therapy <u>SW/CHAPLAIN</u> Social worker or chaplain OTHER SURGICAL SPECIALISTS: <u>PEDS</u> Pediatric surgery <u>OMFS</u> Oral-maxillofacial surgery (incl ENT/Dental) <u>THOR</u> Thoracic surgery <u>PLAS</u> Plastic surgery <u>HAND</u> Hand surgery <u>VASC</u> Vascular surgery <u>BURN</u> Burn surgery <u>OPHTH</u> Ophthalmology <u>OTHERSURG</u> Other surgical specialty NOS NON-SURGICAL SPECIALISTS: <u>CARD</u> Cardiology <u>CRIT</u> Critical care medicine <u>GASTRO</u> Gastroenterology <u>GEN</u> General medicine/Family practice <u>HEME</u> Hematology <u>HOSP</u> Hospitalists <u>INTENS</u> Intensivists <u>NEURO</u> Neurology <u>OB</u> Obstetrics <u>OTHERNON</u> Other non-surgical specialty NOS <u>PED</u> Pediatrician <u>PHYS</u> Physiatry/Rehab medicine <u>PSYCH</u> Psychiatry <u>PT/OT/SP</u> Rehab services: PT, OT, Speech <u>PULM</u> Pulmonology <u>RAD</u> Radiology <u>URO</u> Urology</p>
[Date Transfer Identified]	Date	The date that decision was made to transfer of the patient. Use two-digit month, two-digit day, and four-digit year (MMDDYYYY).

ED SECTION

FIELD	TYPE	DESCRIPTION
[Time Transfer Identified]	Time	The time (military) that decision was made to transfer the patient.
Transfer Out Hospital	Pick list	Enter the acute care facility that patient was transferred to. See <i>Appendix 1: Acute Care Hospitals</i> .
Transfer Mode Out	Pick list	Mode of transport used for inter-facility transfer. If more than one mode of transportation was used, report the mode by which the patient left your hospital.
Link Refer In	Button	The “Link Refer In” button will search the database for a patient with matching trauma band number & name, that was transferred to your hospital. If found, it will display transferring hospital information. You would only use this button if your <i>Trauma System Entry</i> is “T”.
Link Trans Out	Button	The “Link Trans Out” button will search the database for a patient with matching trauma band number & name, that was transferred from your hospital from the ED. If found, it will display the receiving hospital’s information. You would only use this button if your <i>Disposition from the ED</i> is “TRANS”.
<p><u>ED Vital Signs:</u> Record the initial (first) assessment, and the assessment at one hour for each data element. Enter data as it is documented on the trauma flow sheet. For patients that are resuscitated outside the ED (OR, ICU, etc...), enter the same assessments in this section. Be sure that a time is associated for all vital signs recorded.</p> <p><i>If the patient was discharged from the ED/Resuscitation area in less than one hour, report the last data set taken at discharge. Additional sets of vital signs may be entered, but are not required.</i></p>		
Date	Date	Date that ED assessment was performed on the patient, using two-digit month, two-digit day, and four-digit year (MMDDYYYY)
Time	Time	Time (military) that ED assessment was performed on the patient.
Pulse	Numeric	The pulse rate (heart rate) of the patient in beats per minute at the time documented.
RR	Numeric	The number of UNASSISTED respirations by the patient per minute at the time documented. DO NOT use bagged, or controlled ventilatory rates. If the patient was bagged or on a ventilator, this assessment requires that the patient’s respirations without support.

ED SECTION

FIELD	TYPE	DESCRIPTION
SBP	Numeric	The actual numeric systolic blood pressure obtained in either arm at the time documented.
DBP	Numeric	The actual numeric diastolic blood pressure obtained in either arm at the time documented.
MAP	<i>Calculated</i>	The Mean Arterial Pressure as calculated by the formula: SBP + (DBPx2), then divided by 3.
Eyes	Pick list	Assessment of the eye-opening component of the Glasgow Coma Scale at the time documented. <u>4</u> = Spontaneous <u>3</u> = To voice <u>2</u> = To pain <u>1</u> = No response
Verbal	Pick list	Assessment of the verbal component of the Glasgow Coma Scale at the time documented. <u>5</u> = Oriented <u>4</u> = Confused <u>3</u> = Inappropriate words <u>2</u> = Incomprehensible sounds <u>1</u> = No response
Motor	Pick list	Assessment of the motor component of the Glasgow Coma Scale at the time documented. <u>6</u> = Obeys commands <u>5</u> = Localizes pain <u>4</u> = Withdraws (from pain) <u>3</u> = Flexion (to pain) <u>2</u> = Extension (to pain) <u>1</u> = No response
GCS	Numeric	The sum of the Glasgow Coma Scale components. If all three components are present, this field will auto fill. You may enter in a total ONLY if some or all of the components are not documented.
GCS Qualifier	Pick list	The GCS qualifier is used to identify those patients whose patient exam is artificially altered due to mechanical or pharmaceutical means. <u>C</u> Chemically sedated <u>I</u> Intubated <u>O</u> Obstruction to eyes <u>CI</u> Chemically sedated & intubated <u>CO</u> Chemically sedated & obstruction to eyes <u>OI</u> Obstruction to eyes & intubated <u>COI</u> Chemically sedated, obstruct. to eyes & intubated

ED SECTION

FIELD	TYPE	DESCRIPTION
RTS	<i>Calculated</i>	The revised trauma score. Required elements for this calculation are GCS, SBP, and Resp. Rate. No entry required.
Temp – in	Numeric	The first documented temperature as documented in the ED in <u>F</u> ahrenheit or <u>C</u> elsius. NOTE: A minimum of one (1) temperature taken in the ED is required.
Airway	Pick list	The airway status of the patient at the time documented. <u>BVM</u> Use of bag valve mask for assisted ventilation. <u>CRIC</u> Cricothyroidotomy <u>ET</u> Orotracheal or nasotracheal intubation <u>LMA</u> Laryngeal mask airway <u>N</u> A normal patent airway, requiring no support <u>O</u> Use of an oral or nasal airway <u>P-BVM</u> Pharmacological paralysis w/o intubation <u>P-ET</u> Pharmacological paralysis with intubation <u>P-T</u> Pharmacological paralysis with tracheostomy <u>PEAD</u> Use of an esophageal obturator, King, or combitube <u>TRACH</u> Tracheostomy
End Tidal C02?	Pick list	If the patient has been intubated, is there a device in place to measure end-tidal CO ₂ . <u>Y</u> or <u>N</u>
[End Tidal C02]	Numeric	The end-tidal CO ₂ quantitative measurement.
[Wt – in]	Numeric	The patient’s weight. <u>L</u> Pounds <u>K</u> Kilograms
[Ht (in)]	Numeric	The patient’s height in inches.
[BMI]	<i>Calculated</i>	The Body Mass Index. No entry required
<i>Treatments:</i>		
Date	Date	The date that treatment was provided in the ED, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Time	Time	The time (military) that treatment was provided in ED.

ED SECTION

FIELD	TYPE	DESCRIPTION
Treatment	Pick list	<p>Treatments provided to patient while in the ED.</p> <p><u>BLOOD</u> Administration of blood</p> <p><u>AF7</u> Activated Factor 7</p> <p><u>FFP</u> Fresh frozen blood</p> <p><u>PROD</u> Other blood products: Platelets, cryoprecipitate, or factors other than Activated Factor 7</p> <p><u>CPR</u> CPR performed.</p> <p><u>DPL</u> Diagnostic peritoneal lavage.</p> <p><u>CHEST</u> Insertion of chest tube (thoracostomy).</p> <p><u>THORA</u> Thoracotomy – surgical incision or needle aspiration through the chest wall for life threatening chest injury.</p> <p><u>IO</u> Interosseous device placed while in the ED.</p> <p><u>ART</u> Arterial line placed for BP monitoring</p> <p><u>SG</u> Swan Ganz catheter or CVP placement for hemodynamic monitoring.</p> <p><u>NONE</u> No listed procedures performed.</p>
ICD9	<i>Auto fill</i>	The ICD9 procedure code associated with the treatment provided in the ED. No entry required.
Procedure ICD9 Text	<i>Auto fill</i>	The ICD9 procedure code text associated with the treatment provided in the ED. No entry required.

RADIOLOGY SECTION

FIELD	TYPE	DESCRIPTION
Location	Pick list	<p>The location of the patient when the radiological studies were performed.</p> <p><u>REF</u> Referring hospital <u>ED</u> Emergency department <u>OR</u> Operating room <u>ICU</u> Intensive care unit <u>PACU</u> Post anesthesia care unit <u>STEP</u> Stepdown unit <u>FLOOR</u> Floor <u>TELE</u> Telemetry/monitored unit <u>OBS</u> Observation status/short stay unit <u>OTHER</u> Inpatient care area NOS <u>POST</u> Post-hospital <u>READ</u> Readmission <u>IR</u> Interventional Radiology</p>
Date	Date	The date that the radiological study was performed, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Start Time	Time	The time (military) that the radiological study was performed.
Study	Pick list	<p>The radiological study that was performed. If no studies were done, enter a “ND” in this field.</p> <p><u>CT</u> CT Scan <u>MRI</u> Magnetic Resonance Imaging <u>PLAIN</u> Plain Film x-ray <u>US</u> Ultrasound <u>FAST</u> Focused abdominal sonography for trauma.</p> <p><i>NOTE: For faster data entry, you have the option to use the ‘CT buttons’. Simply press the desired button, and the STUDY and BODY PART will auto populate. Each entry requires that you be in a new row.</i></p>
Body Part	Pick list	<p>The body part on which the radiological study was performed.</p> <p><u>HEAD</u> Head <u>ABD</u> Abdomen <u>PELVIS</u> Pelvis <u>CHEST</u> Chest</p>

RADIOLOGY SECTION

FIELD	TYPE	DESCRIPTION
		<u>CSPINE</u> Cervical spine <u>TSPINE</u> Thoracic spine <u>LSPINE</u> Lumbar spine <u>EXT</u> Extremity
Results	Pick list	Results of the radiological study performed. <u>POS</u> Positive <u>NEG</u> Negative <u>EQUI</u> Equivocal

LAB INFORMATION SECTION

FIELD	TYPE	DESCRIPTION
[Date]	Date	The date that the test was performed, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
[Hgb]	Numeric	Hemoglobin
[HCT]	Numeric	Hematocrit
[BE]	Numeric	Base Excess
[INR]	Numeric	International normalized ratio
[WBC]	Numeric	White blood cell count
[Glucose]	Numeric	Glucose (may be capillary)
[BUN]	Numeric	Blood urea nitrogen
[Creatinine]	Numeric	Creatinine
[Lactate]	Numeric	Lactate
Alcohol Tested?	Pick list	Was the patient tested for presence of alcohol during the initial resuscitation period? <u>Y</u> Yes <u>N</u> No
Alcohol Level	Numeric	The serum alcohol level recorded in g/100cc.
Drugs Tested?	Pick list	Were any toxicology tests performed on the patient during the initial resuscitation period? <u>Y</u> Yes <u>N</u> No
Tox Substance	Pick list	The toxicology findings. <i>NOTE: Do not include drug findings which result from drugs which were administered during the resuscitation period.</i> <u>AMPHET</u> Amphetamines (includes Meth) <u>BEN</u> Benzodiazepines <u>COC</u> Cocaine <u>PCP</u> Phencyclidine <u>OPIAT</u> Opiates <u>CANN</u> Cannabis/marijuana <u>BARB</u> Barbiturates <u>METH</u> Methamphetamine <u>OTHER</u> Other drugs of abuse NOS <u>NONE</u> No drugs present

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TRAUMA TEAM/CONSULTS SECTION

FIELD	TYPE	DESCRIPTION
Arrival Time	<i>Auto fill</i>	The time (military) that the patient arrived at the hospital. No entry required.
Hospital Response	Pick list	<p>The level of response received on arrival to the Emergency Department or on initial activation of the trauma team.</p> <p><u>FUL</u> The patient received a full trauma team activation, including the general surgeon, as prescribed by OAR 333-200, Exhibit IV.</p> <p><u>MOD</u> The patient met criteria for a modified trauma team response, allowing for activation of the general surgeon at the discretion of the emergency physician.</p> <p><u>NO</u> Trauma team not activated. For example: Some transfers may fall into this category or patients retrospectively identified as meeting reporting criteria.</p>
Activation Date	Date	The date that the trauma team was activated, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Activation Time	Time	The time (military) that the trauma team was activated.
Role	Pick list	<p>Role of the trauma team member present in the emergency department or on initial activation of the trauma team. All physicians responding must be documented. Other team members responding (RN, Social, Lab, Radiology, etc..) are optional to document.</p> <p><i>NOTE: The roles can be automatically filled by selecting either the 'FULL' or 'MODIFIED' buttons.</i></p>
[Member]	Pick list	The team member code (short text). This list should be customized at each hospital to reflect their specific providers, using the categories currently set up in Trauma One.
[Long Name]	<i>Auto fill</i>	The team member's name (long text) will auto fill when names are added to "Member" pick list.
Called	Time	The time that the member was called or notified to respond to the trauma activation.

TRAUMA TEAM/CONSULTS SECTION

FIELD	TYPE	DESCRIPTION
Arrived	Time	The time that the member arrived at the trauma activation.
Resp Time	<i>Calculated</i>	The member's response time calculated from time of notification to time of arrival. No entry required.
Time Since Pt Arrival	<i>Calculated</i>	The member's response time calculated from time of patient arrival to time of member's arrival. No entry required.
Timely?	Pick list	If this member's response time was within the required time frame as defined for your facility. <u>Y</u> Yes <u>N</u> No
Consults:		
Date	Date	The date that the consultation was initiated, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Time	Time	The time (military) that the consultation was initiated.
Service		The service that was consulted and/or rendered care to the patient. <u>TS</u> Trauma surgeon <u>ED</u> Emergency department physician <u>ORTHO</u> Orthopedic surgery <u>NS</u> Neurosurgery <u>ANES</u> Anesthesiology <u>PT/OT/SPEECH</u> Physical therapy, occupational therapy, speech therapy <u>SW/CHAPLAIN</u> Social worker or chaplain OTHER SURGICAL SPECIALISTS: <u>PEDS</u> Pediatric surgery <u>OMFS</u> Oral-maxillofacial surgery (incl ENT/Dental) <u>THOR</u> Thoracic surgery <u>PLAS</u> Plastic surgery <u>HAND</u> Hand surgery <u>VASC</u> Vascular surgery <u>BURN</u> Burn surgery <u>OPHTH</u> Ophthalmology <u>OTHERSURG</u>

TRAUMA TEAM/CONSULTS SECTION

FIELD	TYPE	DESCRIPTION
		<p style="text-align: right;">Other surgical specialty NOS</p> <p>NON-SURGICAL SPECIALISTS:</p> <p><u>CARD</u> Cardiology <u>CRIT</u> Critical care medicine <u>GASTRO</u> Gastroenterology <u>GEN</u> General medicine/Family practice <u>HEME</u> Hematology <u>HOSP</u> Hospitalists <u>INTENS</u> Intensivists <u>NEURO</u> Neurology <u>OB</u> Obstetrics <u>OTHERNON</u> Other non-surgical specialty NOS</p> <p><u>PED</u> Pediatrician <u>PHYS</u> Physiatry/Rehab medicine <u>PSYCH</u> Psychiatry <u>PT/OT/SP</u> Rehab services: PT, OT, Speech <u>PULM</u> Pulmonology <u>RAD</u> Radiology <u>URO</u> Urology</p>
[Physician]	Pick list	The name of the physician who consulted and/or rendered care to the patient. This list should be customized at each hospital to reflect their specific providers.

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INPATIENT SECTION

FIELD	TYPE	DESCRIPTION
Admission Date	Date	The date that the patient was admitted to the hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Admission Time	Time	The time (military) that the patient was admitted to the hospital.
<i>Inpatient Details:</i>		
Location	Pick list	<u>OR</u> Operating room <u>ICU</u> Intensive care unit <u>STEPDOWN</u> Stepdown unit <u>FLOOR</u> Floor <u>TELE</u> Telemetry/monitored unit <u>OBS</u> Observation status/short stay unit <u>OTHER</u> Inpatient care area NOS
[Room]	Text	Room number. This is an optional field for hospital use.
Date In <i>(Required for ICU stay)</i>	Date	The date that the patient was admitted to the location specified, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Time <i>(Required for ICU stay.)</i>	Time	The time (military) that the patient was admitted to the location specified.
Date Out <i>(Required for ICU stay)</i>	Date	The date that the patient was discharged from the location specified, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Time <i>(Required for ICU stay)</i>	Time	The time (military) that the patient was discharged from the location specified.
[Service]	Pick list	The service to which the patient was admitted for the specified location (same service list as admitting physician service).
LOS (days)	<i>Calculated</i>	Length of stay for visit in the specified location. No entry required.

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PROCEDURES SECTION

FIELD	TYPE	DESCRIPTION
Location	Pick list	<p>The location where the procedure was performed.</p> <p><u>PREH</u> Prehospital <u>REF</u> Referring hospital <u>ED</u> Emergency department <u>OR</u> Operating room <u>ICU</u> Intensive care unit <u>PACU</u> Post anesthesia care unit <u>STEP</u> Stepdown unit <u>FLOO</u> Floor <u>TELE</u> Telemetry/monitored unit <u>OBS</u> Observation status/short stay unit <u>OTHE</u> Inpatient care area NOS <u>POST</u> Post-hospital <u>READ</u> Readmission</p>
Date	Date	The date on which each operative event started, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
Time	Time	The time (military) that each operative event started (cut time).
ICD9	Pick list	<p>The ICD9 procedure code listed in the ICD9 CM coding manual for each procedure description noted in the record.</p> <p><i>NOTE: If there are procedures/treatments from the EMS or ED tabs, they will also be visible in the Procedures window. There is no need to fill in any additional information for these procedures .</i></p>
Treatments	Pick list	Treatments/procedures performed. These fields will be auto populated from information on the EMS and ED tabs. NOTE: This field should be left blank for all procedures entered directly on this page.
Visit	Numeric	<p>The visit in which the OR procedure was performed. The patient may have more than one visit to the OR, and may have more than one procedure per visit. (1st OR visit = 1, 2nd = 2, 3rd = 3, etc...).</p> <p><i>NOTE: This is specific to OR procedures and does not apply to other procedures/treatments done outside the</i></p>

PROCEDURES SECTION

FIELD	TYPE	DESCRIPTION
		<i>OR.</i>
[Surgeon]	Pick list	The surgeon who performed the operative procedure.
Procedure ICD9 Text	<i>Auto fill</i>	The long text associated with the ICD9 CM procedure code entered. No entry required.
Time to Procedure (min)	<i>Calculated</i>	The calculated length of time from hospital arrival time to procedure/treatment time. No entry required.
Time to 1st OR Visit (min)	<i>Calculated</i>	The calculated length of time from hospital arrival time to 1 st OR procedure time. No entry required.

DIAGNOSES SECTION

FIELD	TYPE	DESCRIPTION
ICD9 Code	Pick list	Enter the ICD9 CM anatomic injury code for each diagnosis, including all required 4 th and 5 th digits. Also report all complications, medical, or observation codes.
AIS	<i>Calculated</i>	The Abbreviated Injury Score (AIS) numeric classification of the severity of the patient's injuries. AIS codes are assigned only for ICD9 codes > 800. No entry required.
Hand Calculated AIS	Pick list	If your hospital does hand scoring, enter the AIS score of the patient's injuries, otherwise, leave blank. <i>NOTE: If your hospital does hand scoring, enter your hand AIS, but do not make any changes in any of the fields that have been auto filled.</i>
Body Part	<i>Auto fill</i>	The classification of the patient's injuries into a specific numeric body region. This code is auto filled based on the ICD9 code entered. No entry required <ol style="list-style-type: none"> <u>1</u> Head <u>2</u> Face <u>3</u> Chest <u>4</u> Abdomen <u>5</u> Extremity <u>6</u> External
Text (Body Part)	<i>Auto fill</i>	The classification of the patient's injuries into a specific body region. This code is auto filled based on the ICD9 code and body part entered. No entry required. <ol style="list-style-type: none"> <u>1</u> Head <u>2</u> Face <u>3</u> Chest <u>4</u> Abdomen <u>5</u> Extremity <u>6</u> External
ICD9 Long Text	<i>Auto fill</i>	The description of the patient's injury diagnosis will auto fill with the pre-defined text associated with the ICD9 code entered. No entry required.
Head/Neck	<i>Calculated</i>	The highest AIS score of the injuries in the HEAD body part.

DIAGNOSES SECTION

FIELD	TYPE	DESCRIPTION
Face	<i>Calculated</i>	The highest AIS score of the injuries in the FACE body part.
Chest	<i>Calculated</i>	The highest AIS score of the injuries in the CHEST body part.
Abdomen/Pelvis	<i>Calculated</i>	The highest AIS score of the injuries in the ABDOMEN body part.
Extremities	<i>Calculated</i>	The highest AIS score of the injuries in the EXTREMITY body part.
External	<i>Calculated</i>	The highest AIS score of the injuries in the EXTERNAL body part.
ISS	<i>Calculated</i>	The Injury Severity Score (ISS) quantitative measure of the patient's injury severity. <i>NOTE: The ISS is the sum of the squares of the highest AIS code in three different body regions.</i>
Hand Calc ISS	<i>Calculated</i>	The Injury Severity Score (ISS) quantitative measure of the patient's injury severity, based on the " hand calculated AIS " values entered.
New ISS	<i>Calculated</i>	The New ISS is the sum of the squares of the highest AIS codes, regardless of which body region they are in.
Prob of Surv.	<i>Calculated</i>	Using TRISS (Trauma Injury Severity Score) methodology, the Probability of Survival is calculated with a weighted formula using ISS, RTS and age.
Pregnant?	Pick list	The patient is documented as pregnant, verified by a positive HCG, ultrasound, or examination. <u>Y</u> Yes <u>N</u> No

DIAGNOSES SECTION

FIELD	TYPE	DESCRIPTION
Anticoagulants?	Pick list	<p>Hemophilia or other bleeding disorders, or medications taken for the purpose of inhibiting thrombus formation or treatment of thromboembolic disorders. Examples of anticoagulant medications include: Coumadin (Warfarin), Heparin, Enoxaparin (Lovenox), Salicylates (Aspirin), Clopidogrel (Plavix), and Dalteparin (Fragmin).</p> <p><u>Y</u> Yes <u>N</u> No</p>
Co-morbidity	Pick list	<p>Medical history refers to pre-existing conditions which were present prior to hospital admission.</p> <p><u>NONE</u> No pre-existing medical condition</p> <p><u>NEURO</u>logical A neurological deficit present prior to the traumatic injury (e.g. diagnosed developmental delay, aphasia, paraplegia).</p> <p><u>CVA</u> CVA/Stroke with residual deficit <u>SZ</u> Seizures <u>ALZ</u> Alzheimer’s disease <u>DEMENTIA</u> Chronic dementia <u>PARKINSONS</u> Parkinson’s disease <u>OBS</u> Organic brain syndrome <u>EXIST SCI</u> Existing spinal cord injury <u>CDD</u> Chronic demyelinating disease <u>MS</u> Muscular sclerosis</p> <p><u>CARD</u>iovascular New York Heart Association Class IV, e.g., angina or symptoms at rest or minimal exertion (e.g., getting dressed or self-care). This would include a history of a CABG, previously documented MI, CAD, ACS, hypertension requiring medication, PVD, and CHF.</p> <p><u>HTN</u> Hypertension <u>CAD</u> Coronary artery disease <u>MI</u> History of myocardial infarction <u>CHF</u> Congestive heart failure <u>CARD SURG</u> History of cardiac surgery <u>COR PULM</u> Cor Pulmonale</p>

DIAGNOSES SECTION

FIELD	TYPE	DESCRIPTION
		<p><u>RESPIRATORY</u> Chronic restrictive obstructive pulmonary disease resulting in severe exercise restrictions (e.g., unable to climb stairs or perform household duties), or documented chronic hypoxia, hypercapnia, secondary polycythemia, severe pulmonary hypertension (>40mmHg), or respiratory dependency.</p> <p><u>ASTHMA</u> <u>COPD</u> Chronic obstructive pulmonary disease <u>CPC</u> Chronic pulmonary condition <u>PULMDISEASE</u> History of pulmonary disease with ongoing treatment.</p> <p><u>LIVER</u> Biopsy proven cirrhosis and documented portal hypertension or episodes of past upper GI bleeding attributed to portal hypertension or prior episodes of hepatic failure/encephalopathy/coma. <u>CIRRHOSIS</u> History of cirrhosis <u>HIGH BILI</u> Bilirubin >2 mg % on admission</p> <p><u>RENAL</u> Receiving chronic hemo or peritoneal dialysis. <u>DIALYSIS</u> (excludes transplant patients) <u>HIGH CR</u> Creatinine >2 mg % on admission</p> <p><u>GI</u> Gastro-intestinal <u>ULCER</u> Peptic ulcer disease <u>VARICES</u> Gastric or esophageal varices <u>PANCREAS</u> History of pancreatitis <u>IBD</u> Inflammatory bowel disease: Ulcerative colitis/Crohn's</p> <p><u>DIABETES</u> <u>IDD</u> Insulin dependent diabetes <u>NIDD</u> Non-insulin dependent diabetes</p> <p><u>OBESITY</u> Body Mass Index (MDI) > 35</p> <p><u>AUTO</u> Autoimmune disorders <u>RA</u> Rheumatoid arthritis <u>SLE</u> Systemic lupus erythematosus</p>

DIAGNOSES SECTION

FIELD	TYPE	DESCRIPTION
		<p><u>IMM-Disease</u> The patient has a disease that is sufficiently advanced to suppress resistance to infection (e.g., leukemia, lymphoma, AIDS, documented diffuse metastatic cancer).</p> <p><u>HIV/AIDS</u> <u>CA</u> Concurrent or hx of cancerous metastasis</p> <p><u>IMM-Therapy</u> The patient has received therapy that suppresses resistance to infection, including immuno-suppression, chemotherapy, radiation, long-term low dose steroids (during the 30 days prior to admission) or recent high dose steroids (>15 mg/kg for 5 or more days).</p> <p><u>CHEMO</u> Active chemotherapy <u>STERIODS</u> Routine steroid use <u>TRANS</u> Transplant patient</p> <p><u>IMM-Post Splenectomy</u> The patient has undergone a splenectomy prior to this hospital admission.</p> <p><u>PSYCHiatric</u> Documented diagnosis of a psychiatric disorder as classified by DMSO IV (e.g., bipolar disorder, schizophrenia).</p> <p><u>SUB ABUSE</u> Substance abuse <u>DRUGS</u> Chronic drug abuse <u>ALCHOLIC</u> Chronic alcohol abuse</p> <p><u>OTHER</u> Any other pre-existent chronic disease that the patient has documented in the record that is not otherwise classified.</p>

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DISCHARGE SECTION

FIELD	TYPE	DESCRIPTION
Date of Hospital Exit	Date	The date that the patient was discharged from the hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Time of Hospital Exit	Time	The time (military) that the patient was discharged from the hospital.
LOS (Days)	<i>Calculated</i>	The length of stay in the hospital in days. (This is the Inpatient length of stay.) No entry required.
Inpt Disposition	Pick list	<p>The patient's disposition at the time of inpatient discharge from your hospital. <i>Note: This field can not be filled if patient left from the ED, program will autofill with NA.</i></p> <p><u>HOME</u> Home, self care <u>HOME-H</u> Home, with rehabilitation or home health care visits. <u>EXP</u> Expired while an inpatient. <u>SNF</u> Skilled nursing facility or intermediate care facility. <u>AMA</u> Patient left against medical advice. <u>ACUTE</u> Transferred to an acute care hospital. <u>REHAB</u> Transferred to a licensed rehabilitation facility. <u>OTHER</u> Other care facility (e.g., psychiatric, hospice, jail, foster home, assisted living)</p>
Live/Die	<i>Auto fill</i>	The patients outcome (<u>L</u> ived/ <u>D</u> ied).
Inpt Transfer to Other Hospital	Pick list	The code for the acute care facility the patient was transferred to. See <i>Appendix 1: Acute Care Hospitals</i> .
Link Trans Out	Button	The "Link Trans Out" button on the will search the database for a patient with matching trauma band number & name, that was transferred from your hospital from inpatient status. If found, it will display the receiving hospital's information. You would only use this button if your <i>Inpt Dispo</i> is "ACUTE".
Total Days in ICU	<i>Calculated</i>	The total number of days the patient spent in the intensive care unit. Calculation will total all the ICU visits together. No entry required.

DISCHARGE SECTION

FIELD	TYPE	DESCRIPTION
Major Trauma Pt?	Autofill	Calculates if the patient is categorized as a major trauma patient. <u>Y</u> If the patient met any of the following criteria: <i>Death</i> <i>ICU admission</i> <i>LOS greater or equal to 3 days</i> <i>Major operative procedure within 24 hours</i> <i>ISS greater than 15</i> <u>N</u> No, if none of the criteria present
[Total Ventilator Support Days]	Numeric	Total number of days patient was on a ventilator.
Advance Directives	Pick list	<u>A</u> The patient had an Advance Directive, Directive to Physicians or a Living Will in effect prior to their injury. <u>P</u> Patient had a Physician Orders for Life Sustaining Treatment in effect prior to their injury. <u>B</u> the patient had both an Advance Directive and a POLST in effect prior to their injury. <u>N</u> Neither Advance Directive nor POLST in effect.
Support Withdrawn		<u>Y</u> Yes, life-sustaining treatments were discontinued during this hospitalization at the request of the patient’s guardian authorized to make health care decisions; the patient’s spouse; a majority of the patient’s children; either parent of the patient, a majority of the patient’s adult siblings; or any of the patient’s adult relatives or adult friends, in consultation with the treating physician. <u>N</u> No care was withdrawn.
Primary Payor	Pick list	The primary source of payment for charges incurred by patient for this injury. <u>CHARITY</u> Charity care <u>COMM</u> Commercial Insurance (includes BC/BS, HMO’s, etc…) <u>MEDICARE</u> <u>MEDICAID</u> (includes Oregon Health Plan) <u>WORK</u> Workman’s Compensation <u>OTHER</u> Other Health Insurance <u>CAR</u> Vehicle Insurance <u>SELF</u> Self Pay <u>WARD</u> Ward of Federal Government (prisoner)

DISCHARGE SECTION

FIELD	TYPE	DESCRIPTION
Secondary Payor	Pick list	The secondary source of payment (if any) for charges incurred by patient for this injury. <u>CHARITY</u> Charity care <u>COMM</u> Commercial Insurance (includes BC/BS, HMO's, etc...) <u>MEDICARE</u> <u>MEDICAID</u> (includes Oregon Health Plan) <u>WORK</u> Workman's Compensation <u>OTHER</u> Other Health Insurance <u>CAR</u> Vehicle Insurance <u>SELF</u> Self Pay <u>WARD</u> Ward of Federal Government (prisoner)
[Total Hospital Costs]	Numeric	The total hospital expenses incurred to care for the patient.
Total Hospital Charges	Numeric	The total hospital charges incurred by the patient at the time of discharge.
[Total Hospital Receipts]	Numeric	The total dollar amount collected.
<i>Discharge Assessment: These categories are selected from the Functional Independence Measure (FIM) for the purpose of identifying a baseline of disability.</i>		
Phase	Pick	<u>PRE</u> Pre-hospitalization: This refers to the patient's function prior to this injury. <u>POST</u> Post-hospitalization: The functional status at the time the patient is discharged from the acute care setting. Each category should be assessed as close to discharge of the patient as possible.
Date	Date	The date that the assessment was done, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Feed (Feeding)	Pick list	<u>4</u> Complete independence. Eats from a dish and drinks from a cup in customary manner on table or tray. Uses ordinary utensils for eating. <u>3</u> Independent with a device. Uses an adaptive or assistive device such as a straw, spork or rocking knife, but is able to manage meal without assistance.

DISCHARGE SECTION

FIELD	TYPE	DESCRIPTION
		<p><u>2</u> Partially dependent. Is able to take food and drink by mouth, but requires supervision or minimal to moderate physical assistance.</p> <p><u>1</u> Requires maximal or total assistance to take meals by mouth, or does not take food by mouth and requires other means of alimentation such as parenteral or gastrostomy feedings.</p> <p><u>P</u> Pediatric patient, less than 2 years (24 months) of age only.</p>
Stat (Status)	Pick list	<p><u>P</u> If the patient’s feeding assessment is a permanent condition.</p> <p><u>T</u> If the patient’s feeding assessment is a temporary condition.</p>
Locomo (Locomotion)	Pick list	<p><u>4</u> Complete independence. Walks a minimum of 150 feet without assistance, and without an assistive device.</p> <p><u>3</u> Independent with a device. Walks a minimum of 150 feet, but with a brace or prosthesis, adaptive shoes, cane, crutches, or walker. If not walking, can maneuver a manual or an electric wheelchair independently.</p> <p><u>2</u> Partially dependent. If walking, requires supervision or minimum to moderate physical assistance to go 150 feet or walks independently only short distance (minimum 50 feet). If not walking, operates a manual or electric wheelchair independently for short distances (a minimum of 50 feet).</p> <p><u>1</u> Totally dependent. Requires maximal or total assistance to walk 150 feet; does not walk; or does not operate a manual or electric wheelchair independently.</p> <p><u>P</u> Pediatric patient, less than 2 years (24 months) of age only.</p>
Stat (Status)	Pick list	<p><u>P</u> If the patient’s locomotion assessment is a permanent condition.</p> <p><u>T</u> If the patient’s locomotion assessment is a temporary condition.</p>

DISCHARGE SECTION

FIELD	TYPE	DESCRIPTION
Express (Expression)	Pick list	<p><u>4</u> Expresses complex ideas intelligibly and fluently, verbally or non-verbally, including writing or signing.</p> <p><u>3</u> Expresses complex ideas with mild difficulty, but communicates basic wants and needs without difficulty; may require an augmentative communication device or system.</p> <p><u>2</u> Expresses thoughts in telegraphic or confused patterns, or requires prompts, cues, or assistance of another person.</p> <p><u>1</u> Does not express basic needs and wants consistently, even with a augmentative communication device or system, despite prompting.</p> <p><u>P</u> Pediatric patient, less and 2 years (24 months) of age only.</p>
Stat (Status)	Pick list	<p><u>P</u> If the patient’s communication assessment is a permanent condition.</p> <p><u>T</u> If the patient’s communication assessment is a temporary condition.</p>
Total	<i>Calculated</i>	The total of feeding, locomotion, and expression scores. No entry required.
Record Complete?	Pick list	Auto fills as <u>N</u> . Once the record passes, it will change to <u>Y</u> es.
Edit Check	Button	Click on the ‘edit check’ button when you have completed the record. If you record has areas that need filled and/or correction, a report with these items will appear on your screen. You may print this report if you choose. Repeat process until “Record Complete” changes to <u>Y</u> .
Compete Date	Date	This date is auto filled when record passes the edit check.
Patient Summary	Button	Displays a Patient Summary Report for the patient. After it appears o the screen, you have the option to print.
Date Due	Date	This date is auto-calculated for 90 days post-discharge from the hospital. Oregon Administrative Rule 333-200-0090 requires that a trauma system hospital report to the Oregon Trauma Registry (OTR) all required data for each and every trauma patient as defined in these rules within 90 days of death or discharge of that patient.

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DEATH INFORMATION SECTION

It is not necessary to enter any data in this section if patient did not expire.

FIELD	TYPE	DESCRIPTION
Death Location	Pick list	<p>The location where the patient expired.</p> <p><u>ED</u> Emergency Department <u>OR</u> Operating room <u>ICU</u> Intensive care unit <u>PACU</u> Post anesthesia care unit <u>STEP</u> Stepdown unit <u>FLOOR</u> Floor <u>TELE</u> Telemetry/monitored unit <u>OBS</u> Observation status/short stay <u>OTH</u> Inpatient care area NOS <u>RAD</u> Radiology <u>SPEC</u> Special procedures area</p>
Was Autopsy Done?	Pick list	<p>The performance of an autopsy on the patient, either by the hospital pathologist or by the medical examiner's office.</p> <p><u>N</u> No, an autopsy was not performed. <u>Y</u> Yes, an autopsy was performed.</p>
Autopsy ID	Text	The identifying number for the autopsy performed on the patient.
Organ Donation Requested?	Pick list	<p>The request for donation of organs:</p> <p><u>N</u> No, organ donation was not requested for this patient. <u>Y</u> Yes, organ donation was requested.</p>
Organ Donation Granted?	Pick List	<p>Was the donation of organ(s) granted:</p> <p><u>N</u> No, permission for organ donation was not granted on this patient. <u>Y</u> Yes, permission for organ donation was granted.</p>
Organs Taken?	Pick list	<p>Whether organ(s) were donated.</p> <p><u>N</u> No organs were harvested. <u>Y</u> Yes, organ(s) were harvested.</p>

DEATH INFORMATION SECTION

It is not necessary to enter any data in this section if patient did not expire.

FIELD	TYPE	DESCRIPTION
Organs Taken	Pick list	List organs harvested for donation purposes. Select all that apply. <u>HEART</u> Heart <u>LIVER</u> Liver <u>KIDNEYS</u> Kidneys <u>CORNEAS</u> Corneas <u>PANCREAS</u> Pancreas <u>LUNG</u> Lung <u>SKIN</u> Skin <u>BONE</u> Bone <u>OTHER</u> Other organs NOS
Death Comments	Free text	Comments regarding the death of the patient.

READMISSION SECTION (For unplanned readmissions within 30 days of discharge.)

Trauma One has the capacity to enter up to three readmission visits if desired. Click the “**Details**” button to enter procedures, diagnoses, and discharge assessments for each readmission.

FIELD	TYPE	DESCRIPTION
Arrival Date	Date	The date that the patient was re-admitted to the hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Discharge Date	Date	The date that the patient was discharged from the hospital, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
LOS (Days)	<i>Calculated</i>	The length of hospital stay (in days) for the patient’s readmission visit. No entry required.
[Attending Physician]	Pick list	The attending physician assuming responsibility for this patient during their readmission.
Attending Service	Pick list	The primary service directing the patient’s care and responsible for readmission to the hospital. This list should be customized at each hospital to reflect their specific providers.
Planned	Pick list	Whether the readmission was planned for additional treatment/care, or if it was an unexpected readmission due to complications from the original injury.
Outcome	Pick list	The patient’s outcome (<u>L</u>ived/<u>D</u>ied) of readmission.
Disposition	Pick list	<p>The patient’s disposition at the time of discharge from your hospital following their readmission.</p> <p><u>HOME</u> Home, self care <u>HOME-H</u> Home, with rehabilitation or home health care visits. <u>EXP</u> Expired while an inpatient. <u>SNF</u> Skilled nursing facility or intermediate re facility. <u>AMA</u> Patient left against medical advice. <u>ACUTE</u> Transferred to an acute care hospital. <u>REHAB</u> Transferred to a licensed rehabilitation facility. <u>OTHER</u> Other care facility (e.g., psychiatric, hospice, jail, foster home, assisted living)</p>
Primary Payor	Pick list	The primary source of payment for charges incurred by

READMISSION SECTION (For unplanned readmissions within 30 days of discharge.)

Trauma One has the capacity to enter up to three readmission visits if desired. Click the “Details” button to enter procedures, diagnoses, and discharge assessments for each readmission.

FIELD	TYPE	DESCRIPTION
		<p>patient for this readmission visit.</p> <p><u>CHARITY</u> Charity care <u>COMM</u> Commercial Insurance (includes BC/BS, HMO’s, etc...) <u>MEDICARE</u> <u>MEDICAID</u> (includes Oregon Health Plan) <u>WORK</u> Workman’s Compensation <u>OTHER</u> Other Health Insurance <u>CAR</u> Vehicle Insurance <u>SELF</u> Self Pay <u>WARD</u> Ward of Federal Government (prisoner)</p>
Secondary Payor	Pick list	<p>The secondary source of payment (if any) for charges incurred by patient for this readmission visit.</p> <p><u>CHARITY</u> Charity care <u>COMM</u> Commercial Insurance (includes BC/BS, HMO’s, etc...) <u>MEDICARE</u> <u>MEDICAID</u> (includes Oregon Health Plan) <u>WORK</u> Workman’s Compensation <u>OTHER</u> Other Health Insurance <u>CAR</u> Vehicle Insurance <u>SELF</u> Self Pay <u>WARD</u> Ward of Federal Government (prisoner)</p>
Total Hospital Charges	Numeric	The total hospital charges incurred by the patient at the time of readmission discharge.
<i>Details Button:</i>		
Date	Date	The date on which each operative event for readmission visit started, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
ICD9	Pick list	<p>The ICD9 procedure code listed in the ICD9 CM coding manual for each procedure description noted in the record for each readmission visit.</p> <p><i>NOTE: If there are procedures/treatments from previous hospitalizations EMS, ED, or REFER tabs, they will also be visible in the Procedures window. There is no need to fill in any additional information for these procedures.</i></p>
[Surgeon]	Pick list	The surgeon who performed the operative procedure for

READMISSION SECTION (For unplanned readmissions within 30 days of discharge.)

Trauma One has the capacity to enter up to three readmission visits if desired. Click the “Details” button to enter procedures, diagnoses, and discharge assessments for each readmission.

FIELD	TYPE	DESCRIPTION
		the readmission visit. This information is for your hospital use only and may be left blank.
Procedure ICD9 Text	<i>Auto fill</i>	The long text associated with the ICD9 CM procedure code entered. No entry required.
ICD9 Code	Pick list	Enter the ICD9 CM anatomic injury code for each diagnosis, including all required 4 th and 5 th digits found upon readmission. Also report any complications, medical, or observation codes. NOTE: Diagnoses from previous hospital visits will be visible. There is no need to fill in any additional information unless it is a new diagnosis.
ICD9 Long Text	<i>Auto fill</i>	The description of the patient’s injury diagnosis will auto fill with the pre-defined text associated with the ICD9 code entered. No entry required.
Discharge Assessment		These categories are selected from the Functional Independence Measure (FIM) for the purpose of identifying a baseline of disability
Phase	Pick	PRE Pre-hospitalization: This refers to the patient’s physical and mental capacity prior to this admission. POST Post-hospitalization: The functional status at the time the patient is discharged from the acute care setting of readmission. Each category should be assessed as close to discharge of the patient as possible.
Date	Date	The date that the assessment was done, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
Feed (Feeding)	Pick list	4 Complete independence. Eats from a dish and drinks from a cup in customary manner on table or tray. Uses ordinary utensils for eating. 3 Independent with a device. Uses an adaptive or assistive device such as a straw, spork or rocking knife, but is able to manage meal without assist. 2 Partially dependent. Is able to take food and

READMISSION SECTION (For unplanned readmissions within 30 days of discharge.)

Trauma One has the capacity to enter up to three readmission visits if desired. Click the “Details” button to enter procedures, diagnoses, and discharge assessments for each readmission.

FIELD	TYPE	DESCRIPTION
		<p>drink by mouth, but requires supervision or minimal to moderate physical assistance.</p> <p><u>1</u> Requires maximal or total assistance to take meals by mouth, or does not take food by mouth and requires other means of alimentation such as parenteral or gastrostomy feedings.</p> <p><u>P</u> Pediatric patient, less than 2 years (24 months) of age only.</p>
<p>Stat (Status)</p>	<p>Pick list</p>	<p><u>P</u> If the patient’s feeding assessment is a permanent condition.</p> <p><u>T</u> If the patient’s feeding assessment is a temporary condition.</p>
<p>Locomo (Locomotion)</p>	<p>Pick list</p>	<p><u>4</u> Complete independence. Walks a minimum of 150 feet without assistance, and without an assistive device.</p> <p><u>3</u> Independent with a device. Walks a minimum of 150 feet, but with a brace or prosthesis, adaptive shoes, cane, crutches, or walker. If not walking, can maneuver a manual or an electric wheelchair independently.</p> <p><u>2</u> Partially dependent. If walking, requires supervision or minimum to moderate physical assistance to go 150 feet or walks independently only short distance (minimum 50 feet). If not walking, operates a manual or electric wheelchair independently for short distances (a minimum of 50 feet).</p> <p><u>1</u> Totally dependent. Requires maximal or total assistance to walk 150 feet; does not walk; or does not operate a manual or electric wheelchair independently.</p> <p><u>P</u> Pediatric patient, less than 2 years (24 months) of age only.</p>
<p>Stat (Status)</p>	<p>Pick list</p>	<p><u>P</u> If the patient’s locomotion assessment is a permanent condition.</p> <p><u>T</u> If the patient’s locomotion assessment is a temporary condition.</p>
<p>Express (Expression)</p>	<p>Pick list</p>	<p><u>4</u> Expresses complex ideas intelligibly and fluently, verbally or non-verbally, including writing or</p>

READMISSION SECTION (For unplanned readmissions within 30 days of discharge.)

Trauma One has the capacity to enter up to three readmission visits if desired. Click the “Details” button to enter procedures, diagnoses, and discharge assessments for each readmission.

FIELD	TYPE	DESCRIPTION
		<p>signing.</p> <p><u>3</u> Expresses complex ideas with mild difficulty, but communicates basic wants and needs without difficulty; may require an augmentative communication device or system.</p> <p><u>2</u> Expresses thoughts in telegraphic or confused patterns, or requires prompts, cues, or assistance of another person.</p> <p><u>1</u> Does not express basic needs and wants consistently, even with an augmentative communication device or system, despite prompting.</p> <p><u>P</u> Pediatric patient, less and 2 years (24 months) of age only.</p>
<p>Stat (Status)</p>	<p>Pick list</p>	<p><u>P</u> If the patient’s communication assessment is a permanent condition.</p> <p><u>T</u> If the patient’s communication assessment is a temporary condition.</p>
<p>Total</p>	<p><i>Calculated</i></p>	<p>The total of feeding, locomotion, and expression scores. No entry required.</p>

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PATIENT SUMMARY SECTION

This is a free text field. Your hospital determines what information is placed in this section. Many hospitals use it to record daily or weekly multi-disciplinary notes.

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COMPLICATION SECTION

Record all physiologic complications documented for the patient's hospital visit. **NOTE: When a patient presents to the hospital with conditions related to the sequelae of their trauma event (e.g., pneumothorax, DIC, shock, coagulopathy, hypothermia, etc....) do not report these as a complication, but rather as a diagnosis.**

FIELD	TYPE	DESCRIPTION
Status	Pick list	The status of the complication. <u>O</u> Open <u>C</u> Closed <u>P</u> Pending
Complication	Pick list	The complication acquired by the patient during their hospital visit. See <i>Appendix 2</i> for complete listing. At the side of each complication is a  (print) button. This will print out a hard copy summary for that complication containing all entered data.
[Location]	Pick list	The location of where the complication occurred. <u>ED</u> Emergency department <u>FLD</u> Field <u>FLOOR</u> Floor <u>ICU</u> Intensive care unit <u>OBS</u> Observation status/short stay unit <u>OR</u> Operating room <u>OTHER</u> Inpatient care area NOS <u>PACU</u> Post anesthesia care unit <u>POST</u> Post-hospitalization (after discharge) <u>RAD</u> Radiology <u>READ</u> Readmission <u>REF</u> Referring hospital <u>STEP</u> Step-down unit <u>TELE</u> Telemetry/monitored unit
[Date]	Date	The date that the complication occurred.
[Source]	Pick list	The source of whom or when the complication was first noted. <u>CASEREV</u> Case review <u>CM</u> Case manager <u>EMS</u> EMS <u>MSW</u> Social worker <u>NURSE</u> Nurse

COMPLICATION SECTION

Record all physiologic complications documented for the patient's hospital visit. **NOTE: When a patient presents to the hospital with conditions related to the sequelae of their trauma event (e.g., pneumothorax, DIC, shock, coagulopathy, hypothermia, etc....) do not report these as a complication, but rather as a diagnosis.**

FIELD	TYPE	DESCRIPTION
		<p><u>NURSEMAN</u> Nurse management <u>OTHER</u> Other <u>PHYSICIAN</u> Physician <u>ROUNDS</u> Rounds <u>TNC</u> Trauma nurse coordinator <u>TPI</u> Trauma PI committee <u>TPM</u> Trauma nurse coordinator (trauma program manager) <u>TR</u> Trauma registry</p>
[Grade]	Pick list	<p>Severity of complication.</p> <p><u>I</u> Grade I: Alteration from ideal hospital course; no extended stay.</p> <p><u>II</u> Temporary disability; invasive procedure needed; potential threat to life.</p> <p><u>III</u> Disability; organ loss; threat to life.</p> <p><u>IV</u> Death</p>
[Finding]	Pick list	<p>Findings for reason for complication – used for documentation after peer or committee review. Choose the Primary finding for this issue.</p> <p><u>DELAY DISP</u> Delay in Disposition <u>DELAY DX</u> Delay in DX (Missed Injury) <u>DELAY OR</u> Delay to OR <u>DELAY RX</u> Delay in Treatment <u>DOCUMENT</u> Inadequate documentation <u>EQUIP</u> Equipment failure or delay or unavailability <u>FLUID DELA</u> Drug Blood or Fluid delay or unavailability <u>JUDG ERR</u> Judgment in pt management <u>MONITOR</u> Inadequate patient monitoring <u>NO ERR</u> No Error Identified <u>NOTIFY</u> Inadequate notification of pt status or need <u>OTHER</u> Other error type (describe) <u>PERSON</u> Personnel delay or unavailability <u>POLICY</u> Failure to follow established policy or guideline <u>RETURN OR</u> Unplanned return to OR</p>

COMPLICATION SECTION

Record all physiologic complications documented for the patient's hospital visit. **NOTE: When a patient presents to the hospital with conditions related to the sequelae of their trauma event (e.g., pneumothorax, DIC, shock, coagulopathy, hypothermia, etc....) do not report these as a complication, but rather as a diagnosis.**

FIELD	TYPE	DESCRIPTION
		<u>TECH ERR</u> Technical or procedural error <u>TTA</u> Delayed or failed Trauma Team Activation
[PR Date]	Date	Peer review date, using two-digit month, two-digit day, four-digit year (MMDDYYYY).
[PR Judgment]	Pick list	Judgment determined by peer view (per trauma services PI plan). <u>NP</u> Non-preventable <u>PP</u> Potentially preventable <u>PREV</u> Preventable <u>UNK</u> Cannot be determined
[System Related]	Pick list	Was the reason for complication system related? <u>Y</u> Yes <u>N</u> No
[Disease Related]	Pick list	Was the reason for complication disease related? <u>Y</u> Yes <u>N</u> No
[Provider Related]	Pick list	Was the reason for complication provider related? <u>Y</u> Yes <u>N</u> No
[Provider]	Pick list	The team member code (short text). This list should be customized at each hospital to reflect their specific providers, using the categories currently set up in Trauma One.
[TNC Review Date]	Date	Trauma Program Manager or Trauma Nurse Coordinator date reviewed.
[TMD Review Date]	Date	Trauma Medical Director date reviewed.
[Further Explanation/Comments]	Text	Additional comments or discussion regarding issue. You may include discussions during committee or additional findings.

COMPLICATION SECTION


Record all physiologic complications documented for the patient's hospital visit. **NOTE: When a patient presents to the hospital with conditions related to the sequelae of their trauma event (e.g., pneumothorax, DIC, shock, coagulopathy, hypothermia, etc....) do not report these as a complication, but rather as a diagnosis.**

FIELD	TYPE	DESCRIPTION
[Action]	Text or Pick list	Text field to document actions taken on this issue. You can choose actions from list and/or type in free text.
[Loop Closure]	Text or Pick list	Follow up of actions taken on this issue. You can choose actions from the list and/or type in free text.
[Refer to/Responsible]	Text or Pick list	The person(s) responsible for follow up on loop closure on this issue. You can choose actions from the list and/or type in free text.

PI SECTION

Document Performance Improvement issues in this section. *Tip: It is easier to work in a data block view instead of scrolling window.*

NOTE: Information on this tab page is not accessible by the State, with the exception of Status and PI Issue. Remaining fields are for hospital access only.

FIELD	TYPE	DESCRIPTION
M & M	Pick list	Was the patient going to be reviewed at morbidity and mortality conference? <u>Y</u> Yes <u>N</u> No
Status	Pick list	The status of the PI issue. Default is “Open” which auto fills when issue is added. <u>O</u> Open <u>C</u> Closed <u>P</u> Pending
PI Issue	Pick list	Select the PI issue (see <i>Appendix 3</i> for complete list of State PI issues). Some State required fields will auto fill when the filter is triggered, and would not be necessary to manually select (Example: “Expired”). At the side of each PI issue is a (print) button.  This will print out a summary for that PI issue containing all entered data.
[Location]	Pick list	The location where the PI issue occurred. <u>ED</u> Emergency department <u>FLD</u> Field <u>FLOOR</u> Floor <u>ICU</u> Intensive care unit <u>OBS</u> Observation status/short stay unit <u>OR</u> Operating room <u>OTHER</u> Inpatient care area NOS <u>PACU</u> Post anesthesia care unit <u>POST</u> Post-hospitalization <u>RAD</u> Radiology <u>READ</u> Readmission <u>REF</u> Referring hospital <u>STEP</u> Step-down unit <u>TELE</u> Telemetry/monitored unit
[Date]	Date	The date that the PI issue occurred.

PI SECTION

Document Performance Improvement issues in this section. *Tip: It is easier to work in a data block view instead of scrolling window.*

NOTE: Information on this tab page is not accessible by the State, with the exception of Status and PI Issue. Remaining fields are for hospital access only.

FIELD	TYPE	DESCRIPTION
[Source]	Pick list	The source of who or when the PI issue was noted. <u>CASEREV</u> Case review <u>CM</u> Case manager <u>EMS</u> EMS <u>MSW</u> Social worker <u>NURSE</u> Nurse <u>NURSEMAN</u> Nurse management <u>OTHER</u> Other <u>PHYSICIAN</u> Physician <u>ROUNDS</u> Rounds <u>TNC</u> Trauma nurse coordinator <u>TPI</u> Trauma PI committee <u>TPM</u> Trauma nurse coordinator (Trauma program nurse) <u>TR</u> Trauma registry
[PR Date]	Date	Peer review date, using two-digit month, two-digit day, and four-digit year (MMDDYYYY).
[PR Judgment]	Pick list	Judgment determined following review by trauma coordinator, trauma medical director, peer review committee or trauma multidisciplinary committee (per trauma services PI plan). <u>NP</u> Non-preventable <u>PP</u> Potentially preventable <u>PREV</u> Preventable <u>UNK</u> Cannot be determined
[System Related]	Pick list	Was the reason for PI issue system related? <u>Y</u> Yes <u>N</u> No
[Disease Related]	Pick list	Was the reason for PI issue disease related? <u>Y</u> Yes <u>N</u> No
[Provider Related]	Pick list	Was the reason for PI provider related? <u>Y</u> Yes <u>N</u> No

PI SECTION

Document Performance Improvement issues in this section. *Tip: It is easier to work in a data block view instead of scrolling window.*

NOTE: Information on this tab page is not accessible by the State, with the exception of Status and PI Issue. Remaining fields are for hospital access only.

FIELD	TYPE	DESCRIPTION
[Provider]	Pick list	The team member code (short text). This list should be customized at each hospital to reflect their specific providers, using the categories currently set up in Trauma One.
[TNC Review Date]	Date	Trauma Program Manager or Trauma Nurse Coordinator date reviewed.
[TMD Review Date]	Date	Trauma Medical Director date reviewed.
[Comments]	Text	Additional comments or discussion regarding issue. You may include discussions during committee or additional findings.
[Action]	Text or Pick list	Text field to document actions taken on this issue. You can choose actions from list and/or type in free text.
[Loop Closure]	Text or Pick list	Follow up of actions taken on this issue. You can choose actions from the list and/or type in free text.
[Refer to/Responsible]	Text or Pick list	The person(s) responsible for follow up on loop closure on this issue. You can choose actions from the list and/or type in free text.

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TRANS ISSUES

FIELD	TYPE	DESCRIPTION
Transfer Issue Notes	Text	Free text field to document any issues involving transfer of the patient, either in or out.

COMMENTS

FIELD	TYPE	DESCRIPTION
TNC/Registrar Notes	Text	Free text field to use for communication between the trauma coordinator and registrar. This field is not accessible by the State.
Reviewer	Check box	Check appropriate box to flag that person to read notes you have added. <input type="checkbox"/> Trauma Coordinator <input type="checkbox"/> Trauma Registrar

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Appendix 1

Acute Care Hospitals

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APPENDIX 1: ACUTE CARE HOSPITALS

CODE	HOSPITAL NAME	CITY	STATE
2608	Adventist Medical Center	Portland	OR
1501	Ashland Community Hospital	Ashland	OR
0601	Bay Area Hospital	Coos Bay	OR
1201	Blue Mountain Hospital	John Day	OR
0401	Columbia Memorial Hospital	Astoria	OR
0602	Coquille Valley Hospital	Coquille	OR
2001	Cottage Grove Community Hospital	Cottage Grove	OR
0801	Curry General Hospital	Gold Beach	OR
0201	Good Samaritan Regional Medical Center	Corvallis	OR
3001	Good Shepherd Medical Center	Hermiston	OR
3101	Grande Ronde Hospital	La Grande	OR
1301	Harney District Hospital	Burns	OR
2301	Holy Rosary Medical Center	Ontario	OR
0301	Kaiser Sunnyside Medical Center	Clackamas	OR
1901	Lake District Hospital	Lakeview	OR
2603	Legacy Emanuel Hospital & Health Center	Portland	OR
2604	Legacy Good Samaritan Hospital	Portland	OR
0302	Legacy Meridian Park Hospital	Tualatin	OR
2606	Legacy Mount Hood Medical Center	Gresham	OR
7702	Legacy Salmon Creek Hospital	Vancouver	WA
1002	Lower Umpqua Hospital	Reedsport	OR
2003	McKenzie-Willamette Medical Center	Springfield	OR
1004	Mercy Medical Center	Roseburg	OR
3301	Mid-Columbia Medical Center	The Dalles	OR
1601	Mountain View Hospital	Madras	OR
2607	Oregon Health & Science University	Portland	OR
2005	Peace Harbor Hospital	Florence	OR
2610	Physician's Hospital	Portland	OR
0701	Pioneer Memorial Hospital	Prineville	OR
2501	Pioneer Memorial Hospital	Heppner	OR
1401	Providence Hood River Hospital	Hood River	OR
1503	Providence Medford Medical Center	Medford	OR
0303	Providence Milwaukie Hospital	Milwaukie	OR

CODE	HOSPITAL NAME	CITY	STATE
3602	Providence Newberg Medical Center	Newberg	OR
2609	Providence Portland Medical Center	Portland	OR
0402	Providence Seaside Hospital	Seaside	OR
3402	Providence St. Vincent Medical Center	Portland	OR
1504	Rogue Valley Medical Center	Medford	OR
2002	Sacred Heart Medical Center University	Eugene	OR
2004	Sacred Heart Medical Center at RiverBend	Springfield	OR
2401	Salem Hospital	Salem	OR
2201	Samaritan Albany General Hospital	Albany	OR
2202	Samaritan Lebanon Community Hospital	Lebanon	OR
2101	Samaritan North Lincoln Hospital	Lincoln City	OR
2102	Samaritan Pacific Communities Hospital	Newport	OR
2402	Santiam Memorial Hospital	Stayton	OR
2611	Shriners Hospital for Children	Portland	OR
2403	Silverton Hospital	Silverton	OR
1801	Sky Lakes Medical Center	Klamath Falls	OR
0603	Southern Coos Hospital	Bandon	OR
7701	Southwest Washington Medical Center	Vancouver	WA
8301	St. Alphonsus Regional Medical Center	Boise	ID
3002	St. Anthony Hospital	Pendleton	OR
0902	St. Charles Medical Center - Bend	Bend	OR
0901	St. Charles Medical Center - Redmond	Redmond	OR
0101	St. Elizabeth Health Services	Baker City	OR
7802	St. John Medical Center	Longview	WA
7901	St. Mary Medical Center	Walla Walla	WA
9501	Sutter Coast Hospital	Crescent City	CA
1701	Three Rivers Community Hospital	Grants Pass	OR
2902	Tillamook County General Hospital	Tillamook	OR
3403	Tuality Community Hospital	Hillsboro	OR
7902	Walla Walla General Hospital	Walla Walla	WA
3201	Wallowa Memorial Hospital	Enterprise	OR
2701	West Valley Hospital	Dallas	OR
0304	Willamette Falls Hospital	Oregon City	OR
3601	Willamette Valley Medical Center	McMinnville	OR

Appendix 2

Complications List

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APPENDIX 2: COMPLICATIONS LIST

No Complications

Cardiovascular

- Cardiac Arrest (unexpected)
- Myocardial Infarction
- Other Cardiovascular
- Pericardial Effusion or Tamponade
- Shock (under-resuscitation)

Gastrointestinal

- Anastomotic Leak
- Bowel Injury - Iatrogenic
- Dehiscence/evisceration
- Enterotomy - Iatrogenic
- Fistula
- Hemorrhage - Lower GI
- Hemorrhage - Upper GI
- Peritonitis
- Ulcer - Duodenal/gastric
- Other GI

Hematologic

- Coagulopathy
- Coagulopathy (intraoperative)
- Transfusion Complication
- Other Hematologic

Hepatic/Pancreatic/Biliary/Splenic

- Acalculous Cholecystitis
- Pancreatic Inflammation
- Splenic Injury (iatrogenic)
- Other Hepatic/biliary

Infection

- Fungal Sepsis
- Intra-abdominal Abscess
- Systemic Inflammatory Response Syndrome
- Septicemia/Bacteremia
- Sinusitis
- Wound Infection
- Other Infection

Miscellaneous

Complication NOS

Musculoskeletal/Integumentary

Compartmental Syndrome
Decubitus (deep)
Decubitus (open Sore)
Failure of Fracture/Fixation
Nonunion
Osteomyelitis
Other Musculoskeletal/integumentary

Neurologic

Meningitis
Neuropraxia (iatrogenic)
Progression Of Original Neurologic Insult
Seizure In Hospital
Stroke/CVA
Ventriculitis-postsurgical
Other Neurologic NOS

Psychiatric

Pulmonary

Abscess (excludes Empyema)
Acute Respiratory Distress Syndrome (ARDS)
Empyema
Pneumonia
Pneumothorax (barotrauma)
Pneumothorax (iatrogenic)
Pneumothorax (recurrent)
Pulmonary Embolus
Other Pulmonary NOS

Renal/Genitourinary

Renal Failure
Urinary Tract Infection
Other Renal/GU

Vascular

Anastomotic Hemorrhage
Deep Venous Thrombosis (lower Extremity)
Deep Venous Thrombosis (upper Extremity)
Embolus (nonpulmonary)
Graft Infection
Thrombosis
Other Vascular NOS

Appendix 3

State Performance Improvement Measures

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APPENDIX 3: PI ISSUE LIST

AUTO-CALCULATED STATE REQUIRED PI ISSUES

These issues will automatically be triggered based on information entered into the record.

LOC CT >2 HRS EXPIRED	Head injury with LOC underwent head CT >2 hrs.after arrival* Expired *
NONS-SURG ADMIT	Admitted to service other than Surgical *
ED GCS <9 W/O AIRWAY	Last ED GCS < 9 without mechanical airway *
TRANS >2 HRS	Transfer to another hosp >2 hrs. after arr at this hosp *
EDH/SDH CRANI >4 HRS	Epidural/Subdural hematoma operated for craniotomy >4 hrs *
FEM DIAPH FX W/O FIX	Femoral diaphyseal fx TX without fixation *
LAP >2 HRS	Laparotomy performed >2 hrs. after arrival *
MAJOR OR > 24 HRS	Major surgical proc. > 24 hrs. after hospital arrival *
TIBFIB FX >= 8 HRS	Tib/Fib fx treated >= 8 hrs. after arrival *
EMS GCS <9 W/O AIRWAY	Arrived comatose (GCS<9) via EMS without mechanical airway *
NO PCRF	No EMS Pt Care Report Form or form present but incomplete *
EMS SCENE > 10 MIN	Scene time > 10 mins. w/o MPS or prolonged extrication *

OTHER STATE REQUIRED PI ISSUES

HOSP ESOPH	Esophageal intubation occurring in the hospital
HOSP MAINSTEM	Mainstem intubation occurring in the hospital
REINTUB	Reintubated following intentional extubation in the hosp.
MISS INJ	Delay or Error in Diagnosis (missed injury)
ED GCS ND	Initial ED GCS Not Documented
SBP <70	Systolic BP < 70 after more than 1 hour in ED/Resuscitation
REFER > 2 HRS	Transferred to this hosp >2 hrs. after arrival at prior hosp
HYPOTHERMIA	Hypothermic with temp < 35C after 1hr; or in the OR/ICU
ABD GSW NONOP	Abdominal penetrating GSW managed non-operatively
OPEN JNT >=8 HRS	Open joint lac. treated >=8 hrs. after arrival
OPEN LONG BONE >=8 HRS	Open long bone fx treated >= 8 hrs. after arrival
UNANTIC OR/24 HRS.	Unanticipated operation performed within 24 hrs.
UNPLANNED OR	Unplanned return to the operating room
DELAY TS FULL	Delay in Trauma surgeon arrival for Full trauma team activation
NO TEAM	Delayed or no Trauma Team Activation
C-SPINE	C-spine documentation/treatment concerns
NO PLTS/FFP >= 6 U PRBC	Platelets/FFP not given with >= 6 u RBC in first 24 hrs.
EMS IV	Did not or was unable to start IV in Field & w/o IO insertion
EMS ESOPH	Prehospital Esophageal Intubation
EMS MAINSTEM	Prehospital Mainstem Intubation
EMS TRIAGE ND	Prehospital trauma triage criteria not documented for field designation

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Appendix 4

Vital Signs & GCS Scoring Criteria

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APPENDIX 4: VITAL SIGNS AND GCS SCORING CRITERIA

Airway	Resp Rate	Eye Opening	Verbal Response	Motor Response	GCS	End Tidal CO2
Normal	# or ND	# or ND	# or ND	# or ND	# or ND	NA
BVM	NA	# or ND	# or ND	# or ND	# or ND	NA
CRIC or TRACH	NA	# or NA	# or NA	# or NA	# or NA	# or NA
ET	NA	# or ND	NA	# or ND	NA	# or ND
LMA	NA	# or NA	NA	# or NA	NA	# or ND
Oral/Nasal	# or ND	# or ND	# or ND	# or ND	# or ND	NA
PEAD	NA	# or NA	# or NA	# or NA	# or NA	# or ND
P-BVM P-ET P-Trach	NA	NA	NA	NA	NA	# or ND

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