

IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA REPORTING STANDARDS

Version 2022 – 01.0

Applicable to injuries occurring during 2022

**A Publication of the
Idaho Time-Sensitive Emergency Registry**



Idaho TSE Registry
Trauma, Stroke, STEMI

Editors:

Regina Eck, Database Administrator
Bozena M. Morawski, MPH, PhD, Epidemiologist
Randi K. Rycroft, MSPH, CTR, Registry Manager

Contributors:

Michelle Barnett, RHIT, CAISS
Cheryl Hansen, CAISS, CSTR

IDAHO TIME-SENSITIVE EMERGENCY REGISTRY

P.O. Box 1278

Boise, Idaho 83701-1278

Phone: (208) 338-5100 – Fax: (208) 344-0180

Email: IdahoTSE@teamiha.org – Web: <http://idahotseregistry.org/>



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VERSION INFORMATION

Version	Date	Change
2021 – v1.0	2021-11-17	None. Date released.

PREFACE

The Idaho “Time-Sensitive Emergency Registry – Trauma Reporting Standards” outlines data reporting and submission standards for traumatic injuries, including state inclusion/exclusion criteria, for all participating facilities in Idaho. This document may be of particular use to Idaho facilities that abstract cases at their facility and submit these data to the Time-Sensitive Emergency Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of time-sensitive emergencies, and other such data needed to evaluate the health system’s response to these events. The Idaho Hospital Association is an authorized contractor of the Idaho Department of Health and Welfare for trauma registry in Idaho.

Per Title 57, Chapter 20 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:

1. Establishing the data elements and data dictionary, including child specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in chapter 52, title 67, Idaho Code;
2. Supporting, where necessary, data collection and abstraction by providing:
 - a. A data collection system and technical assistance to each hospital; and
 - b. Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.

The Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness (BEMSP) contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide trauma registry.

SUGGESTED CITATION: Eck R, Morawski BM, Rycroft RK. Time-Sensitive Emergency Registry – Trauma Reporting Standards, Version 2022 – 01.0. Boise, ID: Idaho Hospital Association Time-Sensitive Emergency Registry; November 2021.

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SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital shall report each qualifying case of traumatic injury to the Time-Sensitive Emergency Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry recommends that licensed hospitals report each qualifying case of traumatic injury to the Time-Sensitive Emergency Registry **within 90 days of treatment**, i.e. on a quarterly basis.

Facilities should submit XML files to the Time-Sensitive Emergency Registry. **XML files submitted to the Time-Sensitive Emergency Registry should comply with the specification defined in this document and the provided definition files:**

- **base_Idaho_222.xsd**
- **datatype_Idaho_all.xsd**

These data submission specifications can also be found at <http://idahotseregistry.org/dataspecifications.php>

Please securely submit files via NeoCertified to IdahoTSE@teamiha.org and contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at <https://neocertified.com/sso/>.

TECHNICAL REFERENCE DOCUMENTS

Facilities and vendors can reference the following documents to aid in defining their XML file for submission:

1. "base_Idaho_222.xsd"
2. "datatype_Idaho_all.xsd"
3. Crosswalk of Idaho Trauma Elements with national specifications, "Idaho 2022 Trauma Data Elements_v1.0.xlsx"
4. Idaho Time-Sensitive Emergency Registry – Trauma Reporting Standards – v2022 – 01.0

Any facility or vendor who has questions, concerns, or general feedback on the above documents should contact the Time-Sensitive Emergency Registry at IdahoTSE@teamiha.org.

ADDITIONAL EXTERNAL REFERENCE DOCUMENTS

1. American College of Surgeons, National Trauma Data Standard Data Dictionary – 2022 Admissions: https://www.facs.org/-/media/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2022.ashx
2. Trauma Vendor Alliance, International Trauma Data Exchange (ITDX) Data Dictionary was not published for 2022. External vendors may be able to provide facilities with a similar document, developed by and specific to that vendor.

INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2022

Definition: Injury data should be reported to the Idaho TSE Registry on all patients who sustained an acute traumatic injury that meets the criteria outlined in this document.

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

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

- **S00-S99** with 7th character modifiers of A, B, or C ONLY (injury to specific body parts-initial encounter)
- **T07** with unspecified multiple injuries
- **T14** with injury of unspecified body region
- **T20-T28** with 7th character modifier of A ONLY (burns by specific body parts-initial encounter)
- **T30-T32** with burn by total body surface area (TBSA)
- **T33-34** frostbite
- **T68** hypothermia
- **T71** asphyxiation
- **T75.1** drowning and nonfatal submersion
- **T75.4** electrocution
- **T79.A0-T79.A9** with 7th character modifier of A ONLY (Traumatic Compartment Syndrome-initial encounter)

AND:

- Was admitted to your hospital as an inpatient or under observation status

OR

- Died as a result from the traumatic injury

OR

- Was transferred into or out from one acute care hospital to another acute care hospital regardless of the mode of transport

Note - Unlike NTDB inclusion/exclusion criteria, there is **no maximum duration of time** from injury to presentation for care that would exclude a patient from the Idaho TSE Registry. Also, unlike NTDB which opted to not collect information on burns starting with 2021 admissions, the Idaho TSE Registry **will continue to collect information on burns**, as there is no other statewide mechanism by which to do so.

EXCLUSION CRITERIA:

A traumatic injury should not be reported to the Idaho TSE Registry if the traumatic injury meets any of the following criteria:

- Poisoning, toxic effects, other and unspecified effects of external causes
 - Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances should **not** be reported
 - **T36-T50**
 - Toxic effects of substances chiefly nonmedical as to source should **not** be reported
 - **T51-T65**
 - Other and unspecified effects of external causes should **not** be reported
 - **T66-T67 & T69-T70**
- Sequelae (late effects) of injuries (which are represented using the same range of injury diagnosis codes but with the 7th character code of D (subsequent encounter) through S (sequela))
- Superficial injuries (contusions with intact skin surface, abrasions, and lacerations, etc.) if these are the only injuries
 - **S00**
 - **S10**
 - **S20**
 - **S30**
 - **S40**
 - **S50**
 - **S60**
 - **S70**
 - **S80**
 - **S90**
- Foreign body entering through orifice
 - Effects of foreign body entering through natural orifice should **not** be reported
 - **T15-T19**
- Overexertion by lifting, twisting, pushing, or bending over
 - Overexertion and strenuous or repetitive movements should **not** be reported
 - **X50**
- Pathological fractures (fractures due to osteoporosis, neoplasms, etc. that are non-traumatic)
 - Pathological fractures should **not** be reported
 - **M80, M84.4-M84.7**
- Patients with a single extremity, single bone fracture/dislocation from a ground level fall
 - Falls with the following external cause of morbidity codes qualify as ground level falls; these events should **not** be reported if the **only** associated injury is a single extremity, single bone fracture/dislocation:
 - **W00.0**
 - **W01**
 - **W03**
 - **W18.30**
 - **W18.31**
 - **W18.39**
 - The pelvic ring is not considered an extremity

Special instructions for mechanism of injury related to suspected or confirmed abuse

When a qualifying injury (see inclusion criteria) is the result of confirmed (T74.) or suspected (T76.) adult and child abuse, neglect or other maltreatment, the T74 or T76 code should be captured as the appropriate mechanism of injury code(s) in the external cause of injury field. In the event of multiple external causes of injury, Idaho Trauma Registry will follow the [National Trauma Data Standard \(NTDS\) guidance](#) regarding hierarchy for coding the external cause of injury data item.

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE TRAUMA DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for trauma data elements range from “critical”, i.e. those that must be completed for each reportable traumatic event submitted to the Time-Sensitive Emergency Registry, to “optional” and “XML Only”, elements that are provided in the XML specification only. The “TSE Requirement” is reflected in the “2022 Data Elements Table” and in the “2022 Data Dictionary” in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each “TSE Requirement” designation in detail.

TSE Requirement	Designation Description
Critical	<p>Critical fields are intended to support XML validation. These fields are required to uniquely identify the record and characterize it.</p> <p>Critical fields include – but are not limited to – last modified date and time of record, patient identifiers (first and last name), and fields that inform reportability criteria (ICD-10-CM diagnosis codes, external cause of morbidity codes, ED discharge disposition codes).</p>
Required	<p>Required fields are fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g. linking traumatic events reported by a facility with death certificate data. Examples of these fields include injury date and time and arrival date and time, and patient date of birth. Missing values for required fields will not cause an XML validation failure. However, as these values align with state and registry reporting requirements, if these values are available, please make every effort to report them.</p>
Optional	<p>Optional fields are elements that are on the State of Idaho’s abstraction form and available in national standards (XML) but are <u>not required</u>. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.</p>
Supplemental	<p>Supplemental fields are fields that are only populated as a condition of a response to another question. For example, industry and occupation are conditional on the injury being work-related. Supplemental fields are a mixture of <i>required</i> and <i>optional</i> fields.</p>
Calculated	<p>Calculated fields are populated using values provided in other fields, e.g. the field “type of injury” is calculated from required field “ICD-10-CM external cause code.” Some calculated fields may be overwritten or populated manually, e.g. age when date of birth is unknown or unavailable.</p>
Assigned	<p>Assigned fields are those that are populated by the database or data entry system and can’t be overwritten manually, e.g. date and time of last record update.</p>
XML only	<p>XML fields are elements that are not on Idaho’s abstraction forms but are included in the national XML specification. They are not required but included to align Idaho’s XML specifications with national XML specifications and so facilities can track data in these fields if desired.</p>

2022 DATA ELEMENTS TABLE

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
10	C_9901	Incident Revision Date	Assigned
4	C_9902	Patient ID	Assigned
81	C_9903	Facility ID	Assigned
6	D_1001	Patient Last Name	Critical
7	D_1002	Patient First Name	Critical
8	D_1003	Patient Middle Name	Optional
9	D_1004	Social Security Number	Required
11	D_1201	Patient's Home ZIP/Postal Code	Required
184	D_1202	Patient's Home Country	Required
190	D_1203	Patient's Home State	Required
185	D_1204	Patient's Home County	Required
183	D_1205	Patient's Home City	Required
186	D_1206	Alternate Home Residence	Supplemental
13	D_1207	Date of Birth	Required
14	D_1208	Age	Calculated
15	D_1209	Age Units	Calculated
18	D_1210	Race	Required
17	D_1211	Ethnicity	Required
16	D_1212	Sex	Required
30	I_0201	Injury Incident Date	Critical
31	I_0202	Injury Incident Time	Required
19	I_0203	Work-Related	Required
20	I_0204	Patient Occupational Industry	Supplemental
166	I_1000	Patient Occupational Industry - Other	Optional
145	I_0205	Patient Occupation	Supplemental
167	I_1001	Patient Occupation - Other	Optional
216	I_0206	ICD-10-CM Primary External Cause Code	Critical
218	I_0207	ICD-10-CM Place of Occurrence External Cause Code	Required
217	I_0208	ICD-10-CM Additional External Cause Code	Optional
194	I_0209	Incident Location ZIP Code	Required
192	I_0210	Incident Country	Required
193	I_0211	Incident State	Required
28	I_0212	Incident County	Required
191	I_0213	Incident City	Required

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
174	I_0214	Protective Device	Required
175	I_0215	Child Specific Restraint	Supplemental
176	I_0216	Airbag Deployment	Required
223	N/A	Report of Physical Abuse	XML Only
224	N/A	Investigation of Physical Abuse	XML Only
225	N/A	Caregiver at Discharge	XML Only
114	I_0220	Trauma Type	Required
206	I_1002	Injury Description	Supplemental
32	P_1000	EMS Agency ID Number	Required
215	ED_1023	EMS Agency Name	Required
35	N/A	EMS Dispatch Date	Optional
36	N/A	EMS Dispatch Time	Optional
40	N/A	EMS Unit Arrival Date at Scene or Transferring Facility	Required
39	N/A	EMS Unit Arrival Time at Scene or Transferring Facility	Optional
44	N/A	EMS Unit Departure Date from Scene or Transferring Facility	Optional
43	N/A	EMS Unit Departure Time from Scene or Transferring Facility	Optional
33	P_0307	Transport Mode	Required
34	P_0308	Other Transport Mode	Required
182	N/A	Initial Field Systolic Blood Pressure	Optional
180	N/A	Initial Field Pulse Rate	Optional
181	N/A	Initial Field Respiratory Rate	Optional
179	N/A	Initial Field Oxygen Saturation	Optional
61	N/A	Initial Field GCS - Eye	Optional
62	N/A	Initial Field GCS - Verbal	Optional
63	N/A	Initial Field GCS - Motor	Optional
64	N/A	Initial Field GCS Total	Optional
234	N/A	Initial Field GCS 40 - Eye	Optional
235	N/A	Initial Field GCS 40 - Verbal	Optional
236	N/A	Initial Field GCS 40 - Motor	Optional
84	P_0317	Inter-Facility Transfer	Required
226	N/A	Trauma Center Criteria	XML Only
227	N/A	Vehicular, Pedestrian, Other Risk Injury	XML Only
233	P_0320	Pre-hospital Cardiac Arrest	Optional
202	ED_0401	ED/Hospital Arrival Date	Critical
203	ED_0402	ED/Hospital Arrival Time	Critical
158	ED_0403	Initial ED/Hospital Systolic Blood Pressure	Required

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
96	ED_1007	Initial ED/Hospital Diastolic Blood Pressure	Required
93	ED_0404	Initial ED/Hospital Pulse Rate	Required
97	ED_0405	Initial ED/Hospital Temperature Celsius	Required
177	ED_1008	Initial ED/Hospital Temperature Fahrenheit	Required
199	ED_0406	Initial ED/Hospital Respiratory Rate	Required
94	ED_0407	Initial ED/Hospital Respiratory Assistance	Required
195	ED_0408	Initial ED/Hospital Oxygen Saturation	Required
196	ED_0409	Initial ED/Hospital Supplemental Oxygen	Required
102	ED_1012	Revised Trauma Score	Calculated
104	ED_0410	Initial ED/Hospital GCS - Eye	Required
105	ED_0411	Initial ED/Hospital GCS - Verbal	Required
106	ED_0412	Initial ED/Hospital GCS - Motor	Required
107	ED_0413	Initial ED/Hospital GCS - Total	Calculated
108	ED_0414	Initial ED/Hospital GCS Assessment Qualifiers	Required
241	ED_0428	Initial ED/Hospital GCS 40 - Eye	Optional
242	ED_0429	Initial ED/Hospital GCS 40 - Verbal	Optional
243	ED_0430	Initial ED/Hospital GCS 40 - Motor	Optional
221	ED_0415	Initial ED/Hospital Height	Optional
222	ED_0416	Initial ED/Hospital Weight	Optional
229	ED_0417	Drug Screen	Required
113	ED_0419	Alcohol Screen	Required
228	ED_0420	Alcohol Screen Results	Required
89	ED_0422	ED Discharge Disposition	Required
200	ED_1022	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	Optional
201	ED_1020	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	Optional
231	ED_0431	Trauma Team Involvement	Optional
189	N/A	Signs of Life	XML Only
237	ED_0424	ED Discharge Orders Written Date	Required
238	ED_0425	ED Discharge Orders Written Time	Required
91	ED_0426	ED Discharge Physical Date	Required
92	ED_0427	ED Discharge Physical Time	Required
146	ED_1000	Direct Admission	Required
12	ED_1001	Readmission	Required
220	HP_0501	ICD-10-CM Hospital Procedures	Optional
119	HP_0502	Procedure Start Date	Optional
148	HP_0503	Procedure Start Time	Optional

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
117	DG_0601	Comorbid Conditions	Optional
205	DG_1001	Diagnosis Memo	Optional
219	DG_0602	ICD-10-CM Injury Diagnosis	Critical
121	IS_0701	AIS Predot Code	Required
172	IS_0702	AIS Severity	Required
173	IS_0703	ISS Body Region	Calculated
188	IS_0704	AIS Version	Assigned
122	IS_0705	Injury Severity Score	Calculated
123	IS_1001	Trauma Injury Severity Score (TRISS)	Calculated
197	O_0801	Total ICU Length of Stay	Optional
198	O_0802	Total Ventilator Days	Optional
239	O_0803	Hospital Discharge Orders Written Date	Required
240	O_0804	Hospital Discharge Orders Written Time	Required
138	O_0805	Hospital Discharge Date	Required
139	O_0806	Hospital Discharge Time	Required
131	O_0807	Hospital Discharge Disposition	Required
22	F_0901	Primary Payer Source	Required
125	Q_1001	Complications	Optional
150	H_1000	Hospital Created Date	Assigned
151	H_1001	Hospital Created Time	Assigned
5	H_1003	Medical Record Number	Required
155	H_1006	Hospital Transferred From	Supplemental
214	H_1007	Hospital Transferred From Name	Supplemental
156	H_1008	Hospital Transferred To	Supplemental
204	H_1009	Registrar	Required
245	SSR_1101	National Provider Identifier	Optional

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Data Item Name:	Incident Revision Date	Item Number: 10
Alternate Names:	Last Modified Date Time	
Description:	System-assigned date and time information for the trauma incident was last modified.	
Additional Information:	date time format: yyyy-mm-dd hh:mi:ss (24h)	
Allowable Value Information:	computer assigned datetime value	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: C_9901	
Abstract Form Location:	Top Section / Date	

XML Specifications:	Element Name(Tag): LastModifiedDateTime	ID: C_9901
	Required: Yes Data Type: xs:datetime Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient ID	Item Number: 4
Alternate Names:	Hospital Index Number	
Description:	An identifier in the Trauma Registry that uniquely identifies the record - usually Trauma Number. Number that identifies a patient admission.	
Allowable Value Information:	Appropriate value.	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: C_9902	
Abstract Form Location:	Demographics / TR5.12	

XML Specifications:	Element Name(Tag): PatientId	ID: C_9902
	Required: Yes	Data Type: xs:string Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Facility ID	Item Number: 81
Alternate Names:	NTDB ID Medicare Number	
Description:	A unique number assigned to the facility by NTDB or Medicare identifiers. Please note that St. Luke's Meridian is listed as 1300062.	
Allowable Values:		

131316 Bear Lake Memorial Hospital
 131317 Benewah Community Hospital
 131325 Bingham Memorial Health
 131328 Bonner Community Hospital
 131301 Boundary Community Hospital
 131309 Caribou Memorial Hospital, Living Center and Clinics
 131308 Cascade Medical Center
 131326 Cassia Regional Hospital
 131320 Clearwater Valley Hospital and Clinics
 130018 Eastern Idaho Regional Medical Center
 131322 Franklin County Medical Center
 131327 Gritman Medical Center
 130074 Idaho Falls Community Hospital
 130049 Kootenai Health
 131324 Lost Rivers District Hospital
 130025 Madison Memorial Hospital
 131319 Minidoka Memorial Hospital
 131303 Nell J. Redfield Memorial Hospital
 131302 North Canyon Medical Center
 130028 Portneuf Medical Center
 131304 Power County Hospital District
 130013 Saint Alphonsus Medical Center - Nampa
 130007 Saint Alphonsus Regional Medical Center
 131314 Shoshone Medical Center
 130003 Saint Joseph Regional Medical Center
 130006 St. Luke's Boise Regional Medical Center
 131311 St. Luke's Elmore Medical Center
 131310 St. Luke's Jerome Medical Center
 130002 St. Luke's Magic Valley Medical Center
 131312 St. Luke's McCall Medical Center
 1300062 St. Luke's Meridian Medical Center
 130071 St. Luke's Nampa Medical Center
 131323 St. Luke's Wood River Medical Center
 131321 St. Mary's Hospital and Clinics
 131305 Steele Memorial Medical Center
 131315 Syringa Hospital and Clinics
 131313 Teton Valley Health Care, Inc.
 131318 Valor Health
 131307 Weiser Memorial Hospital
 130014 West Valley Medical Center

TSE Requirement: Assigned

NTDB Requirement: Yes Identifier: C_9903

Abstract Form Location: Top Section / Hospital

References: NTDS 2020 C_9903

XML Specifications:	Element Name(Tag): FacilityId	ID: C_9903
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Modified NTDB XML Element	

Data Item Name:	Patient Last Name	Item Number: 6
Description:	Patient's last name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_01 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientLastName	ID: D_1001
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Patient First Name	Item Number: 7
Description:	Patient's first name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_02 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientFirstName	ID: D_1002
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Patient Middle Name	Item Number: 8
Description:	Patient's Middle Name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_03 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientMiddleName	ID: D_1003
	Required: No Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Social Security Number	Item Number: 9
Description:	Patient's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).	
Additional Information:	<p>If the patient does not have a social security number (e.g. foreign visitor), enter Not Applicable.</p> <p>If the patient's Social Security Number is not known, enter 'Not Known'.</p> <p>The ITIN is a tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get an SSN.</p> <p>The ITIN is a 9-digit number, beginning with the number "9", formatted like an SSN (NNN-NN-NNNN).</p>	
Allowable Value Information:	String format: 999-99-9999 or "(\\d{3})([-]?)(\\d{2})([-]?)(\\d{4})"	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Social Security Number	
References:	<p>NEMESIS V 2.2.1 E06_10</p> <p>State of Idaho Death Certificate</p>	

XML Specifications:	Element Name(Tag): SocialSecurityNumber Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: D_1004
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Data Item Name:	Patient's Home ZIP/Postal Code	Item Number: 11
Alternate Names:	Patient's Home ZIP Code	
Description:	The patient's home ZIP/Postal code of primary residence.	
Additional Information:	<p>May require adherence to HIPAA regulations.</p> <p>If ZIP/Postal code is "Not Applicable," report data element: Alternate Home Residence.</p> <p>If ZIP/Postal code is "Not Known/Not Recorded," report data elements: Patient's Home Country, Patient's Home State (US only), Patient's Home County (US only) and Patient's Home City (US only).</p>	
Allowable Value Information:	Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US or can be stored in the postal code format of the applicable country.	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1201	
Abstract Form Location:	Demographics / Patient Home ZIP Code	
References:	<p>NEMESIS V 2.2.1 E06_08</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>State of Idaho Death Certificate</p> <p>NTDS 2020 D_1201</p>	

XML Specifications:	Element Name(Tag): HomeZip	ID: D_1201
	Required: Yes Data Type: xs:zip	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home Country	Item Number: 184
Description:	The country where the patient resides.	
Additional Information:	<p>Values are two-character FIPS codes representing the country (e.g., US).</p> <p>If Patient's Home Country is not US, then the null value "Not Applicable" is reported for: Patient's Home State, Patient's Home County, and Patient's Home City.</p>	
Allowable Value Information:	Relevant value for data element (two-digit FIPS country code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1202	
Abstract Form Location:	Demographics / Patient's Home Country	
References:	<p>NEMSIS V 2.2.1 E06_09</p> <p>NTDS 2020 D_1202</p>	

XML Specifications:	<p>Element Name(Tag): HomeCountry</p> <p>Required: Yes Data Type: xs:string Multiple Entry: No</p> <p>Accepts Common Nulls: Yes Minimum: 2 Maximum: 2</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>	ID: D_1202
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Data Item Name:	Patient's Home State	Item Number: 190
Description:	The state (territory, province, or District of Columbia) where the patient resides.	
Additional Information:	<p>Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>The null value "Not Applicable" is reported for non-US hospitals.</p>	
Allowable Value Information:	Relevant value (two digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1203	
Abstract Form Location:	Demographics / State	
References:	<p>NEMESIS V 2.2.1 E06_07</p> <p>NTDS 2020 D_1203</p>	

XML Specifications:	Element Name(Tag): HomeState	ID: D_1203
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home County	Item Number: 185
Description:	The patient's county (or parish) of residence.	
Additional Information:	<p>Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>The null value "Not Applicable" is reported for non-US hospitals.</p>	
Allowable Value Information:	Relevant value for data element (three-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1204	
Abstract Form Location:	Demographics / County	
References:	<p>NEMESIS V 2.2.1 E06_06</p> <p>NTDS 2020 D_1204</p>	

XML Specifications:	<p>Element Name(Tag): HomeCounty</p> <p>Required: Yes Data Type: xs:string Multiple Entry: No</p> <p>Accepts Common Nulls: Yes</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>	ID: D_1204
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Data Item Name:	Patient's Home City	Item Number: 183
Description:	The patient's city (or township, or village) or residence.	
Additional Information:	<p>Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>The null value "Not Applicable" is reported for non-US hospitals</p>	
Allowable Value Information:	Relevant value for data element (five-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1205	
Abstract Form Location:	Demographics / City	
References:	<p>NEMESIS V 2.2.1 E06_05</p> <p>NTDS 2020 D_1205</p>	

XML Specifications:	Element Name(Tag): HomeCity	ID: D_1205
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Alternate Home Residence	Item Number: 186
Description:	Documentation of the type of patient without a home zip code.	
Additional Information:	<p>Only completed when ZIP code is 'Not Applicable.'</p> <p>Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.</p> <p>Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission.</p> <p>Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>Report all that apply</p>	
Allowable Values:	<p>1 Homeless</p> <p>2 Undocumented Citizen</p> <p>3 Migrant Worker</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: D_1206	
Abstract Form Location:	Demographics / Patient Information/Alternate Residence	
References:	NTDS 2020 D_1206	

XML Specifications:	<p>Element Name(Tag): HomeResidence ID: D_1206</p> <p>Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 3</p> <p>Accepts Common Nulls: Yes Minimum: 1 Maximum: 3</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>
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Data Item Name:	Date of Birth	Item Number: 13
Description:	The month, day, and year of the patient's birth.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</p> <p>If Date of Birth is the same as the Injury Incident Date, then the Age and Age Units data elements must be reported.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1890 to 2030.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1207	
Abstract Form Location:	Demographics / DOB	
References:	<p>NEMESIS V 2.2.1 E06_16</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>State of Idaho Death Certificate</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 D_1207</p>	

XML Specifications:	<p>Element Name(Tag): DateOfBirth</p> <p>Required: Yes Data Type: xs:date Multiple Entry: No</p> <p>Accepts Common Nulls: Yes Minimum: 1/1/1890 Maximum: 1/1/2030</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>	ID: D_1207
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Data Item Name:	Age	Item Number: 14
Description:	The patient's age at the time of injury (best approximation).	
Additional Information:	<p>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</p> <p>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</p> <p>Must also complete variable: Age Units.</p> <p>The null value "Not Applicable" is reported if Date of Birth is reported.</p> <p>Auto-calculates if DOB entered.</p>	
Allowable Value Information:	Number between 0 and 120, based on Age Units.	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: D_1208	
Abstract Form Location:	Demographics / Age	
References:	<p>NEMESIS V 2.2.1 E06_14</p> <p>NTDS 2020 D_1208</p>	

XML Specifications:	Element Name(Tag): Age Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 120 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1208
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Data Item Name:	Age Units	Item Number: 15
Description:	Units used to document the patient's age at the time of injury.	
Additional Information:	<p>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</p> <p>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</p> <p>Must also complete variable: Age</p> <p>The null value "Not Applicable" is reported if Date of Birth is reported unless Date of Birth is equal to ED/Hospital Arrival Date.</p>	
Allowable Values:	<p>1 Hours</p> <p>2 Days</p> <p>3 Months</p> <p>4 Years</p> <p>5 Minutes</p> <p>6 Weeks</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: D_1209	
Abstract Form Location:	Demographics /	
References:	<p>NEMSIS V 2.2.1 E06_15</p> <p>NTDS 2020 D_1209</p>	

XML Specifications:	Element Name(Tag): AgeUnits	ID: D_1209
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Race	Item Number: 18
Description:	The patient's race.	
Additional Information:	<p>Patient's race should be based upon self-report or identified by a family member.</p> <p>Note: Hispanic is considered an ethnicity, not race.</p> <p>Based on the 2010 US Census Bureau.</p> <p>Report all that apply.</p>	
Allowable Values:	<p>1 Asian</p> <p>2 Native Hawaiian or Other Pacific Islander</p> <p>3 Other Race</p> <p>4 American Indian</p> <p>5 Black or African American</p> <p>6 White</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1210	
Abstract Form Location:	Demographics / Race	
References:	<p>NEMSYS V 2.2.1 E06_12</p> <p>NTDS 2020 D_1210</p>	

XML Specifications:	Element Name(Tag): Race Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 2 Accepts Common Nulls: Yes Minimum: 1 Maximum: 6 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1210
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Data Item Name:	Ethnicity	Item Number: 17
Description:	The patient's ethnicity, either Hispanic or Latino or not Hispanic or Latino.	
Additional Information:	<p>Patient's ethnicity should be based upon self-report or identified by a family member.</p> <p>The maximum number of ethnicities that may be reported for an individual patient is 1.</p> <p>Based on the 2010 US Census Bureau.</p>	
Allowable Values:	<p>1 Hispanic or Latino Origin</p> <p>2 Not Hispanic or Latino Origin</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1211	
Abstract Form Location:	Demographics / Hispanic/Not Hispanic/Unknown	
References:	<p>NEMESIS V 2.2.1 E06_13</p> <p>NTDS 2020 D_1211</p>	

XML Specifications:	Element Name(Tag): Ethnicity	ID: D_1211
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Sex	Item Number: 16
Description:	Patient's sex.	
Additional Information:	Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.	
Allowable Values:	1 Male 2 Female	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1212	
Abstract Form Location:	Demographics / Sex	
References:	NEMESIS V 2.2.1 E06_11 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V.2.2.1 State of Idaho Death Certificate NTDS 2020 D_1212	

XML Specifications:	Element Name(Tag): Sex Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1212
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Data Item Name:	Injury Incident Date	Item Number: 30
Alternate Names:	Date of Injury	
Description:	Date that the injury occurred.	
Additional Information:	Reported as YYYY-MM-DD Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g. 911 call times) should not be used.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: I_0201	
Abstract Form Location:	Injury / Injury Date	
References:	NEMSIS V 2.2.1 E05_01 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V.2.2.1 NTDS 2020 I_0201	

XML Specifications:	Element Name(Tag): IncidentDate	ID: I_0201
	Required: Yes Data Type: xs:date	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Injury Incident Time	Item Number: 31
Alternate Names:	Time of Injury	
Description:	The time the injury occurred.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>Estimates of time of injury should be based upon report by patient, witness, family, or health care provider.</p> <p>Other proxy measures (e.g. 911 call times) should not be used.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: I_0202
Abstract Form Location:	Injury / Injury Time	
References:	<p>NEMSIS V 2.2.1 E05_01</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 I_0202</p>	

XML Specifications:	Element Name(Tag): IncidentTime Required: Yes Data Type: xs:time Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0202
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Data Item Name:	Work-Related	Item Number: 19
Description:	Indication of whether the injury occurred during paid employment.	
Additional Information:	If work related, two additional data fields must be completed: Patient's Occupational Industry and Patient's Occupation.	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: I_0203
Abstract Form Location:	Injury / Work Related	
References:	NEMESIS V 2.2.1 E07_15	
	NTDS 2020 I_0203	

XML Specifications:	Element Name(Tag): WorkRelated	ID: I_0203
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 2
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient Occupational Industry	Item Number: 20
Description:	The industry associated with the patient's work environment.	
Additional Information:	<p>If the injury is not work-related, code as Not Applicable.</p> <p>Only completed if injury is work-related.</p> <p>Based upon US Bureau of Labor Statistics Industry Classification.</p>	
Allowable Values:	<p>1 Finance, Insurance, and Real Estate</p> <p>2 Manufacturing</p> <p>3 Retail Trade</p> <p>4 Transportation and Public Utilities</p> <p>5 Agriculture, Forestry, Fishing</p> <p>6 Professional and Business Services</p> <p>7 Education and Health Services</p> <p>8 Construction</p> <p>9 Government</p> <p>10 Natural Resources and Mining</p> <p>11 Information Services</p> <p>12 Wholesale Trade</p> <p>13 Leisure and Hospitality</p> <p>14 Other Services</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: I_0204	
Abstract Form Location:	Injury / Industry	
References:	<p>NEMSIS V 2.2.1 E07_16 (not as comprehensive a list as the NTDS)</p> <p>NTDS 2020 I_0204</p>	

XML Specifications:	Element Name(Tag): PatientsOccupationalIndustry Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 14 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0204
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Data Item Name:	Patient Occupational Industry - Other	Item Number: 166
Description:	Patient's industry if other than one found listed in data element 20 or NTDS 2020 I_0204.	
Additional Information:	Used only if 'Other' is selected as the patient's occupational industry. Allows collection of patient occupations beyond those included in NTDS.	
Allowable Value Information:	Appropriate value.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Industry	
References:	NTDS 2020 I_0204	

XML Specifications:	Element Name(Tag): PatientOccupationalIndustryOther	ID: I_1000
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Patient Occupation	Item Number: 145
Description:	The occupation of the patient (within a given occupational industry).	
Additional Information:	<p>Only completed if injury is work-related.</p> <p>If work related, also complete Patient's Occupational Industry.</p> <p>Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC).</p> <p>The null value is "Not Applicable" if used if Work Related is 2. No.</p>	
Allowable Values:	<ol style="list-style-type: none"> 1 Business and Financial Operations Occupations 2 Architecture and Engineering Occupations 3 Community and Social Services Occupations 4 Education, Training, and Library Occupations 5 Healthcare Practitioners and Technical Occupations 6 Protective Services Occupations 7 Building and Grounds Cleaning and Maintenance Occupations 8 Sales and Related Occupations 9 Farming, Fishing, and Forestry Occupations 10 Installation, Maintenance, and Repair Occupations 11 Transportation and Material Moving Occupations 12 Management Occupations 13 Computer and Mathematical Occupations 14 Life, Physical, and Social Science Occupations 15 Legal Occupations 16 Arts, Design, Entertainment, Sports, and Media Occupations 17 Healthcare Support Occupations 18 Food Preparation and Serving Related Occupations 19 Personal Care and Service Occupations 20 Office and Administrative Support Occupations 21 Construction and Extraction Occupations 22 Production Occupations 23 Military-Specific Occupations 	
Allowable Null Values:	<ol style="list-style-type: none"> 1 Not Applicable 2 Not Known / Not Recorded 	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: I_0205	
Abstract Form Location:	Injury / Occupation	
References:	<p>NEMSIS V 2.2.1 E07_17</p> <p>NTDS 2020 I_0205</p>	

XML Specifications:

Element Name(Tag): PatientsOccupation

ID: I_0205

Required: Yes Data Type: xs:integer Multiple Entry: No

Accepts Common Nulls: Yes Minimum: 1 Maximum: 23

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Patient Occupation - Other	Item Number: 167
Description:	Patient's occupation if other than one found listed in Data Item 145 or NTDS 2020 I_0205.	
Additional Information:	Used only if 'Other' is selected as the patient's occupation.	
Allowable Value Information:	Appropriate value.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Occupation	
References:	NTDS 2020 I_0205	

XML Specifications:	Element Name(Tag): PatientOccupationOther	ID: I_1001
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	ICD-10-CM Primary External Cause Code	Item Number: 216
Alternate Names:	Primary Cause of Injury - ICD-10-CM	
Description:	External cause code used to describe the mechanism (or external factor) that caused the injury event.	
Additional Information:	<p>The primary external cause code should describe the main reason a patient is admitted to the hospital.</p> <p>ICD-10-CM codes will be accepted for this data element. Activity codes should not be reported in this field.</p> <p>Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be reported for each cause. The first-listed external cause code will be selected in the following order:</p> <p>External cause codes for child and adult abuse take priority over all other external cause codes.</p> <p>External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.</p> <p>External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.</p> <p>External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.</p> <p>The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.</p>	
Allowable Value Information:	Relevant ICD-10-CM code value for injury event.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: I_0206	
Abstract Form Location:	Injury / Primary External Cause Code	
References:	NTDS 2020 I_0206	

XML Specifications:	Element Name(Tag): PrimaryECodeIcd10	ID: I_0206
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ICD-10-CM Place of Occurrence External Cause Code	Item Number: 218
Alternate Names:	ICD-10-CM Location Code Place of Injury Code - ICD-10-CM	
Description:	ICD-10-CM code used to describe the place/site/location of the injury event (Y92.x).	
Additional Information:	Only ICD-10-CM codes will be accepted for Place of Occurrence External Cause.	
Allowable Value Information:	Relevant ICD-10-CM code value for place of occurrence.	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: I_0207
Abstract Form Location:	Injury / Location Code	
References:	NEMESIS v 2.2.1 E08_07 NTDS 2020 I_0207	

XML Specifications:	Element Name(Tag): PlaceOfInjuryCode	ID: I_0207
	Required: Yes	Data Type: xs:string
	Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ICD-10-CM Additional External Cause Code	Item Number: 217
Alternate Names:	Additional Cause of Injury - ICD-10-CM	
Description:	Additional external cause code used in conjunction with the primary external cause code if multiple external cause codes are required to describe the injury event.	
Additional Information:	<p>Only ICD-10-CM codes will be accepted for Additional External Cause Code.</p> <p>Activity codes are not reported under the NTDS and should not be reported for this data element.</p> <p>The null value "Not Applicable" is reported if no additional external cause codes are reported. Report all that apply (maximum 2)</p> <p>Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:</p> <p>External cause codes for child and adult abuse take priority over all other external cause codes.</p> <p>External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.</p> <p>External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.</p> <p>External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.</p> <p>The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.</p>	
Allowable Value Information:	Relevant ICD-10-CM external cause code value for injury event	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: I_0208	
Abstract Form Location:	Injury / Secondary External Cause Code	
References:	NTDS 2020 I_0208	

XML Specifications:	Element Name(Tag): AdditionalECodeIcd10	ID: I_0208
	Required: Yes Data Type: xs:string	Multiple Entry: Yes Max: 2
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident Location ZIP Code	Item Number: 194
Description:	The ZIP/Postal code of the incident location.	
Additional Information:	<p>Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and CA, or can be stored in the postal code format of the applicable country.</p> <p>If "Not Known/Not Recorded," report data elements: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only).</p> <p>May require adherence to HIPAA regulations.</p> <p>If ZIP/Postal code is reported, then must report Incident Country.</p>	
Allowable Value Information:	Relevant value (five or nine digit zip code).	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0209	
Abstract Form Location:	Injury Diagnosis Information / Injury (Zip or City/State/County)	
References:	<p>NEMESIS V 2.2.1 E08_15</p> <p>NTDS 2020 I_0209</p>	

XML Specifications:	Element Name(Tag): InjuryZip	ID: I_0209
	Required: Yes Data Type: xs:zip	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident Country	Item Number: 192
Description:	The country where the patient was found or to which the unit responded (or best approximation).	
Additional Information:	<p>Values are two-character FIPS codes representing the country (e.g., US, CA).</p> <p>If Incident Country is not US, then the null value "Not Applicable" is reported for: Incident State, Incident County, and Incident Home City.</p>	
Allowable Value Information:	Relevant value for data element (two-digit FIPS country code)	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0210	
Abstract Form Location:	None	
References:	NTDS 2020 I_0210	

XML Specifications:	Element Name(Tag): IncidentCountry	ID: I_0210
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident State	Item Number: 193
Description:	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).	
Additional Information:	<p>Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.</p> <p>The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.</p> <p>If Incident Country is not US, report the null value "Not Applicable."</p>	
Allowable Value Information:	Relevant value for data element (two-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0211	
Abstract Form Location:	Injury Diagnosis Information / Injury (Zip or City/State/County)	
References:	<p>NEMESIS V 2.2.1 E08_14</p> <p>NTDS 2020 I_0211</p>	

XML Specifications:	Element Name(Tag): IncidentState Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0211
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Data Item Name:	Incident County	Item Number: 28
Description:	Name of the county in which injury occurred. (three-digit numeric FIPS code)	
Additional Information:	<p>Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.</p> <p>If Incident Country is not US, report the null value "Not Applicable"</p> <p>The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.</p> <p>If Incident Country is not US, report the null value "Not Applicable."</p>	
Allowable Value Information:	Relevant value for data element (three-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0212	
Abstract Form Location:	Injury / Injury County	
References:	<p>NEMSIS V 2.2.1 E08_13</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 I_0212</p>	

XML Specifications:	Element Name(Tag): IncidentCounty	ID: I_0212
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident City	Item Number: 191
Description:	The city or township where the patient was found or to which the unit responded.	
Additional Information:	<p>Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.</p> <p>If incident location resides outside of formal city boundaries, report nearest city/town.</p> <p>The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.</p> <p>If Incident Country is not US, report the null value "Not Applicable."</p>	
Allowable Value Information:	Relevant value for data element (five-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0213	
Abstract Form Location:	Injury / Injury (Zip or City/State/County)	
References:	<p>NEMSIS V 2.2.1 E08_12</p> <p>NTDS 2020 I_0213</p>	

XML Specifications:	Element Name(Tag): IncidentCity Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0213
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Data Item Name:	Protective Device	Item Number: 174
Description:	Protective devices (safety equipment) in use or worn by the patient at the time of injury.	
Additional Information:	<p>Report all that apply.</p> <p>If "Child Restraint" is present, complete variable "Child Specific Restraint."</p> <p>If "Airbag" is present, complete variable "Airbag Deployment."</p> <p>Evidence of the use of safety equipment may be reported or observed.</p> <p>If chart indicates '3 point restraint', report as both 'Lap Belt' and 'Shoulder Belt.'</p> <p>If documented that a "Child Restraint (booster seat or child care seat)" was used or worn, but not properly fastened, either on the child or in the car, report Element Value "1. None."</p>	
Allowable Values:	<p>1 None</p> <p>2 Lap Belt</p> <p>3 Personal Flotation Device</p> <p>4 Protective Non-Clothing Gear (e.g. shin guard)</p> <p>5 Eye Protection</p> <p>6 Child Restraint (booster seat or child car seat)</p> <p>7 Helmet (e.g. bicycle, skiing, motorcycle)</p> <p>8 Airbag Present</p> <p>9 Protective Clothing (e.g., padded leather pants)</p> <p>10 Shoulder Belt</p> <p>11 Other</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0214	
Abstract Form Location:	Injury / List of Safety Devices Used	
References:	<p>NEMSIS V 2.2.1 E10_08</p> <p>NTDS 2020 I_0214</p>	

XML Specifications:	Element Name(Tag): ProtectiveDevice	ID: I_0214
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 10	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 11	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Child Specific Restraint	Item Number: 175
Description:	Protective child restraint devices used by patient at the time of injury.	
Additional Information:	<p>Evidence of the use of a child restraint may be reported or observed.</p> <p>Only reported when Protective Devices include "6. Child Restraint (booster seat or child car seat)."</p> <p>The null value "Not Applicable" must be reported if Element Value "6. Child Restraint" is NOT reported for Protective Devices.</p>	
Allowable Values:	<p>1 Child Car Seat</p> <p>2 Infant Car Seat</p> <p>3 Child Booster Seat</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: I_0215	
Abstract Form Location:	Injury / List of Safety Devices Used	
References:	NTDS 2020 I_0215	

XML Specifications:	Element Name(Tag): ChildSpecificRestraint Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 3 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0215
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Data Item Name:	Airbag Deployment	Item Number: 176
Description:	Indication of airbag deployment during a motor vehicle crash.	
Additional Information:	<p>Report all that apply.</p> <p>Evidence of airbag deployment may be reported or observed.</p> <p>Only report when Protective Devices include "8. Airbag Present."</p> <p>Airbag Deployed Front should be reported for patients with documented airbag deployments but are not further specified.</p> <p>The null value "Not Applicable" must be reported if Element Value 8. "Airbag Present" is NOT reported for Protective Devices.</p>	
Allowable Values:	<p>1 Airbag Not Deployed</p> <p>2 Airbag Deployed Front</p> <p>3 Airbag Deployed Side</p> <p>4 Airbag Deployed Other (knee, airbelt, curtain, etc.)</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0216	
Abstract Form Location:	Injury / List of Safety Devices Used	
References:	<p>NEMSIS V 2.2.1 E10_09</p> <p>NTDS 2020 I_0216</p>	

XML Specifications:	<p>Element Name(Tag): AirbagDeployment</p> <p>Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 4</p> <p>Accepts Common Nulls: Yes Minimum: 1 Maximum: 4</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>	ID: I_0216
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Data Item Name:	Report of Physical Abuse	Item Number: 223
Description:	A report of suspected physical abuse was made to law enforcement and/or protective services.	
Additional Information:	This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0217	

XML Specifications:	Element Name(Tag): AbuseReport Required: No Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0217
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Data Item Name:	Investigation of Physical Abuse	Item Number: 224
Description:	An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.	
Additional Information:	<p>This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.</p> <p>Only complete when Report of Physical Abuse is Yes.</p> <p>The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No.</p>	
Allowable Values:	<p>1 Yes</p> <p>2 No</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0218	

XML Specifications:	Element Name(Tag): AbuseInvestigation Required: No Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0218
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Data Item Name:	Caregiver at Discharge	Item Number: 225
Description:	The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse.	
Additional Information:	<p>Only complete when Report of Physical Abuse is Yes.</p> <p>Only complete for minors as determined by state/local definition, excluding emancipated minors.</p> <p>The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No or where older than the state/local age definition of a minor.</p>	
Allowable Values:	<p>1 Yes</p> <p>2 No</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0219	

XML Specifications:	Element Name(Tag): CaregiverAtDischarge Required: No Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0219
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Data Item Name:	Trauma Type	Item Number: 114
Alternate Names:	Type of Injury Category of Cause of Injury	
Description:	The primary source of the trauma injury sustained by the patient, i.e. the type of force that caused the injury.	
Additional Information:	<p>If there was more than one force, choose the one that caused the most severe injury.</p> <p>Blunt injuries are caused by compression and change of speed. Common causes of blunt injuries are motor vehicle collisions and falls.</p> <p>Compression injuries include contusions, lacerations of solid organs, rupture of hollow organs, tissues that are stretched/crushed/ruptured/lacerated/sheared from points of attachment, and fractures.</p> <p>Penetrating injuries are caused by crushing and stretching forces. Common causes of penetrating injuries are gun shots, stabbings and impalements.</p> <p>Temporary or permanent cavitation result from penetrating injuries.</p> <p>Other injuries include bites and stings.</p> <p>Field will be calculated if not supplied.</p>	
Allowable Values:	<p>1 Blunt</p> <p>2 Penetrating</p> <p>3 Burn</p> <p>4 Other (e.g. near-drowning, asphyxiation, electrocution, foreign-body obstruction, bites, stings etc.)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Injury Type	
References:	Mosby's Paramedic Textbook. Sanders, 1995.	

XML Specifications:	Element Name(Tag): TraumaType	ID: I_0220
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 4	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Injury Description	Item Number: 206
Description:	Text field for describing the circumstances surrounding an injury that are used for External Cause Coding (what happened and where it happened).	
Allowable Value Information:	Text describing injury circumstances.	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Injury Description	

XML Specifications:	Element Name(Tag): InjuryDescriptionText		ID: I_1002
	Required: Yes	Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes		
	XML Qualifier: ITR Additional XML Element		

Data Item Name:	EMS Agency ID Number	Item Number: 32
Alternate Names:	EMS Agency License Number	
Description:	EMS agency ID or license number.	
Allowable Value Information:	<p>If entered by a hospital is the ID number of the EMS transport agency that delivers the patient to the hospital.</p> <p>If provided by an EMS agency, is the number of the EMS agency filling out the patient care report.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / EMS Agency Name	
References:	<p>NEMESIS V 2.2.1 E02_01</p> <p>IDHW Bureau of EMS (license numbers)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p>	

XML Specifications:	Element Name(Tag): EMSAgencyID Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: P_1000
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Data Item Name:	EMS Agency Name	Item Number: 215
Description:	The name of the EMS agency.	
Allowable Value Information:	Appropriate value.	
Allowable Null Values:	Not applicable.	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / EMSAgency Name	
References:	NEMESIS V 2.2.1 E02_01 IDHW Bureau of EMS (license numbers) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V 2.2.1	

XML Specifications:	Element Name(Tag): EMSAgencyName	ID: ED_1023
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	EMS Dispatch Date	Item Number: 35
Alternate Names:	EMS Unit Date Notified by Dispatch	
Description:	The date the unit transporting to your hospital was notified by dispatch.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched.</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0301	
Abstract Form Location:	Pre-Hospital / Arrival Information/Unit Notified Date	
References:	<p>NEMESIS V 2.2.1 E05_04</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0301</p>	

XML Specifications:	Element Name(Tag): EmsNotifyDate	ID: P_0301
	Required: Yes	Data Type: xs:date
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Dispatch Time	Item Number: 36
Alternate Names:	EMS Unit Time Notified by Dispatch	
Description:	The time the unit transporting to your hospital was notified by dispatch.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch.</p> <p>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched.</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0302	
Abstract Form Location:	Pre-Hospital / Arrival Information/Unit Notified Date/Time	
References:	<p>NEMESIS V 2.2.1 E05_04</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0302</p>	

XML Specifications:	Element Name(Tag): EmsNotifyTime	ID: P_0302
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Arrival Date at Scene or Transferring Facility	Item Number: 40
Description:	The date the unit transporting to your hospital arrived on the scene/transferring facility.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0303	
Abstract Form Location:	Pre-Hospital / Arrival Information/Arrive Scene/Date Unit Arrived at Scene	
References:	<p>NEMSIS V 2.2.1 E05_06</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0303</p>	

XML Specifications:	Element Name(Tag): EmsArrivalDate	ID: P_0303
	Required: Yes Data Type: xs:date	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Arrival Time at Scene or Transferring Facility	Item Number: 39
Description:	The time the unit transporting to your hospital arrived on the scene/transferring facility.	
Additional Information:	<p>Reported as HH:MM military time</p> <p>For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0304	
Abstract Form Location:	Pre-Hospital / Arrival Information/Arrive Scene/Date/Time	
References:	<p>NEMSIS V 2.2.1 E05_06</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho VCR (ITD-90 5-95M 27- 010500-0 Revised 12/3/96)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0304</p>	

XML Specifications:	Element Name(Tag): EmsArrivalTime	ID: P_0304
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Departure Date from Scene or Transferring Facility	Item Number: 44
Description:	The date the unit transporting to your hospital left the scene/transferring facility.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0305	
Abstract Form Location:	Pre-Hospital / Arrival Information	
References:	<p>NEMSIS V 2.2.1 E05_09</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0305</p>	

XML Specifications:	Element Name(Tag): EmsLeftDate	ID: P_0305
	Required: Yes	Data Type: xs:date
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Departure Time from Scene or Transferring Facility	Item Number: 43
Description:	The time the unit transporting to your hospital left the scene/transferring facility.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0306	
Abstract Form Location:	Pre-Hospital / Arrival Information/Leave Scene/Date/Time	
References:	<p>NEMSIS V 2.2.1 E05_09</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0306</p>	

XML Specifications:	Element Name(Tag): EmsLeftTime	ID: P_0306
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Transport Mode	Item Number: 33
Description:	The mode of transport delivering the patient to the hospital.	
Allowable Values:	1 Ground Ambulance 2 Helicopter Ambulance 3 Fixed-Wing Ambulance 4 Private / Public Vehicle / Walk-In 5 Police 6 Other	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0307	
Abstract Form Location:	Pre-Hospital / Transport mode to your hospital	
References:	Idaho ITD VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) NTDS 2020 P_0307	

XML Specifications:	Element Name(Tag): TransportMode	ID: P_0307
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Other Transport Mode	Item Number: 34
Description:	All other modes of transport used during patient care event, except the mode delivering the patient to your hospital.	
Additional Information:	<p>The null value "Not Applicable" is used to indicate that a patient had a single mode of transport and therefore this field does not apply to the patient.</p> <p>Include "Other" unspecified modes of transport.</p> <p>Check all that apply with a maximum of 5.</p>	
Allowable Values:	<p>1 Ground Ambulance</p> <p>2 Helicopter Ambulance</p> <p>3 Fixed-Wing Ambulance</p> <p>4 Private / Public Vehicle / Walk-In</p> <p>5 Police</p> <p>6 Other</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0308	
Abstract Form Location:	Pre-Hospital / Transported By/Other Mode	
References:	NTDS 2020 P_0308	

XML Specifications:	Element Name(Tag): OtherTransportMode Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 5 Accepts Common Nulls: Yes Minimum: 1 Maximum: 6 XML Qualifier: ITR Exact Match to NTDB Element	ID: P_0308
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Data Item Name:	Initial Field Systolic Blood Pressure	Item Number: 182
Description:	First recorded systolic blood pressure measured at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Systolic Blood Pressure was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for initial field systolic blood pressure. 0-380	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0309	
Abstract Form Location:	Pre-Hospital / SBP	
References:	<p>NEMSIS V 2.2.1 E14_04</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0309</p>	

XML Specifications:	Element Name(Tag): EmsSbp	ID: P_0309
	Required: Yes	Data Type: xs:integer Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 380
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field Pulse Rate	Item Number: 180
Description:	First recorded pulse at the scene of the injury (palpated or auscultated), expressed as a number per minute.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Pulse rate was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for data element. 0-300	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0310	
Abstract Form Location:	Pre-Hospital / Pulse	
References:	<p>NEMSIS V 2.2.1 E14_07</p> <p>Idaho PERCS V.2.2</p> <p>NTDS 2020 P_0310</p>	

XML Specifications:	Element Name(Tag): EmsPulseRate	ID: P_0310
	Required: Yes	Data Type: xs:integer Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 300
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field Respiratory Rate	Item Number: 181
Description:	First recorded respiratory rate measured at the scene of injury (expressed as a number per minute).	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Respiratory Rate was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for initial field respiratory rate. 0-100	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0311	
Abstract Form Location:	Pre-Hospital / Respiration Rate	
References:	<p>NEMSIS E14_11</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0311</p>	

XML Specifications:	Element Name(Tag): EmsRespiratoryRate	ID: P_0311
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 100	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field Oxygen Saturation	Item Number: 179
Description:	First recorded oxygen saturation at the scene of the injury (expressed as a percentage).	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. Value should be based upon assessment before administration of supplemental oxygen.</p> <p>The null value "Not Applicable" is reported for patients who arrive by 4. Private/Public Vehicle/Walk-in.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Oxygen Saturation was NOT measured at the scene of injury.</p> <p>Value should be expressed as a percentage, e.g. 1000 equals 100.0%, and 0987 equals 98.7%.</p>	
Allowable Value Information:	Relevant value for data element. 0-100	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0312	
Abstract Form Location:	Pre-Hospital / O2 Saturation	
References:	<p>NEMSIS V 2.2.1 E14_09</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0312</p>	

XML Specifications:	Element Name(Tag): EmsPulseOximetry Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 100 XML Qualifier: ITR Exact Match to NTDB Element	ID: P_0312
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Data Item Name:	Initial Field GCS - Eye	Item Number: 61
Description:	First recorded Glasgow Coma Score (Eye) measured at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS - Eye was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 – Eye is reported.</p>	
Allowable Values:	<p>1 No eye movement when assessed</p> <p>2 Open eyes in response to painful stimulation</p> <p>3 Opens eyes in response to verbal stimulation</p> <p>4 Opens eyes spontaneously</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0313	
Abstract Form Location:	Pre-Hospital / GCS Eye	
References:	<p>NEMSIS V 2.2.1 E14_15</p> <p>Idaho PERCS V2.2.1</p> <p>NTDS 2020 P_0313</p>	

XML Specifications:	Element Name(Tag): EmsGcsEye	ID: P_0313
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 4
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS - Verbal	Item Number: 62
Description:	First recorded Glasgow Coma Score (Verbal) at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. If patient is intubated, then the GCS Verbal score is equal to 1.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded initial field GCS - Verbal was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 - Verbal is reported.</p>	
Allowable Values:	<p>1 No vocal response (Ped <= 2yrs)</p> <p>2 Inconsolable, agitated (Ped <= 2yrs)</p> <p>3 Inconsistently consolable, moaning (Ped <= 2yrs)</p> <p>4 Cries but is consolable, inappropriate interactions (Ped <= 2yrs)</p> <p>5 Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)</p> <p>1 No verbal response (Adult)</p> <p>2 Incomprehensible sounds (Adult)</p> <p>3 Inappropriate words (Adult)</p> <p>4 Confused (Adult)</p> <p>5 Oriented (Adult)</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0314	
Abstract Form Location:	Pre-Hospital / GCS Verbal	
References:	<p>NEMSIS V 2.2.1 E14_16</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0314</p>	

XML Specifications:	Element Name(Tag): EmsGcsVerbal	ID: P_0314
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 5	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS - Motor	Item Number: 63
Description:	First recorded Glasgow Coma Score (Motor) at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 – Motor is reported.</p>	
Allowable Values:	<p>1 No motor response (Ped <= 2yrs)</p> <p>2 Extension to pain (Ped <= 2yrs)</p> <p>3 Flexion to pain (Ped <= 2yrs)</p> <p>4 Withdrawal from pain (Ped <= 2yrs)</p> <p>5 Localizing pain (Ped <= 2yrs)</p> <p>6 Appropriate response to stimulation (Ped <= 2yrs)</p> <p>1 No motor response (Adult)</p> <p>2 Extension to pain (Adult)</p> <p>3 Flexion to pain (Adult)</p> <p>4 Withdrawal from pain (Adult)</p> <p>5 Localizing pain (Adult)</p> <p>6 Obeys Command (Adult)</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0315	
Abstract Form Location:	Pre-Hospital / GCS Motor	
References:	<p>NEMSIS V 2.2.1 E14_17</p> <p>Idaho PERCS</p> <p>NTDS 2020 P_0315</p>	

XML Specifications:	Element Name(Tag): EmsGcsMotor	ID: P_0315
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS Total	Item Number: 64
Description:	First recorded Glasgow Coma Score (Total) at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", report this as GCS of 15 IF there is no other contradicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS - Total was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 is reported.</p>	
Allowable Value Information:	<p>Calculated</p> <p>Allowable value range 3 - 15.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0316	
Abstract Form Location:	Pre-Hospital / GCS Total	
References:	<p>NEMSIS V 2.2.1 E14_19</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2020 P_0316</p>	

XML Specifications:	Element Name(Tag): EmsTotalGcs Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 3 Maximum: 15 XML Qualifier: ITR Exact Match to NTDB Element	ID: P_0316
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Data Item Name:	Initial Field GCS 40 - Eye	Item Number: 234																				
Description:	First recorded Glasgow Coma Score 40 (Eye) measured at the scene of injury.																					
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. swelling to eye(s)).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40 – Eye was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Eye is reported.</p>																					
Allowable Values:	<table><tr><td>1</td><td>None (Adult)</td></tr><tr><td>2</td><td>To Pressure (Adult)</td></tr><tr><td>3</td><td>To Sound (Adult)</td></tr><tr><td>4</td><td>Spontaneous (Adult)</td></tr><tr><td>0</td><td>Not Testable (Adult)</td></tr><tr><td>1</td><td>None (Ped < 5yrs)</td></tr><tr><td>2</td><td>To Pain (Ped < 5yrs)</td></tr><tr><td>3</td><td>To Sound (Ped < 5yrs)</td></tr><tr><td>4</td><td>Spontaneous (Ped < 5yrs)</td></tr><tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr></table>		1	None (Adult)	2	To Pressure (Adult)	3	To Sound (Adult)	4	Spontaneous (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	To Pain (Ped < 5yrs)	3	To Sound (Ped < 5yrs)	4	Spontaneous (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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2	To Pressure (Adult)																					
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4	Spontaneous (Adult)																					
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Allowable Null Values:	<table><tr><td>1</td><td>Not Applicable</td></tr><tr><td>2</td><td>Not Known / Not Recorded</td></tr></table>		1	Not Applicable	2	Not Known / Not Recorded																
1	Not Applicable																					
2	Not Known / Not Recorded																					
TSE Requirement:	Optional																					
NTDB Requirement:	Yes	Identifier: P_0321																				
Abstract Form Location:	None																					
References:	NTDS 2020 P_0321																					

XML Specifications:	Element Name(Tag): EmsGcs40Eye	ID: P_0321
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 4	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS 40 - Verbal	Item Number: 235																								
Description:	First recorded Glasgow Coma Score 40 (Verbal) measured at the scene of injury.																									
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. patient is intubated).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40-Verbal was not measured at the scene of injury</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Verbal is reported.</p>																									
Allowable Values:	<table><tr><td>1</td><td>None (Adult)</td></tr><tr><td>2</td><td>Sounds (Adult)</td></tr><tr><td>3</td><td>Words (Adult)</td></tr><tr><td>4</td><td>Confused (Adult)</td></tr><tr><td>5</td><td>Oriented (Adult)</td></tr><tr><td>0</td><td>Not Testable (Adult)</td></tr><tr><td>1</td><td>None (Ped < 5yrs)</td></tr><tr><td>2</td><td>Cries (Ped < 5yrs)</td></tr><tr><td>3</td><td>Vocal Sounds (Ped < 5yrs)</td></tr><tr><td>4</td><td>Words (Ped < 5yrs)</td></tr><tr><td>5</td><td>Talks Normally (Ped < 5yrs)</td></tr><tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr></table>		1	None (Adult)	2	Sounds (Adult)	3	Words (Adult)	4	Confused (Adult)	5	Oriented (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	Cries (Ped < 5yrs)	3	Vocal Sounds (Ped < 5yrs)	4	Words (Ped < 5yrs)	5	Talks Normally (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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0	Not Testable (Ped < 5yrs)																									
Allowable Null Values:	<table><tr><td>1</td><td>Not Applicable</td></tr><tr><td>2</td><td>Not Known / Not Recorded</td></tr></table>		1	Not Applicable	2	Not Known / Not Recorded																				
1	Not Applicable																									
2	Not Known / Not Recorded																									
TSE Requirement:	Optional																									
NTDB Requirement:	Yes Identifier: P_0322																									
Abstract Form Location:	Pre-Hospital /																									
References:	NTDS 2020 P 0322																									

XML Specifications:	Element Name(Tag): EmsGcs40Verbal	ID: P_0322
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS 40 - Motor	Item Number: 236																										
Description:	First recorded Glasgow Coma Score 40 (Motor) measured at the scene of injury.																											
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40 – motor was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Motor is reported.</p>																											
Allowable Values:	<table><tr><td>1</td><td>None (Adult)</td></tr><tr><td>2</td><td>Extension (Adult)</td></tr><tr><td>3</td><td>Abnormal Flexion (Adult)</td></tr><tr><td>4</td><td>Normal Flexion (Adult)</td></tr><tr><td>5</td><td>Localizing (Adult)</td></tr><tr><td>6</td><td>Obeys Commands (Adult)</td></tr><tr><td>0</td><td>Not Testable (Adult)</td></tr><tr><td>1</td><td>None (Ped < 5yrs)</td></tr><tr><td>2</td><td>Extension to Pain (Ped < 5yrs)</td></tr><tr><td>3</td><td>Flexion to Pain (Ped < 5yrs)</td></tr><tr><td>4</td><td>Localizes Pain (Ped < 5yrs)</td></tr><tr><td>5</td><td>Obeys Commands (Ped < 5yrs)</td></tr><tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr></table>		1	None (Adult)	2	Extension (Adult)	3	Abnormal Flexion (Adult)	4	Normal Flexion (Adult)	5	Localizing (Adult)	6	Obeys Commands (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	Extension to Pain (Ped < 5yrs)	3	Flexion to Pain (Ped < 5yrs)	4	Localizes Pain (Ped < 5yrs)	5	Obeys Commands (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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Allowable Null Values:	<table><tr><td>1</td><td>Not Applicable</td></tr><tr><td>2</td><td>Not Known / Not Recorded</td></tr></table>		1	Not Applicable	2	Not Known / Not Recorded																						
1	Not Applicable																											
2	Not Known / Not Recorded																											
TSE Requirement:	Optional																											
NTDB Requirement:	Yes Identifier: P_0323																											
Abstract Form Location:	Pre-Hospital /																											
References:	NTDS 2020 P 0323																											

XML Specifications:	Element Name(Tag): EmsGcs40Motor	ID: P_0323
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Inter-Facility Transfer	Item Number: 84
Alternate Names:	Inter-Hospital Transfer	
Description:	Was the patient transferred to your facility from another acute care facility?	
Additional Information:	<p>Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to the hospital by a non-EMS transport are not considered an inter-facility transfer.</p> <p>Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.</p>	
Allowable Values:	1 Yes	
	2 No	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0317	
Abstract Form Location:	Pre-Hospital / Transferred from another hospital by EMS	
References:	NTDS 2020 P_0317	

XML Specifications:	Element Name(Tag): InterFacilityTransfer	ID: P_0317
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Trauma Center Criteria	Item Number: 226
Alternate Names:	Trauma Triage Criteria (Steps 1 and 2)	
Description:	Physiologic and anatomic EMS trauma triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS run sheet.	
Additional Information:	<p>The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS.</p> <p>The null value "Not Applicable" should be used if EMS Run Sheet indicates patient did not meet any Trauma Center Criteria.</p> <p>The null value "Not Known/Not Recorded" should be used if this information is not indicated on the EMS Run Sheet or if the EMS Run Sheet is not available.</p> <p>Check all that apply.</p>	
Allowable Values:	<ol style="list-style-type: none"> 1 Glasgow Coma Score < =13 2 Systolic blood pressure < 90 mmHg 3 Respiratory rate <10 or > 29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support 4 All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee 5 Chest wall instability or deformity (e.g., flail chest) 6 Two or more proximal long-bone fractures 7 Crushed, degloved, mangled, or pulseless extremity 8 Amputation proximal to wrist or ankle 9 Pelvic fracture 10 Open or depressed skull fracture 11 Paralysis 	
Allowable Null Values:	<ol style="list-style-type: none"> 1 Not Applicable 2 Not Known / Not Recorded 	
TSE Requirement:	XML Only	
NTDB Requirement:	Yes Identifier: P_0318	
Abstract Form Location:	None	
References:	NTDS 2020 P_0318	

XML Specifications:	Element Name(Tag): TraumaCenterCriterion ID: P_0318 Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 11 Accepts Common Nulls: Yes Minimum: 1 Maximum: 11 XML Qualifier: ITR Exact Match to NTDB Element
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Data Item Name:	Vehicular, Pedestrian, Other Risk Injury	Item Number: 227
Alternate Names:	TRAUMA TRIAGE CRITERIA (Steps 3 and 4)	
Description:	EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma. This information must be found on the scene of injury EMS run sheet.	
Additional Information:	<p>The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS.</p> <p>The null value "Not Applicable" should be used if EMS Run Sheet indicates patient did not meet any Vehicular, Pedestrian, Other Risk Injury criteria.</p> <p>The null value "Not Known/Not Recorded" should be used if this information is not indicated on the EMS Run Sheet or if the EMS Run Sheet is not available.</p> <p>Check all that apply.</p>	
Allowable Values:	<ol style="list-style-type: none"> 1 Fall adults: > 20 ft. (one story is equal to 10 ft.) 2 Fall children: > 10 ft. or 2-3 times the height of the child 3 Crash intrusion, including roof: > 12 in. occupant site; > 18 in. any site 4 Crash ejection (partial or complete) from vehicle 5 Crash death in same passenger compartment 6 Crash vehicle telemetry data (AACN) consistent with high risk injury 7 Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact 8 Motorcycle crash > 20 mph 9 For Adults > 65; SBP < 110 10 Patients on Anticoagulants and Bleeding Disorders 11 Pregnancy > 20 weeks 12 EMS Provider Judgment 13 Burns 14 Burns with Trauma 	
Allowable Null Values:	<ol style="list-style-type: none"> 1 Not Applicable 2 Not Known / Not Recorded 	
TSE Requirement:	XML Only	
NTDB Requirement:	Yes Identifier: P_0319	
Abstract Form Location:	None	
References:	NTDS 2020 P_0319	

XML Specifications:	Element Name(Tag): VehicularPedestrianOther Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 8 Accepts Common Nulls: Yes Minimum: 1 Maximum: 14 XML Qualifier: ITR Exact Match to NTDB Element	ID: P_0319
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Data Item Name:	Pre-hospital Cardiac Arrest	Item Number: 233
Alternate Names:	PRE-HOSPITAL CARDIAC ARREST	
Description:	Indication of whether patient experienced cardiac arrest prior to ED/Hospital arrival.	
Additional Information:	<p>A patient who experienced a sudden cessation of cardiac activity. The patient was unresponsive with no normal breathing and no signs of circulation.</p> <p>The event must have occurred outside of the index hospital. Pre-hospital cardiac arrest could occur at a transferring institution.</p> <p>Any component of basic and/or advanced cardiac life support must have been initiated.</p>	
Allowable Value Information:	<p>Yes</p> <p>No</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0320	
Abstract Form Location:	None	
References:	NTDS Data Dictionary 2020	

XML Specifications:	Element Name(Tag): PrehospitalCardiacArrest Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: No Minimum: 1 Maximum: 1 XML Qualifier: ITR Exact Match to NTDB Element	ID: P_0320
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Data Item Name:	ED/Hospital Arrival Date	Item Number: 202
Description:	The date the patient arrived at the ED/hospital.	
Additional Information:	<p>If the patient was brought to the ED, enter the date the patient arrived at the ED.</p> <p>If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.</p> <p>Reported as YYYY-MM-DD</p>	
Allowable Value Information:	<p>Month - 2 digits. Valid values range from 01 to 12.</p> <p>Day - 2 digits. Valid values range from 01 to 31.</p> <p>Year - 4 digits. Valid values range from 1993 to 2030.</p>	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: ED_0401	
Abstract Form Location:	ED / Hospital Information / ED / Hospital Arrival Date / Time	
References:	NTDS 2020 ED_0401	

XML Specifications:	Element Name(Tag): HospitalArrivalDate	ID: ED_0401
	Required: Yes	Data Type: xs:date Multiple Entry: No
	Accepts Common Nulls: No	Minimum: 1/1/1993 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED/Hospital Arrival Time	Item Number: 203
Description:	The time the patient arrived to the ED/hospital.	
Additional Information:	<p>If the patient was brought to the ED, enter the time the patient arrived at the ED.</p> <p>If the patient was directly admitted to the hospital, enter the time the patient was admitted to the hospital.</p> <p>Reported as HH:MM military time</p>	
Allowable Value Information:	<p>Hour: valid values are from 00 to 23</p> <p>Minute: valid values are from 00 to 59</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: ED_0402	
Abstract Form Location:	ED / Hospital Information / ED / Hospital Arrival Date / Time	
References:	NTDS 2020 ED_0402	

XML Specifications:	Element Name(Tag): HospitalArrivalTime	ID: ED_0402
	Required: Yes Data Type: xs:time Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Systolic Blood Pressure	Item Number: 158
Alternate Names:	Initial Systolic Blood Pressure in ED / Hospital	
Description:	First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p>	
Allowable Value Information:	<p>Numerical value corresponding to the initial systolic blood pressure in mm Hg.</p> <p>Acceptable range of values 0 - 380</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0403	
Abstract Form Location:	ED / Hospital Information / SBP / DBP	
References:	NTDS 2020 ED_0403	

XML Specifications:	Element Name(Tag): Sbp Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 380 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0403
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Data Item Name:	Initial ED/Hospital Diastolic Blood Pressure	Item Number: 96
Description:	First recorded diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p>	
Allowable Value Information:	<p>Relevant numeric value for initial Diastolic Blood Pressure.</p> <p>Acceptable range 0 - 200.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / SBP / DBP	

XML Specifications:	Element Name(Tag): Dbp Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 200 XML Qualifier: ITR Additional XML Element	ID: ED_1007
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Data Item Name:	Initial ED/Hospital Pulse Rate	Item Number: 93
Alternate Names:	Pulse Rate Initial in ED / Hospital	
Description:	First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).	
Additional Information:	<p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p>	
Allowable Value Information:	<p>Relevant value (palpated or auscultated) expressed as a number per minute.</p> <p>Acceptable range 0 - 300 beats per minute.</p>	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: ED_0404
Abstract Form Location:	ED / Hospital Information / Pulse	
References:	NTDS 2020 ED_0404	

XML Specifications:	Element Name(Tag): PulseRate	ID: ED_0404
	Required: Yes	Data Type: xs:integer Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 300
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Temperature Celsius	Item Number: 97
Alternate Names:	Initial ED/Hospital Temperature - Celsius	
Description:	First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>If the temperature was not recorded in the ED, enter 'Not Known'.</p> <p>If an inpatient was admitted through the ED, and a temperature was not recorded in the ED, do not use the first in-patient value, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p> <p>The field is only used to record first recorded temperature in Celsius. This field or temperature in Fahrenheit may be used; Fahrenheit will be converted to Celsius.</p>	
Allowable Value Information:	<p>Relevant numeric value for initial temperature.</p> <p>Up to 4 digits, including a decimal point. Range 10.0 to 45.0</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0405	
Abstract Form Location:	ED / Hospital Information / Temperature	
References:	NTDS 2020 ED_0405	

XML Specifications:	Element Name(Tag): Temperature	ID: ED_0405
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 10 Maximum: 45	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Temperature Fahrenheit	Item Number: 177
Alternate Names:	Initial Temperature ED/Hospital Fahrenheit	
Description:	First recorded temperature (in degrees Fahrenheit) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>If the temperature was not recorded in the ED, enter 'Not Known'.</p> <p>If an in-patient was admitted through the ED, and a temperature was not recorded in the ED, do not use the first in-patient value, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p> <p>The field is only used to record first recorded temperature in Fahrenheit. This field or temperature in Celsius may be used; Fahrenheit will be converted to Celsius.</p>	
Allowable Value Information:	<p>Relevant numeric value of initial temperature (in degrees Fahrenheit)</p> <p>Up to 4 digits, including a decimal point. Range 50.0 to 113.0</p>	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Temperature	
References:	NTDS 2020 ED_0405	

XML Specifications:	Element Name(Tag): TemperatureFahrenheit Required: No Data Type: xs:decimal Multiple Entry: No Accepts Common Nulls: Yes Minimum: 50 Maximum: 113 XML Qualifier: ITR Additional XML Element	ID: ED_1008
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Data Item Name:	Initial ED/Hospital Respiratory Rate	Item Number: 199
Description:	First recorded respiratory rate in the ED/hospital within <= 30 minutes of ED/hospital arrival (expressed as a number of breaths per minute).	
Additional Information:	<p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value.</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p> <p>If reported, report additional data element: Initial ED/Hospital Respiratory Assistance.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p>	
Allowable Value Information:	Relevant Value recorded as breaths per minute - 0 to 100	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0406	
Abstract Form Location:	ED / Hospital Information / Resp Rate	
References:	NTDS 2020 ED_0406	

XML Specifications:	Element Name(Tag): RespiratoryRate	ID: ED_0406
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 100	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Respiratory Assistance	Item Number: 94
Alternate Names:	Initial Respiratory Assistance	
Description:	Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Only completed if a value is provided for "Initial ED/Hospital Respiratory Rate."</p> <p>Respiratory assistance is defined as mechanical and/or external support of respiration.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was a Direct Admission, record initial respiratory assistance at the time of admission.</p> <p>Use the ED information for patients first examined in the ED or admitted as an in-patient through the ED.</p> <p>The null value "Not Applicable" is reported if Initial ED/Hospital Respiratory Rate is "Not Known/Not Recorded."</p>	
Allowable Values:	1	Unassisted Respiratory Rate
	2	Assisted Respiratory Rate
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: ED_0407
Abstract Form Location:	ED / Hospital Information / Resp Assist	
References:	NTDS 2020 ED_0407	

XML Specifications:	Element Name(Tag): RespiratoryAssistance	ID: ED_0407
	Required: Yes	Data Type: xs:integer Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 2
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Oxygen Saturation	Item Number: 195
Description:	First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage).	
Additional Information:	<p>Record the value obtained before supplemental oxygen is administered.</p> <p>If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen."</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value. If oxygen saturation was not recorded in the ED, enter 'Not Known.'</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p>	
Allowable Value Information:	Relevant value. Valid range of 0-100	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0408	
Abstract Form Location:	ED / Hospital Information / 02 Saturation	
References:	NTDS 2020 ED_0408	

XML Specifications:	Element Name(Tag): PulseOximetry Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 100 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0408
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Data Item Name:	Initial ED/Hospital Supplemental Oxygen	Item Number: 196
Description:	Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>The null value "Not Applicable" is reported if the Initial ED/Hospital Oxygen Saturation is "Not Known/Not Recorded"</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value. If oxygen saturation was not recorded, enter 'Not Known'.</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p>	
Allowable Values:	1	No Supplemental Oxygen
	2	Supplemental Oxygen
Allowable Null Values:	2	Not Known / Not Recorded
		Not Applicable
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: ED_0409
Abstract Form Location:	ED / Hospital Information / Supplemental O2	
References:	NTDS 2020 ED_0409	

XML Specifications:	Element Name(Tag): SupplementalOxygen	ID: ED_0409
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 2
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Revised Trauma Score	Item Number: 102
Description:	A component of TRISS (probability of survival score).	
Additional Information:	<p>The RTS cannot be calculated if all required data elements (GCS, systolic blood pressure, respiratory rate) are not present.</p> <p>Calculated: $RTS = 0.9368 * GCS_{sc} + 0.7326 * SBP_{pc} + 0.2908 * RR_{rc}$</p> <p>Glasgow Coma Score total points (GCS_{sc}): 13-15 = 4; 9-12 = 3; 6-8 = 2; 4-5 = 1; 3 = 0</p> <p>Respiratory Rate (RR_{rc}): 10-29 = 4; >29 = 3; 6-9 = 2; 1-5 = 1; 0=0</p> <p>Systolic Blood Pressure (SBP_{pc}): >89 = 4; 76-89 = 3; 50-75 = 2; 1 - 49 = 1; 0 = 0</p>	
Allowable Value Information:	Any real number between 0 and 8.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	Champion, Sacco, Copes et al. A Revision of the Trauma Score. J Trauma 99(5):623-629, 1989.	

XML Specifications:	Element Name(Tag): RevisedTraumaScore Required: Yes Data Type: xs:decimal Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 8 XML Qualifier: ITR Additional XML Element	ID: ED_1012
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Data Item Name:	Initial ED/Hospital GCS - Eye	Item Number: 104
Alternate Names:	GCS Eye Initial in ED / Hospital	
Description:	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Eye is documented.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded in the ED, do not use the EMS value or the ED value. Instead, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p>	
Allowable Values:	<p>1 No eye movement when assessed</p> <p>2 Opens eyes in response to painful stimulation</p> <p>3 Opens eyes in response to verbal stimulation</p> <p>4 Opens eyes spontaneously</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0410	
Abstract Form Location:	ED / Hospital Information / GCS Eye	
References:	NTDS 2020 ED_0410	

XML Specifications:	Element Name(Tag): GcsEye	ID: ED_0410
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 4
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS - Verbal	Item Number: 105
Alternate Names:	GCS Verbal Initial in the ED / Hospital	
Description:	First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If patient is intubated, then the GCS Verbal score is equal to 1.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Verbal is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Verbal was not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded, do not use the EMS value or the ED value. Instead, record 'Not known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a GCS score, enter 'Not Known'.</p>	
Allowable Values:	<p>1 No vocal response (Ped <= 2yrs)</p> <p>2 Inconsolable, agitated (Ped <= 2yrs)</p> <p>3 Inconsistently consolable, moaning (Ped <= 2yrs)</p> <p>4 Cries but is consolable, inappropriate interactions (Ped <= 2yrs)</p> <p>5 Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)</p> <p>1 No Verbal Response (Adult)</p> <p>2 Incomprehensible Sounds (Adult)</p> <p>3 Inappropriate Words (Adult)</p> <p>4 Confused (Adult)</p> <p>5 Oriented (Adult)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0411	
Abstract Form Location:	ED / Hospital Information / GCS Verbal	
References:	NTDS 2020 ED_0411	

XML Specifications:	Element Name(Tag): GcsVerbal	ID: ED_0411
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 5
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS - Motor	Item Number: 106																								
Alternate Names:	GCS Motor Initial in ED / Hospital																									
Description:	First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.																									
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Motor is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded in the ED, do not use the EMS value or the first in-patient value, enter 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a GCS score, enter 'Not Known'.</p>																									
Allowable Values:	<table><tr><td>1</td><td>No Motor Response (Ped <= 2yrs)</td></tr><tr><td>2</td><td>Extension to Pain (Ped <= 2yrs)</td></tr><tr><td>3</td><td>Flexion to Pain (Ped <= 2yrs)</td></tr><tr><td>4</td><td>Withdrawal from Pain (Ped <= 2yrs)</td></tr><tr><td>5</td><td>Localizes Pain (Ped <= 2yrs)</td></tr><tr><td>6</td><td>Age Appropriate Response to Stimulation (Ped <= 2yrs)</td></tr><tr><td>1</td><td>No Motor Response (Adult)</td></tr><tr><td>2</td><td>Extension to Pain (Adult)</td></tr><tr><td>3</td><td>Flexion to Pain (Adult)</td></tr><tr><td>4</td><td>Withdrawal from Pain (Adult)</td></tr><tr><td>5</td><td>Localizes Pain (Adult)</td></tr><tr><td>6</td><td>Obeys commands (Adult)</td></tr></table>		1	No Motor Response (Ped <= 2yrs)	2	Extension to Pain (Ped <= 2yrs)	3	Flexion to Pain (Ped <= 2yrs)	4	Withdrawal from Pain (Ped <= 2yrs)	5	Localizes Pain (Ped <= 2yrs)	6	Age Appropriate Response to Stimulation (Ped <= 2yrs)	1	No Motor Response (Adult)	2	Extension to Pain (Adult)	3	Flexion to Pain (Adult)	4	Withdrawal from Pain (Adult)	5	Localizes Pain (Adult)	6	Obeys commands (Adult)
1	No Motor Response (Ped <= 2yrs)																									
2	Extension to Pain (Ped <= 2yrs)																									
3	Flexion to Pain (Ped <= 2yrs)																									
4	Withdrawal from Pain (Ped <= 2yrs)																									
5	Localizes Pain (Ped <= 2yrs)																									
6	Age Appropriate Response to Stimulation (Ped <= 2yrs)																									
1	No Motor Response (Adult)																									
2	Extension to Pain (Adult)																									
3	Flexion to Pain (Adult)																									
4	Withdrawal from Pain (Adult)																									
5	Localizes Pain (Adult)																									
6	Obeys commands (Adult)																									
Allowable Null Values:	<table><tr><td>2</td><td>Not Known / Not Recorded</td></tr></table>		2	Not Known / Not Recorded																						
2	Not Known / Not Recorded																									
TSE Requirement:	Required																									
NTDB Requirement:	Yes Identifier: ED_0412																									
Abstract Form Location:	ED / Hospital Information / GCS Motor																									
References:	NTDS 2020 ED 0412																									

XML Specifications:

Element Name(Tag): GcsMotor

ID: ED_0412

Required: Yes Data Type: xs:integer Multiple Entry: No

Accepts Common Nulls: Yes Minimum: 1 Maximum: 6

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Initial ED/Hospital GCS - Total	Item Number: 107
Alternate Names:	GCS Total Initial in ED / Hospital	
Description:	First recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", report this as GCS of 15 IF there is no other contradicting documentation.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Motor, Initial ED/Hospital GCS – Verbal were not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a score, enter 'Not Known'.</p> <p>New Value</p>	
Allowable Value Information:	Allowable value range 3 - 15.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: ED_0413	
Abstract Form Location:	ED / Hospital Information / GCS Total	
References:	NTDS 2020 ED_0413	

XML Specifications:	Element Name(Tag): TotalGcs Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 3 Maximum: 15 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0413
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Data Item Name:	Initial ED/Hospital GCS Assessment Qualifiers	Item Number: 108
Alternate Names:	GCS Qualifier Initial in ED / Hospital	
Description:	Documentation of factors potentially affecting the first assessment of GCS within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).</p> <p>If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be reported.</p> <p>Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record.</p> <p>Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>Report all that apply.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival.</p>	
Allowable Values:	<p>1 Patient Chemically Sedated or Paralyzed</p> <p>2 Obstruction to the patient's eye</p> <p>3 Patient Intubated</p> <p>4 Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0414	
Abstract Form Location:	ED / Hospital Information / Eye Obstruction / Intubated / Sedated / Chemically Paralyzed	
References:	NTDS 2020 ED_0414	

XML Specifications:	Element Name(Tag): GcsQualifier Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 3 Accepts Common Nulls: Yes Minimum: 1 Maximum: 4 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0414
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Data Item Name:	Initial ED/Hospital GCS 40 - Eye	Item Number: 241
Description:	First recorded Glasgow Coma Score 40 (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's eyes open spontaneously," an Eye GCS 40 of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. swelling to eye(s))</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Eye is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40- Eye was not measured within 30 minutes or less of ED/hospital arrival.</p>	
Allowable Values:	<p>1 None (peds < 5 years)</p> <p>2 To Pain (peds < 5 years)</p> <p>3 To Sound (peds < 5 years)</p> <p>4 Spontaneous (peds < 5 years)</p> <p>0 Not Testable (peds < 5 years)</p> <p>1 None (adult)</p> <p>2 To Pressure (adult)</p> <p>3 To Sound (adult)</p> <p>4 Spontaneous (adult)</p> <p>0 Not Testable (adult)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2020 ED_0428	

XML Specifications:	Element Name(Tag): GcsEye40	ID: ED_0428
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: No Minimum: 0 Maximum: 4	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS 40 - Verbal	Item Number: 242
Description:	First recorded Glasgow Coma Score 40 (Verbal) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient correctly gives name, place and date" a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. patient is intubated).</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Verbal is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Verbal was not measured within 30 minutes or less of ED/hospital arrival.</p>	
Allowable Values:	<p>1 None (adult)</p> <p>2 Sounds (adult)</p> <p>3 Words (adult)</p> <p>4 Confused (adult)</p> <p>5 Oriented (adult)</p> <p>0 Not Testable (adult)</p> <p>1 None (peds < 5 years)</p> <p>2 Cries (peds < 5 years)</p> <p>3 Vocal Sounds (peds < 5 years)</p> <p>4 Words (peds < 5 years)</p> <p>5 Talks Normally (peds < 5 years)</p> <p>0 Not Testable (peds < 5 years)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2020 ED_0429	

XML Specifications:	Element Name(Tag): GCS40Verbal	ID: ED_0429
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 5	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS 40 - Motor	Item Number: 243
Description:	First recorded Glasgow Coma Score 40 (Motor) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Motor is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Motor was not measured within 30 minutes or less of ED/hospital arrival.</p>	
Allowable Values:	<p>1 None (adult)</p> <p>2 Extension (adult)</p> <p>3 Abnormal Flexion (adult)</p> <p>4 Normal Flexion (adult)</p> <p>5 Localizing (adult)</p> <p>6 Obeys Commands (adult)</p> <p>0 Not Testable (adult)</p> <p>1 None (peds < 5 years)</p> <p>2 Extension to Pain (peds < 5 years)</p> <p>3 Flexion to Pain (peds < 5 years)</p> <p>4 Localizes Pain (peds < 5 years)</p> <p>5 Obeys Commands (peds < 5 years)</p> <p>0 Not Testable (peds < 5 years)</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): GCS40Motor	ID: ED_0430
	Required: No Data Type: Not Assigned	Multiple Entry: No
	Accepts Common Nulls: No	Minimum: 0 Maximum: 6
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Height	Item Number: 221
Alternate Names:	Initial ED/Hospital Patient Height (cm)	
Description:	First recorded height within 24 hours or less of ED/hospital arrival.	
Additional Information:	<p>Report in centimeters</p> <p>May be based on family or self-report.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital Height was not measured within 24 hours or less of ED/hospital arrival.</p>	
Allowable Value Information:	Relevant value for data element - valid range of 30-275	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	Yes	Identifier: ED_0415
Abstract Form Location:	ED / Hospital Information / Patient Height	
References:	NTDS 2020 ED_0415	

XML Specifications:	Element Name(Tag): Height	ID: ED_0415
	Required: Yes	Data Type: xs:decimal Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 30 Maximum: 275
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Weight	Item Number: 222
Alternate Names:	Initial ED/Hospital Patient Weight	
Description:	First recorded weight within 24 hours or less of ED/hospital arrival.	
Additional Information:	<p>Report in kilograms</p> <p>May be based on family or self-report</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital Weight was not measured within 24 hours or less of ED/hospital arrival.</p>	
Allowable Value Information:	Relevant value for data element - valid range 1-650	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	Yes	Identifier: ED_0416
Abstract Form Location:	ED / Hospital Information / Patient Weight	
References:	<p>NEMESIS v 2.2.1 E16_01</p> <p>NTDS 2020 ED_0416</p>	

XML Specifications:	Element Name(Tag): Weight	ID: ED_0416
	Required: Yes	Data Type: xs:decimal Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 650
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Drug Screen	Item Number: 229
Alternate Names:	Drug Screen Results	
Description:	First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply).	
Additional Information:	<p>Report positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility.</p> <p>"None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results.</p> <p>If multiple drugs are detected, only report drugs that were not administered at any facility (or setting) treating this patient event.</p>	
Allowable Values:	<ol style="list-style-type: none"> 1 AMP (Amphetamine) 2 BAR (Barbiturate) 3 BZO (Benzodiazepines) 4 COC (Cocaine) 5 mAMP (Methamphetamine) 6 MDMA (Ecstasy) 7 MTD (Methadone) 8 OPI (Opioid) 9 OXY (Oxycodone) 10 PCP (Phencyclidine) 11 TCA (Tricyclic Antidepressant) 12 THC (Cannabinoid) 13 Other 14 None 15 Not Tested 	
Allowable Null Values:	Not Known/Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0417	
Abstract Form Location:	ED / Hospital Information / Drug Screen	
References:	NTDS 2020 ED_0417	

XML Specifications:	Element Name(Tag): DrugScreen Required: No Data Type: xs:integer Multiple Entry: Yes Max: 15 Accepts Common Nulls: Yes Minimum: 1 Maximum: 15 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0417
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Data Item Name:	Alcohol Screen	Item Number: 113
Alternate Names:	Alcohol Screen	
Description:	A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.	
Additional Information:	Alcohol screen may be administered at any facility, unit, or setting treating this patient event.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0419	
Abstract Form Location:	ED / Hospital Information / Tested for Alcohol	
References:	NTDS 2020 ED_0418	

XML Specifications:	Element Name(Tag): AlcoholScreen Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0419
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Data Item Name:	Alcohol Screen Results	Item Number: 228
Alternate Names:	Alcohol Screen Results (g/dl)	
Description:	First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.	
Additional Information:	<p>Reported as X.XX grams per deciliter (g/dl).</p> <p>Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility.</p> <p>The null value "Not Applicable" is used for those patients who were not tested.</p>	
Allowable Value Information:	Relevant value - BAC valid range 0.0-1.5	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0420	
Abstract Form Location:	ED / Hospital Information / Alcohol Screen Results	
References:	NTDS 2020 ED_0420	

XML Specifications:	Element Name(Tag): AlcoholScreenResult Required: Yes Data Type: xs:decimal Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 1.5 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0420
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Data Item Name:	ED Discharge Disposition	Item Number: 89
Description:	The disposition unit the order was written for the patient to be discharged from the ED.	
Additional Information:	<p>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</p> <p>If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be "Not Applicable".</p>	
Allowable Values:	<p>1 Floor Bed (general admission, non-specialty unit bed)</p> <p>2 Observation Unit</p> <p>3 Telemetry / Step-Down Unit</p> <p>4 Home with Services</p> <p>5 Deceased / Expired</p> <p>6 Other (jail, institution, mental health, etc.)</p> <p>7 Operating Room</p> <p>8 Intensive Care Unit (ICU)</p> <p>9 Home without Services</p> <p>10 Left Against Medical Advice</p> <p>11 Transferred to Another Hospital</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0422	
Abstract Form Location:	ED / Hospital Information / ED Discharge Disposition	
References:	NTDS 2020 ED_0422	

XML Specifications:	Element Name(Tag): EdDischargeDisposition Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 11 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0422
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Data Item Name:	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	Item Number: 200
Description:	The date the initial vital signs or medical screening exam occurred.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>If the vital signs and medical screening exam dates are collected separately, choose the earliest date.</p> <p>If the date is not recorded, enter 'Not Known'.</p>	
Allowable Value Information:	<p>Month - 2 digits. Valid values range from 01 to 12.</p> <p>Day - 2 digits. Valid values range from 01 to 31.</p> <p>Year - 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

XML Specifications:	Element Name(Tag): MSEDDate Required: Yes Data Type: xs:datetime Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030 XML Qualifier: ITR Additional XML Element	ID: ED_1022
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Data Item Name:	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	Item Number: 201
Description:	The time the initial vital signs were recorded and/or medical screening exam occurred.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>If the initial vital signs and medical screening exam occurred separately, choose the earliest time.</p> <p>If the time was not recorded, enter 'Not Known'.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

XML Specifications:

Element Name(Tag): MSETime

ID: ED_1020

Required: Yes Data Type: xs:time Multiple Entry: No

Accepts Common Nulls: Yes

XML Qualifier: ITR Additional XML Element

Data Item Name:	Trauma Team Involvement	Item Number: 231
Description:	Indicates if the trauma team was activated at any level including a trauma consult. The goal is to identify if a member of the trauma team was involved in the care of the patient in any capacity.	
Additional Information:	<p>This is a helper field which may be used in determining inclusion criteria for the patient record.</p> <p>NB: In ImageTrend, Trauma Team Involvement is listed as No, or Level Activated (instead of Yes).</p>	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 ED_0431	

XML Specifications:	Element Name(Tag): TraumaTeamInvolvement	ID: ED_0431
	Required: No	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Signs of Life	Item Number: 189
Alternate Names:	Death in ED	
Description:	Indication of whether patient arrived at the ED/hospital with signs of life.	
Additional Information:	<p>A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.</p> <p>Only completed when ED Discharge Disposition is 'Died.'</p> <p>While this data element is no longer collected nationally, for continuity of data collection, this field can optionally still be collected.</p>	
Allowable Values:	<p>1 Arrived with NO signs of life</p> <p>2 Arrived with signs of life</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2020 ED_0423	

XML Specifications:	Element Name(Tag): DeathInEd Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0423
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Data Item Name:	ED Discharge Orders Written Date	Item Number: 237
Description:	The date the order was written for the patient to be discharged from the ED.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>The null value "Not Applicable" is reported if the patient was directly admitted to the hospital.</p> <p>If ED Discharge Disposition is "5. Deceased/Expired," then ED Discharge Date is the date of death as indicated on the patient's death certificate.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0424	
Abstract Form Location:	None	
References:	NTDS 2020 ED_0424	

XML Specifications:	Element Name(Tag): EDDischargeOrdersWrittenDate	ID: ED_0424
	Required: Yes	Data Type: xs:date Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Orders Written Time	Item Number: 238
Description:	The time the order was written for the patient to be discharged from the ED.	
Additional Information:	Reported as HH:MM military time	
Allowable Value Information:	<p>Hour: valid values are from 00 to 23</p> <p>Minute: valid values are from 00 to 59</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0425	
Abstract Form Location:	ED / Hospital Information /	
References:	NTDS 2020 ED_0425	

XML Specifications:	Element Name(Tag): EDDischargeOrdersWrittenTime	ID: ED_0425
	Required: Yes	Data Type: xs:time Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Physical Date	Item Number: 91
Alternate Names:	ED Discharge Date	
Description:	The date the patient was discharged from the ED.	
Additional Information:	<p>Reported as YYYY-MM-DD.</p> <p>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</p> <p>If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Date is the date of death as indicated on the patient's death certificate.</p> <p>Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / ED Departure Date / Time	
References:	ImageTrend 2020 ED_0426	

XML Specifications:	Element Name(Tag): EdDischargePhysicalDate Required: Yes Data Type: xs:date Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030 XML Qualifier: ITR Additional XML Element	ID: ED_0426
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Data Item Name:	ED Discharge Physical Time	Item Number: 92
Alternate Names:	ED Discharge Time	
Description:	The time the patient was physically discharged from the ED.	
Additional Information:	<p>Reported as HH:MM military time</p> <p>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</p> <p>If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Time is the time of death as indicated on the patient's death certificate.</p> <p>Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23</p> <p>Minute: Valid values are from 00 to 59</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / ED Departure Date / Time	
References:	ImageTrend 2020 ED_0427	

XML Specifications:	Element Name(Tag): EdDischargePhysicalTime Required: Yes Data Type: xs:time Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: ED_0427
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Data Item Name:	Direct Admission	Item Number: 146
Description:	Indicates whether the patient was directly admitted to the hospital rather than being admitted through the emergency department.	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / Direct Admit	

XML Specifications:	Element Name(Tag): DirectAdmission	ID: ED_1000
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Readmission	Item Number: 12
Description:	Indicates whether the patient was readmitted to the hospital within 30 days of initial discharge for any reason related to the trauma incident	
Allowable Values:	1 Yes	
	2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Readmission within 30 days	

XML Specifications:	Element Name(Tag): Readmission	ID: ED_1001
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	ICD-10-CM Hospital Procedures	Item Number: 220
Alternate Names:	Hospital Procedures (ICD-10-CM)	
Description:	Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications.	
Additional Information:	<p>The null value "Not Applicable" is used if the patient did not have procedures.</p> <p>Only report procedures performed at your institution.</p> <p>Report all procedures performed in the operating room.</p> <p>Report all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications.</p> <p>Procedures reference by NTDB HP_0501 with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.</p> <p>Note that the hospital may capture additional procedures.</p> <p>The null value "Not Known/Not Recorded" is used if not coding ICD-10-CM.</p>	
Allowable Value Information:	<p>Major and minor procedure ICD-10-CM procedure codes.</p> <p>The maximum number of procedures that may be reported for a patient is 200.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: HP_0501	
Abstract Form Location:	Hospital Procedures Information / ICD-10 Procedure Codes	
References:	NTDS 2017 HP_0501	

XML Specifications:	Element Name(Tag): HospitalProcedureIcd10 Required: Yes Data Type: xs:string Multiple Entry: Yes Max: 200 Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: HP_0501
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Data Item Name:	Procedure Start Date	Item Number: 119
Alternate Names:	Hospital Start Procedure Date	
Description:	The date operative and selected non-operative procedures were performed.	
Additional Information:	Reported as YYYY-MM-DD. If the Procedure Start Date is not recorded, enter 'Not Known'.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 2006 to 9999.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: HP_0502	
Abstract Form Location:	Hospital Procedures Information / ICD-10-PCS Code (if available) with Start Date / Time	
References:	NTDS 2020 HP_0502	

XML Specifications:	Element Name(Tag): HospitalProcedureStartDate Required: Yes Data Type: xs:date Multiple Entry: Yes Max: 200 Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: HP_0502
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Data Item Name:	Procedure Start Time	Item Number: 148
Alternate Names:	Hospital Procedure Start Time	
Description:	The time operative and selected non-operative procedures were performed.	
Additional Information:	<p>Reported as HH:MM military time</p> <p>Procedure start time is defined as the time the incision was made or the procedure was started.</p> <p>If distinct procedures with the same procedure code are performed, their start times must be different.</p> <p>If the Procedure Start Time is not recorded, enter 'Not Known'.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: HP_0503	
Abstract Form Location:	Hospital Procedures Information / ICD-10 Code (if available) with Start Date / Time	
References:	NTDS 2020 HP_0503	

XML Specifications:	<p>Element Name(Tag): HospitalProcedureStartTime ID: HP_0503</p> <p>Required: Yes Data Type: xs:time Multiple Entry: Yes Max: 200</p> <p>Accepts Common Nulls: Yes</p> <p>XML Qualifier: ITR Exact Match to NTDB Element</p>
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Data Item Name:	Comorbid Conditions	Item Number: 117
Alternate Names:	Pre-Existing Conditions Comorbidities	
Description:	Pre-existing co-morbid factors present before patient arrival at the ED/hospital.	
Additional Information:	The null value "Not Applicable" is used for patients with no known co-morbid conditions. Check all that apply.	
Allowable Values:	1 Other 2 Alcohol Use Disorder 4 Bleeding Disorder 5 Currently receiving chemotherapy for cancer 6 Congenital Anomalies 7 Congestive Heart Failure 8 Current Smoker 9 Chronic Renal Failure 10 Cerebrovascular Accident (CVA) 11 Diabetes Mellitus 12 Disseminated Cancer 13 Advanced directive limiting care 15 Functionally Dependent Health Status 19 Hypertension 23 Chronic Obstructive Pulmonary Disease (COPD) 24 Steroid Use 25 Cirrhosis 26 Dementia 30 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) 31 Anticoagulant Therapy 32 Angina Pectoris 33 Mental/Personality Disorders 34 Myocardial Infarction (MI) 35 Peripheral Arterial Disease (PAD) 36 Substance Use Disorder 37 Prematurity 38 Pregnancy	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	

NTDB Requirement: Yes Identifier: DG_0601
Abstract Form Location: Injury Diagnosis Information / Co-morbidities
References: NTDS 2017 DG_0601

XML Specifications:	Element Name(Tag): ComorbidCondition	ID: DG_0601
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 27	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 38	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Diagnosis Memo	Item Number: 205
Description:	Text field providing space for registrars to add clarifying information for diagnosis-related ICD-10 codes.	
Additional Information:	<p>This field can be used to describe injuries for which ICD-10-CM codes have not been submitted.</p> <p>Note: This field may contain PHI or PII.</p>	
Allowable Value Information:	Text registrars wish to submit to clarify patient injuries.	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury Diagnosis Information / Diagnosis Memo	

XML Specifications:	Element Name(Tag): DiagnosisMemo	ID: DG_1001
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	ICD-10-CM Injury Diagnosis	Item Number: 219
Alternate Names:	Injury Diagnosis - ICD-10-CM	
Description:	Diagnoses related to all identified injuries.	
Additional Information:	Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30- T32. The maximum number of diagnoses that may be reported for an individual patient is 50.	
Allowable Value Information:	Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30-T34,T68,T71,T75,T79.	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: DG_0602	
Abstract Form Location:	Injury Diagnosis Information / Injury Diagnosis ICD-10 Codes	
References:	NTDS 2020 DG_0602	

XML Specifications:	Element Name(Tag): DiagnosisIcd10 Required: Yes Data Type: xs:string Multiple Entry: Yes Max: 50 Accepts Common Nulls: No Minimum: 3 Maximum: 8 XML Qualifier: ITR Exact Match to NTDB Element	ID: DG_0602
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Data Item Name:	AIS Predot Code	Item Number: 121
Description:	The Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient's injuries.	
Additional Information:	<p>The AIS is an anatomically-based injury classification system that assigns a unique six-digit numerical code to each injury. A seventh digit, to the right of the decimal point, is the injury severity.</p> <p>The AIS code describes an injury in terms of its anatomical location, specific lesion, and relative severity, but does not measure impairment / disability resulting from the injury.</p> <p>Digit 1 = Body Region (e.g. head, thorax, upper extremity)</p> <p>Digit 2 = Type of Structure (e.g. vessel, bone, organ)</p> <p>Digits 3 & 4 = Specific Anatomic Structure (e.g. radius, maxillary sinus)</p> <p>Digits 5 & 6 = Level of Injury (e.g. open, distal, % compression)</p>	
Allowable Value Information:	All possible 6-digit AIS predot codes	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: IS_0701	
Abstract Form Location:	Injury Diagnosis Information / AIS	
References:	<p>AIS 2005: Abbreviated Injury Scale 2005: Update 2008, Association for the Advancement of Automotive Medicine (2008).</p> <p>NTDS 2020 IS_0701</p>	

XML Specifications:	Element Name(Tag): AisPredot	ID: IS_0701
	Required: Yes Data Type: xs:string	Multiple Entry: Yes Max: 50
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	AIS Severity	Item Number: 172
Description:	The Abbreviated Injury Scale (AIS) severity score that reflects the severity of a patient's injuries.	
Additional Information:	If AIS-recognized injury combinations are being coded, the severity score is only assigned once. For example, if a patient sustains rib fractures and a hemothorax, the severity score is assigned to the chest.	
Allowable Values:	0 Assigned to all but the most serious injury for AIS injury combinations 1 Minor Injury 2 Moderate Injury 3 Serious Injury 4 Severe Injury 5 Critical Injury 6 Maximum Injury, Virtually Unsurvivable 9 Not Possible to Assign	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: IS_0702	
Abstract Form Location:	Injury Diagnosis Information / AIS	
References:	NTDS 2020 IS_0702	

XML Specifications:	Element Name(Tag): AisSeverity	ID: IS_0702
	Required: Yes Data Type: xs:integer	Multiple Entry: Yes Max: 50
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 9
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ISS Body Region	Item Number: 173
Description:	The Injury Severity Score (ISS) body region codes that reflect the areas of the body injured.	
Additional Information:	This data element is required by ITR but NTDB doesn't require it for submission to NTDB.	
Allowable Values:	1 Head or Neck 2 Face 3 Chest 4 Abdominal or Pelvic Contents 5 Extremities or Pelvic Girdle 6 External	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	No	
Abstract Form Location:	Injury Diagnosis Information /	
References:	NTDS 2020 IS_0703	

XML Specifications:	Element Name(Tag): IssRegion	ID: IS_0703
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 50	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	AIS Version	Item Number: 188
Description:	The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.	
Additional Information:	This element is required by ITR but NTDB considers it optional for reporting to NTDB.	
Allowable Values:	6 AIS 05, Update 08 16 AIS 2015	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: IS_0704	
Abstract Form Location:	Injury Diagnosis Information / AIS Code	
References:	NTDS 2020 IS_0703	

XML Specifications:	Element Name(Tag): AisVersion	ID: IS_0704
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 6 Maximum: 16	

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Injury Severity Score	Item Number: 122
Alternate Names:	Locally Calculated ISS	
Description:	The Injury Severity Score (ISS) is a summary score for traumatic injuries.	
Additional Information:	<p>ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring body regions.</p> <p>The six ISS body regions are: Head / Neck, Face, Thorax, Abdominal and Pelvic Contents, Limbs, and Skin.</p> <p>The calculation is: $ISS = (\text{Highest AIS severity score in 1st region})^2 + (\text{Highest AIS severity score in 2nd region})^2 + (\text{Highest AIS severity score in 3rd region})^2$.</p> <p>This element is required by ITR but NTDB doesn't require it for submission to NTDB.</p>	
Allowable Value Information:	1 (Minor) to 75 (Almost Always Fatal)	
Allowable Null Values:	3 Not Calculated	
TSE Requirement:	Calculated	
NTDB Requirement:	No	
Abstract Form Location:	Injury Diagnosis Information / Injury-Related Scores/ISS	
References:	NTDS 2020 IS_0705	

XML Specifications:	Element Name(Tag): IssLocal Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 75 XML Qualifier: ITR Additional XML Element	ID: IS_0705
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Data Item Name:	Trauma Injury Severity Score (TRISS)	Item Number: 123															
Alternate Names:	Probability of Survival TRISS																
Description:	TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model. $Pr(s) = 1 / (1 + e^{-b})$, where $e = 2.7183$; $b = b_0 + b_1 (RTS) + b_2 (ISS) + b_3 (AGEIndex)$; and b_0, b_1, b_2 , and b_3 are weights derived from study data. RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGEIndex = 1 if patient age is >54 years, and AGEIndex = 0 if patient age is <= 54 years. The TRISS regression weights for AIS-90-based norms are defined below: <table><tr><td></td><td>b0</td><td>b1 (RTS)</td><td>b2(ISS)</td><td>b3(AGEIndex)</td></tr><tr><td>Blunt</td><td>-.4499</td><td>0.8085</td><td>-0.0835</td><td>-1.7430</td></tr><tr><td>Penetrating</td><td>-2.5355</td><td>0.9934</td><td>-0.0651</td><td>-1.1360</td></tr></table> The adult blunt-injured coefficients (AGEIndex=0) are also for both blunt and penetrating-injured pediatric patients (<15 years old). TRISS will be calculated only if GCS, SBP, unassisted respiratory rate, AIS with sufficient injury detail to prevent AIS=9, age and type of injury are recorded.			b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)	Blunt	-.4499	0.8085	-0.0835	-1.7430	Penetrating	-2.5355	0.9934	-0.0651	-1.1360
	b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)													
Blunt	-.4499	0.8085	-0.0835	-1.7430													
Penetrating	-2.5355	0.9934	-0.0651	-1.1360													
Additional Information:	TRISS is calculated from the ISS, RTS, patient age category, and type of injury using a logistic model.																
Allowable Value Information:	Allowable values range from 0 to 1																
TSE Requirement:	Calculated																
NTDB Requirement:	No																
Abstract Form Location:	Injury Diagnosis Information /																
References:	Champion, Sacco, Copes: Injury Severity Scoring Again. J Trauma 38:94, 1995																

XML Specifications:	Element Name(Tag): Triss	ID: IS_1001
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 1	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Total ICU Length of Stay	Item Number: 197
Description:	The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day.	
Additional Information:	<p>Reported in full day increments with any partial calendar day counted as a full calendar day.</p> <p>The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart.</p> <p>The null value "Not Known/Not Recorded" is reported if any dates are missing.</p> <p>If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.</p> <p>At no time should the ICU LOS exceed the hospital LOS.</p> <p>If a patient is admitted and discharged on the same date, the LOS is one day.</p> <p>The null value "Not Applicable" is reported if the patient had no ICU days according to the above definition.</p>	
Allowable Value Information:	Relevant value for number of ICU patient days.	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: O_0801	
Abstract Form Location:	Outcome Information / ICU Days	
References:	NTDS 2020 O_0801	

XML Specifications:	Element Name(Tag): TotalIcuLos Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 575 XML Qualifier: ITR Exact Match to NTDB Element	ID: O_0801
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Data Item Name:	Total Ventilator Days	Item Number: 198
Description:	The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.	
Additional Information:	<p>Excludes mechanical ventilation time associated with OR procedures.</p> <p>Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.</p> <p>Reported in full day increments with any partial calendar day counted as a full calendar day.</p> <p>The calculation assumes that the date and time of starting and stopping ventilator episode are recorded in the patient's chart.</p> <p>The null value "Not Known/Not Recorded" is reported if any dates are missing.</p> <p>At no time should the Total Ventilator Days exceed the hospital LOS.</p> <p>The null value "Not Applicable" is reported if the patient was not on the ventilator according to the above definition.</p>	
Allowable Value Information:	Relevant value (in days)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: O_0802	
Abstract Form Location:	Outcome Information / Ventilator Days	
References:	NTDS 2020 O_0802	

XML Specifications:	Element Name(Tag): TotalVentDays	ID: O_0802
	Required: Yes	Data Type: xs:integer Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 400
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Hospital Discharge Orders Written Date	Item Number: 239
Description:	The date the order was written for the patient to be discharged from the hospital.	
Additional Information:	<p>The null value "Not Applicable" is reported if ED Discharge Disposition is 4, 5, 6, 9, 10, or 11.</p> <p>If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Date is the date of death as indicated on the patient's death certificate.</p> <p>Day - 2 digits. Valid values range from 01 to 31.</p> <p>Year - 4 digits. Valid values range from 2006 to 9999.</p> <p>Reported as YYYY-MM-DD</p>	
Allowable Value Information:	Month - 2 digits. Valid values range from 01 to 12.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: O_0803	
Abstract Form Location:	Outcome Information /	
References:	NTDS 2020 O_0803	

XML Specifications:	Element Name(Tag): HospitalDischargeOrdersWrittenDate Required: Yes Data Type: xs:date Multiple Entry: No Accepts Common Nulls: No XML Qualifier: ITR Exact Match to NTDB Element	ID: O_0803
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Data Item Name:	Hospital Discharge Orders Written Time	Item Number: 240
Description:	The time the order was written for the patient to be discharged from the hospital.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>The null value "Not Applicable" is reported if ED Discharge Disposition is 4, 5, 6, 9, 10, or 11.</p> <p>If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Time is the time of death as indicated on the patient's death certificate.</p>	
Allowable Value Information:	<p>Hour: valid values are from 00 to 23</p> <p>Minute: valid values are from 00 to 59</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: O_0804	
Abstract Form Location:	Outcome Information /	
References:	NTDS 2020 O_0804	

XML Specifications:	Element Name(Tag): HospitalDischargeOrdersWrittenTime Required: Yes Data Type: xs:time Multiple Entry: No Accepts Common Nulls: No XML Qualifier: ITR Exact Match to NTDB Element	ID: O_0804
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Data Item Name:	Hospital Discharge Date	Item Number: 138
Alternate Names:	Date Discharged from Hospital	
Description:	The date the patient is discharged from the hospital.	
Additional Information:	Reported as YYYY-MM-DD. The null value "Not Applicable" is used if If ED Discharge Disposition = 4,5,6,9,10, or 11. If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Date is the date of death as indicated on the patient's death certificate. Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / Hospital Discharge (or Death) Date / Time	
References:	ImageTrend 2020 O_0805	

XML Specifications:	Element Name(Tag): HospitalPhysicalDischargeDate	ID: O_0805
	Required: Yes Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Discharge Time	Item Number: 139
Alternate Names:	Time Discharged from Hospital	
Description:	The time the patient was discharged from the hospital.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>The null value "Not Applicable" is used if ED Discharge Disposition = 4,5,6,9,10, or 11.</p> <p>If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Time is the time of death as indicated on the patient's death certificate.</p> <p>Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / Hospital Discharge (or Death) Date / Time	
References:	ImageTrend 2020 O_0806	

XML Specifications:	Element Name(Tag): HospitalPhysicalDischargeTime Required: Yes Data Type: xs:time Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: O_0806
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Data Item Name:	Hospital Discharge Disposition	Item Number: 131																										
Description:	The disposition of the patient when discharged from the hospital.																											
Additional Information:	<p>Element value "6. Home" refers to the patient's current place of residence (e.g., Prison, Child Protective Services etc.).</p> <p>Element values based upon UB-04 disposition coding.</p> <p>Disposition to any other non-medical facility should be coded as 6.</p> <p>Disposition to any other medical facility should be reported as 14.</p> <p>The null value "Not Applicable" is reported if ED Discharge Disposition = 4, 5, 6, 9, 10, or 11.</p> <p>Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions.</p> <p>If multiple orders were written, report the final disposition order.</p>																											
Allowable Values:	<table><tr><td>1</td><td>Discharged/Transferred to a short-term general hospital for inpatient care</td></tr><tr><td>2</td><td>Discharged/Transferred to an Intermediate Care Facility(ICF)</td></tr><tr><td>3</td><td>Discharge/Transferred to home under care of organized home health service</td></tr><tr><td>4</td><td>Left against medical advice or discontinued care</td></tr><tr><td>5</td><td>Deceased/Expired</td></tr><tr><td>6</td><td>Discharged home or self care (routine discharge)</td></tr><tr><td>7</td><td>Discharged/Transferred to Skilled Nursing Facility(SNF)</td></tr><tr><td>8</td><td>Discharged/Transferred to hospice care</td></tr><tr><td>10</td><td>Discharged/Transferred to court/law enforcement</td></tr><tr><td>11</td><td>Discharged/Transferred to inpatient rehab or designated unit</td></tr><tr><td>12</td><td>Discharged/Transferred to Long Term Care Hospital (LTCH)</td></tr><tr><td>13</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</td></tr><tr><td>14</td><td>Discharged/Transferred to another type of institution not defined elsewhere</td></tr></table>		1	Discharged/Transferred to a short-term general hospital for inpatient care	2	Discharged/Transferred to an Intermediate Care Facility(ICF)	3	Discharge/Transferred to home under care of organized home health service	4	Left against medical advice or discontinued care	5	Deceased/Expired	6	Discharged home or self care (routine discharge)	7	Discharged/Transferred to Skilled Nursing Facility(SNF)	8	Discharged/Transferred to hospice care	10	Discharged/Transferred to court/law enforcement	11	Discharged/Transferred to inpatient rehab or designated unit	12	Discharged/Transferred to Long Term Care Hospital (LTCH)	13	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	14	Discharged/Transferred to another type of institution not defined elsewhere
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Allowable Null Values:	<table><tr><td>1</td><td>Not Applicable</td></tr><tr><td>2</td><td>Not Known / Not Recorded</td></tr></table>		1	Not Applicable	2	Not Known / Not Recorded																						
1	Not Applicable																											
2	Not Known / Not Recorded																											
TSE Requirement:	Required																											
NTDB Requirement:	Yes Identifier: O_0807																											
Abstract Form Location:	Outcome Information / Discharge Location																											
References:	NTDS 2020 O_0807																											

XML Specifications:

Element Name(Tag): HospitalDischargeDisposition

ID: O_0807

Required: Yes Data Type: xs:integer Multiple Entry: No

Accepts Common Nulls: Yes Minimum: 1 Maximum: 14

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Primary Payer Source	Item Number: 22
Alternate Names:	Primary Method of Payment	
Description:	Primary source of payment for hospital care.	
Additional Information:	<p>No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "4. Private/Commercial Insurance".</p> <p>Primary methods of payments which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values. Refer to the NTDS Change Log for a full list of retired Primary Methods of Payments.</p>	
Allowable Values:	<p>1 Medicaid</p> <p>2 Not Billed (for any reason)</p> <p>3 Self Pay</p> <p>4 Private / Commercial Insurance</p> <p>6 Medicare</p> <p>7 Other Government</p> <p>10 Other</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: F_0901	
Abstract Form Location:	Payer Information / Primary Payer	
References:	<p>NEMESIS V 2.2.1 E07_01</p> <p>NTDS 2020 F_0901</p>	

XML Specifications:	Element Name(Tag): PrimaryMethodPayment	ID: F_0901
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 10	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Complications	Item Number: 125
Alternate Names:	Hospital Complications	
Description:	Any medical complication that occurred during the patient's stay at your hospital.	
Additional Information:	<p>The value "Not Applicable" should be used for patients with no complications</p> <p>The legacy value of 1 for 'No NTDS Medical Complications' is still used by some vendors for patients without complications. This value maps to "Not Applicable" when used.</p> <p>Check all that apply.</p>	
Allowable Values:	<p>1 Other</p> <p>4 Acute kidney injury</p> <p>5 Acute Respiratory Distress Syndrome (ARDS)</p> <p>8 Cardiac Arrest with CPR</p> <p>12 Deep Surgical Site Infection</p> <p>14 Deep Vein Thrombosis (DVT)</p> <p>18 Myocardial Infarction</p> <p>19 Organ / Space Surgical Site Infection</p> <p>20 Pneumonia</p> <p>21 Pulmonary Embolism</p> <p>22 Stroke / CVA</p> <p>25 Unplanned Intubation</p> <p>29 Osteomyelitis</p> <p>31 Unplanned admission to the ICU</p> <p>32 Severe Sepsis</p> <p>33 Catheter-Associated Urinary Tract Infection (CAUTI)</p> <p>34 Central Line-Associated Bloodstream Infection (CLABSI)</p> <p>35 Ventilator-Associated Pneumonia (VAP)</p> <p>36 Alcohol Withdrawal Syndrome</p> <p>37 Pressure Ulcer</p> <p>38 Superficial Incisional Surgical Site Infection</p> <p>39 Delirium</p> <p>40 Unplanned Visit to the Operating Room</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: Q_1001	
Abstract Form Location:	Outcome Information / Complications	
References:	NTDS 2017 Q_1001	

XML Specifications:

Element Name(Tag): HospitalComplication

ID: Q_1001

Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 23

Accepts Common Nulls: Yes Minimum: 1 Maximum: 40

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Hospital Created Date	Item Number: 150
Alternate Names:	Created Date	
Description:	Date data entry for the trauma incident was initiated.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1990 to 2030.	
TSE Requirement:	Assigned	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): HospitalCreatedDate	ID: H_1000
	Required: Yes Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Created Time	Item Number: 151
Alternate Names:	Created Time	
Description:	Time data entry for the trauma incident was initiated.	
Additional Information:	Collected as military time	
Allowable Value Information:	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
TSE Requirement:	Assigned	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): HospitalCreatedTime	ID: H_1001
	Required: Yes Data Type: xs:time Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Medical Record Number	Item Number: 5
Description:	Number that identifies a patient's records across multiple admissions to a given hospital.	
Additional Information:	Assigned by the hospital.	
Allowable Value Information:	Appropriate Value	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / MR #	

XML Specifications:	Element Name(Tag): MedicalRecordNumber	ID: H_1003
	Required: No Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Transferred From	Item Number: 155
Description:	The Medicare ID number of the acute care hospital the patient was transferred from by ambulance.	
Additional Information:	<p>Transfers do not include patients who arrive via EMS transport from a private doctor's office or stand-alone ambulatory surgery center.</p> <p>Outlying facilities providing emergency care services, or used to stabilize a patient prior to transfer are considered acute care facilities.</p>	
Allowable Value Information:	Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / Name of Hospital	

XML Specifications:	Element Name(Tag): HospitalTransferredFrom Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: H_1006
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Data Item Name:	Hospital Transferred From Name	Item Number: 214
Description:	The name of the hospital transferred from.	
Additional Information:	Used only when the Medicare ID number is not known for data entered in element "Hospital Transferred From" and element "Hospital Transferred From" is not equal to 1 - Not applicable.	
Allowable Value Information:	Appropriate value	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / Name of Hospital	

XML Specifications:	Element Name(Tag): HospitalTransferredFromName	ID: H_1007
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Transferred To	Item Number: 156
Description:	The Medicare ID number of the acute care hospital to which the patient was transferred by ambulance from your hospital.	
Additional Information:	<p>This does not include patients who are transferred via EMS transport to a private doctor's office, stand-alone ambulatory surgery center, nursing home or other type of care facility.</p> <p>This does not include patients who go to another acute care hospital by privately owned vehicle or other type of non-EMS transport.</p>	
Allowable Value Information:	Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / If transferred to another hospital by EMS, Name of hospital	

XML Specifications:	Element Name(Tag): HospitalTransferredTo	ID: H_1008
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Registrar	Item Number: 204
Description:	The name of the registrar abstracting the trauma case for submission to ITR.	
Allowable Value Information:	Registrar Name	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Top Section / Registrar	

XML Specifications:	Element Name(Tag): Registrar	ID: H_1009
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	National Provider Identifier	Item Number: 245
Alternate Names:	NPI	
Description:	The National Provider Identifier (NPI) of the admitting surgeon.	
Additional Information:	<p>This variable is considered optional and is not required as part of the NTDS dataset.</p> <p>The null value "Not Applicable" is reported if this optional element is not being reported.</p>	
Allowable Value Information:	Must be stored as a 10-digit numeric value.	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2020 SSR_1101	

XML Specifications:	Element Name(Tag): NationalProviderIdentifier	ID: SSR_1101
	Required: No Data Type: Not Assigned	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

2022 DATA DICTIONARY CHANGE LOG NOTES

General changes

- Updated NTDS element IDs and references to match NTDS 2022 standards
 - Update Idaho schema to match NTDB schema

Element specific changes

- Item number 125 - Q_1001 – Complications - TR23.1
 - Removed Allowable Value
 - 15 - Extremity Compartment Syndrome
- Item Number 249 – P_0325 – Patient UUID – TR7.7
 - Added additional information
 - If Transport Mode is Element Value "1. Ground Ambulance", "2. Helicopter Ambulance" or "3. Fixed Wing Ambulance" but the patient was not transported from the scene of injury, report the null value "Not Known/Not Recorded."
 - Changed additional information
 - The null value "Not Applicable" must be reported for all patients where Transport Mode is Element Values "4. Private/Public Vehicle/Walk-in", "5. Police", or "6. Other".

New elements

- None

Retired elements

- None

Elements not changed beyond general changes

- Item Number 4 – C_9902 – Patient ID – TR5.12
- Item Number 5 – H_1003 – Medical Record Number – TR1.2
- Item Number 6 – D_1001 – Patient Last Name – TR1.9
- Item Number 7 – D_1002 – Patient First Name – TR1.8
- Item Number 8 – D_1003 – Patient Middle Name – TR1.10
- Item Number 9 – D_1004 – Social Security Number – TR1.11
- Item Number 10 – C_9901 – Incident Revision Date –
- Item Number 11 – D_1201 – Patient's Home ZIP/Postal Code – TR1.20
- Item Number 12 – ED_1001 – Readmission – TR5.19
- Item Number 13 – D_1207 – Date of Birth – TR1.7
- Item Number 14 – D_1208 – Age – TR1.12
- Item Number 15 – D_1209 – Age Units – TR1.14
- Item Number 16 – D_1212 – Sex – TR1.15
- Item Number 17 – D_1211 – Ethnicity – TR1.17
- Item Number 18 – D_1210 – Race – TR1.16
- Item Number 19 – I_0203 – Work-Related – TR2.10
- Item Number 20 – I_0204 – Patient Occupational Industry – TR2.6
- Item Number 22 – F_0901 – Primary Payer Source – TR2.5
- Item Number 28 – I_0212 – Incident County – TR5.9
- Item Number 30 – I_0201 – Injury Incident Date – TR5.1
- Item Number 31 – I_0202 – Injury Incident Time – TR5.18
- Item Number 32 – P_1000 – EMS Agency ID Number – TR7.3
- Item Number 33 – P_0307 – Transport Mode – TR8.8
- Item Number 34 – P_0308 – Other Transport Mode – TR8.10
- Item Number 35 – P_0301 – EMS Dispatch Date – TR9.1
- Item Number 36 – P_0302 – EMS Dispatch Time – TR9.10

- Item Number 39 – P_0304 – EMS Unit Arrival Time at Scene or Transferring Facility – TR9.4
- Item Number 40 – P_0303 – EMS Unit Arrival Date at Scene or Transferring Facility – TR9.4.1
- Item Number 43 – P_0306 – EMS Unit Departure Time from Scene or Transferring Facility – TR9.3.1
- Item Number 44 – P_0305 – EMS Unit Departure Date from Scene or Transferring Facility – TR9.3.1
- Item Number 61 – P_0313 – Initial Field GCS - Eye – TR18.60
- Item Number 62 – P_0314 – Initial Field GCS - Verbal – TR18.61.2
- Item Number 63 – P_0315 – Initial Field GCS - Motor – TR18.62.2
- Item Number 64 – P_0316 – Initial Field GCS Total – TR18.64
- Item Number 81 – C_9903 – Facility ID – TR6.1
- Item Number 84 – P_0317 – Inter-Facility Transfer – TR25.54
- Item Number 89 – ED_0422 – ED Discharge Disposition – TR17.27
- Item Number 91 – ED_0426 – ED Discharge Physical Date – TR17.25
- Item Number 92 – ED_0427 – ED Discharge Physical Time – TR17.26
- Item Number 93 – ED_0404 – Initial ED/Hospital Pulse Rate – TR18.2
- Item Number 94 – ED_0407 – Initial ED/Hospital Respiratory Assistance – TR18.10
- Item Number 96 – ED_1007 – Initial ED/Hospital Diastolic Blood Pressure – TR18.13
- Item Number 97 – ED_0405 – Initial ED/Hospital Temperature Celsius – TR18.30
- Item Number 102 – ED_1012 – Revised Trauma Score – TR18.28
- Item Number 104 – ED_0410 – Initial ED/Hospital GCS - Eye – TR18.14
- Item Number 105 – ED_0411 – Initial ED/Hospital GCS - Verbal – TR18.15.2
- Item Number 106 – ED_0412 – Initial ED/Hospital GCS - Motor – TR18.16.2
- Item Number 107 – ED_0413 – Initial ED/Hospital GCS - Total – TR18.19
- Item Number 108 – ED_0414 – Initial ED/Hospital GCS Assessment Qualifiers – TR18.21
- Item Number 113 – ED_0419 – Alcohol Screen – TR18.46
- Item Number 114 – I_0220 – Trauma Type – TR200.3.3
- Item Number 117 – DG_0601 – Comorbid Conditions – TR21.21
- Item Number 119 – HP_0502 – Procedure Start Date – TR22.5
- Item Number 121 – IS_0701 – AIS Predot Code – TR21.22
- Item Number 122 – IS_0705 – Injury Severity Score – TR21.8
- Item Number 123 – IS_1001 – Trauma Injury Severity Score (TRISS) – TR21.11
- Item Number 131 – O_0807 – Hospital Discharge Disposition – TR25.27
- Item Number 138 – O_0805 – Hospital Discharge Date – TR25.34
- Item Number 139 – O_0806 – Hospital Discharge Time – TR25.48
- Item Number 145 – I_0205 – Patient Occupation – TR2.11
- Item Number 146 – ED_1000 – Direct Admission – TR17.30
- Item Number 148 – HP_0503 – Procedure Start Time – TR22.31
- Item Number 150 – H_1000 – Hospital Created Date –
- Item Number 151 – H_1001 – Hospital Created Time –
- Item Number 155 – H_1006 – Hospital Transferred From – TR33.1
- Item Number 156 – H_1008 – Hospital Transferred To – TR17.61
- Item Number 158 – ED_0403 – Initial ED/Hospital Systolic Blood Pressure – TR18.11
- Item Number 166 – I_1000 – Patient Occupational Industry - Other – TR2.27
- Item Number 167 – I_1001 – Patient Occupation - Other – TR2.12
- Item Number 172 – IS_0702 – AIS Severity – TR21.22
- Item Number 173 – IS_0703 – ISS Body Region – TR21.22
- Item Number 174 – I_0214 – Protective Device – TR29.24
- Item Number 175 – I_0215 – Child Specific Restraint – TR29.31
- Item Number 176 – I_0216 – Airbag Deployment – TR29.32
- Item Number 177 – ED_1008 – Initial ED/Hospital Temperature Fahrenheit – TR18.30
- Item Number 179 – P_0312 – Initial Field Oxygen Saturation – TR18.82

- Item Number 180 – P_0310 – Initial Field Pulse Rate – TR18.69
- Item Number 181 – P_0311 – Initial Field Respiratory Rate – TR18.70
- Item Number 182 – P_0309 – Initial Field Systolic Blood Pressure – TR18.67
- Item Number 183 – D_1205 – Patient's Home City – TR1.21
- Item Number 184 – D_1202 – Patient's Home Country – TR1.19
- Item Number 185 – D_1204 – Patient's Home County – TR1.22
- Item Number 186 – D_1206 – Alternate Home Residence – TR1.13
- Item Number 188 – IS_0704 – AIS Version – TR21.25
- Item Number 189 – ED_0423 – Signs of Life – TR27.14
- Item Number 190 – D_1203 – Patient's Home State – TR1.23
- Item Number 191 – I_0213 – Incident City – TR5.10
- Item Number 192 – I_0210 – Incident Country – TR5.11
- Item Number 193 – I_0211 – Incident State – TR5.7
- Item Number 194 – I_0209 – Incident Location ZIP Code – TR5.6
- Item Number 195 – ED_0408 – Initial ED/Hospital Oxygen Saturation – TR18.31
- Item Number 196 – ED_0409 – Initial ED/Hospital Supplemental Oxygen – TR18.109
- Item Number 197 – O_0801 – Total ICU Length of Stay – TR26.9
- Item Number 198 – O_0802 – Total Ventilator Days – TR26.58
- Item Number 199 – ED_0406 – Initial ED/Hospital Respiratory Rate – TR18.70
- Item Number 200 – ED_1022 – Initial Hospital / ED Vital Signs / Medical Screening Exam Date – TR18.104
- Item Number 201 – ED_1020 – Initial Hospital / ED Vital Signs / Medical Screening Exam Time – TR18.105
- Item Number 202 – ED_0401 – ED/Hospital Arrival Date – TR18.55
- Item Number 203 – ED_0402 – ED/Hospital Arrival Time – TR18.56
- Item Number 204 – H_1009 – Registrar – TR5.23
- Item Number 205 – DG_1001 – Diagnosis Memo – TR21.30
- Item Number 206 – I_1002 – Injury Description – TR20.12
- Item Number 214 – H_1007 – Hospital Transferred From Name – TR33.1.Name
- Item Number 215 – ED_1023 – EMS Agency Name – TR7.3
- Item Number 216 – I_0206 – ICD-10-CM Primary External Cause Code – TR200.3
- Item Number 217 – I_0208 – ICD-10-CM Additional External Cause Code – TR200.3
- Item Number 218 – I_0207 – ICD-10-CM Place of Occurrence External Cause Code – TR200.5
- Item Number 219 – DG_0602 – ICD-10-CM Injury Diagnosis – TR200.1
- Item Number 220 – HP_0501 – ICD-10-CM Hospital Procedures – TR22.1
- Item Number 221 – ED_0415 – Initial ED/Hospital Height – TR1.6
- Item Number 222 – ED_0416 – Initial ED/Hospital Weight – TR1.6.5
- Item Number 223 – I_0217 – Report of Physical Abuse – TR41.1
- Item Number 224 – I_0218 – Investigation of Physical Abuse – TR41.2
- Item Number 225 – I_0219 – Caregiver at Discharge – TR41.3
- Item Number 226 – P_0318 – Trauma Center Criteria – TR17.22
- Item Number 227 – P_0319 – Vehicular, Pedestrian, Other Risk Injury – TR17.47
- Item Number 228 – ED_0420 – Alcohol Screen Results – TR18.103
- Item Number 229 – ED_0417 – Drug Screen – TR18.91
- Item Number 231 – ED_0431 – Trauma Team Involvement – TR17.21
- Item Number 233 – P_0320 – Pre-hospital Cardiac Arrest – TR15.53
- Item Number 234 – P_0321 – Initial Field GCS 40 - Eye – TR18.90.2
- Item Number 235 – P_0322 – Initial Field GCS 40 - Verbal – TR18.91.2
- Item Number 236 – P_0323 – Initial Field GCS 40 - Motor – TR18.92.2
- Item Number 237 – ED_0424 – ED Discharge Orders Written Date – TR17.41
- Item Number 238 – ED_0425 – ED Discharge Orders Written Time – TR17.42
- Item Number 239 – O_0803 – Hospital Discharge Orders Written Date – TR25.93

- Item Number 240 – O_0804 – Hospital Discharge Orders Written Time – TR25.94
- Item Number 241 – ED_0428 – Initial ED/Hospital GCS 40 - Eye – TR18.40.2
- Item Number 242 – ED_0429 – Initial ED/Hospital GCS 40 - Verbal – TR18.41.2
- Item Number 243 – ED_0430 – Initial ED/Hospital GCS 40 - Motor – TR18.42.2
- Item Number 245 – SSR_1101 – National Provider Identifier – TR35.48
- Item Number 246 – ED_0432 – Highest Activation – TR17.21.1
- Item Number 247 – ED_0433 – Trauma Surgeon Arrival Date – TR17.15.1
- Item Number 248 – ED_0434 – Trauma Surgeon Arrival Time – TR17.15.2

APPENDIX A: TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA ABSTRACTION FORM

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TIME-SENSITIVE EMERGENCY REGISTRY – Trauma Abstraction Form

Hospital:		Registrar:		Date:		TR#	
Patient Demographics							
NAME:						MR#	
						SSN#	
DOB:		Age:	Sex: M F		ZIP:		City:
Race: White ▪ Black ▪ Asian ▪ AmerIndian ▪ Hawaiian/PacificIslander ▪ Other Race ▪ Not Known							
Ethnicity: Hispanic ▪ NonHispanic ▪ Not Known							
Injury Information							
Injury Date:		Time:		Zip or City/State/County:			
Injury Description (what happened):							
Place/Site of Injury Code (Y92.X):							
Mechanism/Cause of Injury Code(s):							
Safety: Seatbelt? Y / N: 3pt Lap Shld Airbag Present? Y / N Not Known							
Child Restraint? Y / N: Infant Child Booster Airbag Deployed? Y / N Front Side Other							
----- Helmet Protective Gear NONE Not Known Other:							
Pre-Hospital Information							
Transport mode to your hospital: Ground EMS ▪ Heli ▪ Fixed-Wing ▪ POV/Walk-in ▪ Police ▪ Other							
EMS Agency Name:							
Transferred from another hospital by EMS: Y / N				Name of Hospital:			
Readmission within 30 days: Y / N				Direct Admit: Y / N			
Trauma Priority Activation							
Date:		Time:		Priority 1 2 3 Not Known/Not Recorded			
Upgrade/Downgrade?				Date/Time:			
ED / Hospital Information							
ED/Hospital Arrival		Date:		Time:			
ED Discharge		Date:		Time:			
ED Discharge Disposition (if applicable): Floor ▪ Observation ▪ Telemetry ▪ OR ▪ ICU ▪ Transferred to Another Hospital ▪ Died ▪ AMA ▪ Other (jail, mental health etc.) ▪ N/A (Direct Admit)							
Name of Short Term Hosp Transferred to:							
Transferred by: Amb Helicopter FW Other							
ED/Hospital Vital Signs							
If admitted through the ED, use ED values or Not Known if values were not recorded. If Direct Admit, use the first floor value.							
Initial Assessment		Date:		Time:			
Pulse:		SBP / DBP:		Resp Rate:		Respiration Assisted: Y / N	
O ₂ Saturation:		Supplemental O ₂ : Y / N		Temperature:			
GCS Eye:		GCS Verbal:		GCS Motor:		GCS Total:	
Qualifier: Eye Obstruction ▪ Intubated ▪ Chemically Sedated ▪ Chemically Paralyzed ▪ Valid GCS ▪ Not Known							
Tested for Alcohol: Yes / No / Not Known BAC:							
Tested for Drugs: Not Tested/ None /Not Known							
Drugs: AMP / MDMA / OPI / OXY / TCA / BAR / BZO / COC / mAMP / PCP / MTD / THC / Other:							

PATIENT NAME:

[illegible]

APPENDIX B: FORMULAS APPLIED TO CALCULATED FIELD VALUES

XML Data Item Name	Calculation																				
Age	Age = Incident Date (Injury Incident Date) - Date of Birth (PatientDateofBirth)																				
Age Units	This is automatically calculated based on Age. If patient is ≥ 12 months old, the units will be displayed in years. If patient < 12 months old, the age unit will display days or months.																				
Initial ED/Hospital GCS - Total	This element is not calculated it is manually entered by the user																				
Initial ED/Hospital GSC - Total Calc	This is automatically calculated based on adding the sum of the following three data elements together: GCS Total = Glasgow Eye + Glasgow Verbal + Glasgow Motor																				
Injury Severity Score	Can be manually entered with individual values for Eye, Verbal, Motor are not available. ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring of six body regions. Only the highest AIS score in each body region is used. ISS = (Highest AIS severity score in 1st region) ² + (Highest AIS severity score in 2nd region) ² + (Highest AIS severity score in 3rd region) ² . The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6 (un-survivable injury), the ISS score is automatically assigned to 75.																				
Revised Trauma Score	Calculated: RTS = 0.9368*GCSc+0.7326*SBPc+0.2908*RRc Glasgow Coma Score total points (GCSc): 13-15 = 4; 9-12 = 3; 6-8 = 2; 4-5 = 1; 3 = 0 Respiratory Rate (RRc): 10-29 = 4; >29 = 3; 6-9 = 2; 1-5 = 1; 0=0 Systolic Blood Pressure (SBPc): >89 = 4; 76-89 = 3; 50-75 = 2; 1 - 49 = 1; 0 = 0																				
Trauma Injury Severity Score (TRISS): Probability of survival	TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model. Pr(s) = 1 / (1+e ^{-b}), where: e = 2.7183 b = b0 + b1(RTS) + b2(ISS) + b3(AGEIndex) b0, b1, b2, and b3 are weights derived from study data. RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGEIndex = 1 if patient age is >54 years, and AGEIndex = 0 if patient age is ≤ 54 years. <table><tr><td colspan="5">The TRISS regression weights for AIS-90-based norms are defined below:</td></tr><tr><td></td><td>b0</td><td>b1 (RTS)</td><td>b2(ISS)</td><td>b3(AGEIndex)</td></tr><tr><td>Blunt</td><td>-.44990</td><td>0.8085</td><td>-0.0835</td><td>-1.7430</td></tr><tr><td>Penetrating</td><td>-2.5355</td><td>0.9934</td><td>-0.0651</td><td>-1.1360</td></tr></table>	The TRISS regression weights for AIS-90-based norms are defined below:						b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)	Blunt	-.44990	0.8085	-0.0835	-1.7430	Penetrating	-2.5355	0.9934	-0.0651	-1.1360
The TRISS regression weights for AIS-90-based norms are defined below:																					
	b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)																	
Blunt	-.44990	0.8085	-0.0835	-1.7430																	
Penetrating	-2.5355	0.9934	-0.0651	-1.1360																	

	<p>The adult blunt-injured coefficients (AGEIndex = 0) are also for both blunt and penetrating-injured pediatric patients (< 15 years old).</p> <p>TRISS will be calculated only if GCS, SBP, unassisted respiratory rate, AIS with sufficient injury detail to prevent AIS=9, age and type of injury are recorded.</p>
Intentionality of Injury	<p>Intentionality of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention.</p> <p>Possible responses include: Unintentional, Undetermined, Self-Inflicted, Assault, Other, Not Known</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
Mechanism of Injury	<p>Mechanism of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention.</p> <p>Possible responses include, but are not limited to: Falls, Drowning, All transport, Fires, Machinery</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
Type of Trauma	<p>Type of trauma is based on ICD-10-CM external cause of injury codes (primary) and the CDC Injury Matrix. Possible responses include: Penetrating, Burn, Blunt, Other, Not Known</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
ISS Body Region	<p>This is calculated from first digit of AIS Pre-dot code, and will be one of six body regions: Head, Face, Chest, Abdomen, Extremity, External</p>