IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA REPORTING STANDARDS
Version 2021 – 01.1

Applicable to injuries occurring on January 1, 2021 or later

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

**Idaho TSE Registry
Trauma, Stroke, STEMI**

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VERSION INFORMATION

Version	Date	Change
2020 – v1.0	2021-01-25	None. Date released.
2020 – v1.1	2021-02-09	Changes to Data Elements Table: ED Discharge and Hospital Discharge dates and times (item numbers 91, 92, 138, 139) are all required
2020 – v1.1	2021-02-09	Changes to ED Discharge and Hospital Discharge dates and times (item numbers 91, 92, 138, 139) - Items are required by Idaho TSE Regsitry - Items are not required by NTDB - Addition of "Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016." note to "Additional Information"
2020 – v1.1	2021-02-09	Updated document crosswalking Idaho Trauma Elements with national specifications, "Idaho 2021 Trauma Data Elements_v1.1.xlsx", to reflect changes to ED Discharge and Hospital Discharge dates and times

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.

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_221.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_221.xsd"
2. "datatype_Idaho_all.xsd"
3. Crosswalk of Idaho Trauma Elements with national specifications, "Idaho 2021 Trauma Data Elements_v1.1.xlsx"
4. Idaho Time-Sensitive Emergency Registry – Trauma Reporting Standards – v2021 – 01.1

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 – 2021 Admissions: https://www.facs.org/-/media/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2021.ashx

2. Trauma Vendor Alliance, International Trauma Data Exchange (ITDX) Data Dictionary was not published for 2021. External vendors may be able to provide facilities with a similar document, developed by and specific to that vendor.

INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2021

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 for 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

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 "2020 Data Elements Table" and in the "2021 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	Critical fields are intended to support XML validation. These fields are required to uniquely identify the record and characterize it. 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).
Required	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.
Optional	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.
Supplemental	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 *required* and *optional* fields.
Calculated	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.
Assigned	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.
XML only	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.

2021 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
117	DG_0601	Comorbid Conditions	Optional
219	DG_0602	ICD-10-CM Injury Diagnosis	Critical
205	DG_1001	Diagnosis Memo	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
93	ED_0404	Initial ED/Hospital Pulse Rate	Required
97	ED_0405	Initial ED/Hospital Temperature Celsius	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
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

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
107	ED_0413	Initial ED/Hospital GCS - Total	Calculated
108	ED_0414	Initial ED/Hospital GCS Assessment Qualifiers	Required
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
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
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
231	ED_0431	Trauma Team Involvement	Optional
246	ED_0432	Highest Activation	Optional
247	ED_0433	Trauma Surgeon Arrival Date	Optional
248	ED_0434	Trauma Surgeon Arrival Time	Optional
146	ED_1000	Direct Admission	Required
12	ED_1001	Readmission	Required
96	ED_1007	Initial ED/Hospital Diastolic Blood Pressure	Required
177	ED_1008	Initial ED/Hospital Temperature Fahrenheit	Required
102	ED_1012	Revised Trauma Score	Calculated
201	ED_1020	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	Optional
200	ED_1022	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	Optional
215	ED_1023	EMS Agency Name	Required
22	F_0901	Primary Payer Source	Required
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

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
220	HP_0501	ICD-10-CM Hospital Procedures	Optional
119	HP_0502	Procedure Start Date	Optional
148	HP_0503	Procedure Start Time	Optional
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
145	I_0205	Patient Occupation	Supplemental
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
174	I_0214	Protective Device	Required
175	I_0215	Child Specific Restraint	Supplemental
176	I_0216	Airbag Deployment	Required
114	I_0220	Trauma Type	Required
166	I_1000	Patient Occupational Industry - Other	Optional
167	I_1001	Patient Occupation - Other	Optional
206	I_1002	Injury Description	Supplemental
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

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement
33	P_0307	Transport Mode	Required
34	P_0308	Other Transport Mode	Required
84	P_0317	Inter-Facility Transfer	Required
233	P_0320	Pre-hospital Cardiac Arrest	Optional
249	P_0325	Patient UUID	Optional
32	P_1000	EMS Agency ID Number	Required
125	Q_1001	Complications	Optional
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.	
Additional Information:	Please note that St. Luke's Meridian is listed as 1300062. Please note that St. Luke's Children's is listed as 1300061.	

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
1300061	St. Luke's Boise Children's Hospital

TSE Requirement: Assigned

NTDB Requirement: Yes   Identifier: C_9903

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

XML Specifications:	Element Name(Tag): SocialSecurityNumber	ID: D_1004
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

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: May require adherence to HIPAA regulations.

If ZIP/Postal code is "Not Applicable," report data element: Alternate Home Residence.

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).

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:

1 Not Applicable

2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes Identifier: D_1201

Abstract Form Location: Demographics / Patient Home ZIP Code

References: NEMSIS V 2.2.1 E06_08

Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)

State of Idaho Death Certificate

NTDS 2021 D_1201

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:	Values are two-character FIPS codes representing the country (e.g., US).	
	If Patient's Home Country is not US, then the null value "Not Applicable" is reported for: Patient's Home State, Patient's Home County, and Patient's Home City.	
Allowable Value Information:	Relevant value for data element (two-digit FIPS country code)	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1202	
Abstract Form Location:	Demographics / Patient's Home Country	
References:	NEMSIS V 2.2.1 E06_09	
	NTDS 2021 D_1202	

XML Specifications:	Element Name(Tag): HomeCountry	ID: D_1202
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 2 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

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: Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.

The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.

The null value "Not Applicable" is reported for non-US hospitals.

Allowable Value Information: Relevant value (two digit numeric FIPS code)

Allowable Null Values:

1 Not Applicable

2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1203

Abstract Form Location: Demographics / State

References: NEMSIS V 2.2.1 E06_07

NTDS 2021 D_1203

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:	Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.	
	The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.	
	The null value "Not Applicable" is reported for non-US hospitals.	
Allowable Value Information:	Relevant value for data element (three-digit numeric FIPS code)	

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1204

Abstract Form Location: Demographics / County

References: NEMSIS V 2.2.1 E06_06

NTDS 2021 D_1204

XML Specifications:	Element Name(Tag): HomeCounty	ID: D_1204
	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 City	**Item Number:** 183
Description:	The patient's city (or township, or village) or residence.	
Additional Information:	Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.	
	The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.	
	The null value "Not Applicable" is reported for non-US hospitals	

Allowable Value Information: Relevant value for data element (five-digit numeric FIPS code)

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1205

Abstract Form Location: Demographics / City

References: NEMSIS V 2.2.1 E06_05

NTDS 2021 D_1205

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:	Only completed when ZIP code is 'Not Applicable.'

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.

Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission.

Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country.

The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.

Report all that apply

Allowable Values:	1	Homeless
	2	Undocumented Citizen
	3	Migrant Worker
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded

TSE Requirement:	Supplemental
NTDB Requirement:	Yes Identifier: D_1206
Abstract Form Location:	Demographics / Patient Information/Alternate Residence
References:	NTDS 2021 D_1206

XML Specifications:	Element Name(Tag): HomeResidence ID: D_1206
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 3
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 3
	XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Date of Birth	**Item Number:** 13

Description: The month, day, and year of the patient's birth.

Additional Information: Reported as YYYY-MM-DD

If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.

If Date of Birth is the same as the Injury Incident Date, then the Age and Age Units data elements must be reported.

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 1890 to 2030.

Allowable Null Values: 2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1207

Abstract Form Location: Demographics / DOB

References: NEMSIS V 2.2.1 E06_16

Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)

State of Idaho Death Certificate

Idaho PERCS V.2.2.1

NTDS 2021 D_1207

XML Specifications: Element Name(Tag): DateOfBirth   ID: D_1207

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

Accepts Common Nulls: Yes   Minimum: 1/1/1890 Maximum: 1/1/2030

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Age	**Item Number:** 14

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

Additional Information: If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.

If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.

Must also complete variable: Age Units.

The null value "Not Applicable" is reported if Date of Birth is reported.

Auto-calculates if DOB entered.

Allowable Value Information: Number between 0 and 120, based on Age Units.

Allowable Null Values:
1   Not Available

2   Not Known / Not Recorded

TSE Requirement: Calculated

NTDB Requirement: Yes   Identifier: D_1208

Abstract Form Location: Demographics / Age

References: NEMSIS V 2.2.1 E06_14

NTDS 2021 D_1208

XML Specifications: Element Name(Tag): Age   ID: D_1208

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

Data Item Name:	Age Units	**Item Number:** 15

Description: Units used to document the patient's age at the time of injury.

Additional Information: If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.

If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.

Must also complete variable: Age

The null value "Not Applicable" is reported if Date of Birth is reported unless Date of Birth is equal to ED/Hospital Arrival Date.

Allowable Values:
1	Hours
2	Days
3	Months
4	Years
5	Minutes
6	Weeks

Allowable Null Values:
1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Calculated

NTDB Requirement: Yes   Identifier: D_1209

Abstract Form Location: Demographics /

References: NEMSIS V 2.2.1 E06_15

NTDS 2021 D_1209

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: Patient's race should be based upon self-report or identified by a family member.

Note: Hispanic is considered an ethnicity, not race.

Based on the 2010 US Census Bureau.

Report all that apply.

Allowable Values:

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

Allowable Null Values:

2	Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1210

Abstract Form Location: Demographics / Race

References: NEMSIS V 2.2.1 E06_12

NTDS 2021 D_1210

XML Specifications: Element Name(Tag): Race   ID: D_1210

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

Data Item Name:	Ethnicity	**Item Number:** 17

Description: The patient's ethnicity, either Hispanic or Latino or not Hispanic or Latino.

Additional Information: Patient's ethnicity should be based upon self-report or identified by a family member.

The maximum number of ethnicities that may be reported for an individual patient is 1.

Based on the 2010 US Census Bureau.

Allowable Values:
1	Hispanic or Latino Origin
2	Not Hispanic or Latino Origin

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: NEMSIS V 2.2.1 E06_13

NTDS 2021 D_1211

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

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

                         3   Non-binary

Allowable Null Values: 2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: D_1212

Abstract Form Location: Demographics / Sex

References: NEMSIS 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 2021 D_1212

XML Specifications: Element Name(Tag): Sex   ID: D_1212

                         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

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 2021 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: Reported as HH:MM military time.

Estimates of time of injury should be based upon report by patient, witness, family, or health care provider.

Other proxy measures (e.g. 911 call times) should not be used.

Allowable Value Information: Hour: Valid values are from 00 to 23.

Minute: Valid values are from 00 to 59.

Allowable Null Values: 2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: I_0202

Abstract Form Location: Injury / Injury Time

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 2021 I_0202

XML Specifications: Element Name(Tag): IncidentTime   ID: I_0202

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

Accepts Common Nulls: Yes

XML Qualifier: ITR Exact Match to NTDB Element

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: NEMSIS V 2.2.1 E07_15

NTDS 2021 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's Occupational Industry	**Item Number:** 20
Description:	The industry associated with the patient's work environment.	

Additional Information:	If the injury is not work-related, code as Not Applicable.
	Only completed if injury is work-related.
	Based upon US Bureau of Labor Statistics Industry Classification.

Allowable Values:

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

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement:	Supplemental
NTDB Requirement:	Yes Identifier: I_0204
Abstract Form Location:	Injury / Industry
References:	NEMSIS V 2.2.1 E07_16 (not as comprehensive a list as the NTDS)
	NTDS 2021 I_0204

XML Specifications:	Element Name(Tag): PatientsOccupationalIndustry	ID: I_0204
	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:	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 2021 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's Occupation	**Item Number:** 145

Description: The occupation of the patient (within a given occupational industry).

Additional Information: Only completed if injury is work-related.

If work related, also complete Patient's Occupational Industry.

Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC).

The null value is "Not Applicable" if used if Work Related is 2. No.

Allowable Values:

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:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Supplemental

NTDB Requirement: Yes   Identifier: I_0205

Abstract Form Location: Injury / Occupation

References: NEMSIS V 2.2.1 E07_17

NTDS 2021 I_0205

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 |

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 2021 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 Primary External Cause Code	**Item Number:** 216

Alternate Names: Primary Cause of Injury - ICD-10

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

Additional Information: The primary external cause code should describe the main reason a patient is admitted to the hospital.

ICD-10-CM or ICD-10-CA codes are accepted for this data element. Activity codes are not reported under the NTDS and should not be reported for this data element.

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:

External cause codes for child and adult abuse take priority over all other external cause codes.

External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.

External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.

External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.

The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

Allowable Value Information: Relevant ICD-10-CM or ICD-10 CA 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 2021 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 Place of Occurrence External Cause Code	Item Number: 218

Alternate Names:	ICD-10 Location Code
	Place of Injury Code - ICD-10
Description:	ICD-10-CM code used to describe the place/site/location of the injury event (Y92.x).
Additional Information:	Only ICD-10-CM or ICD-10-CA codes are accepted for ICD-10 Place of Occurrence External Cause Code.
Allowable Value Information:	Relevant ICD-10-CM or ICD-10-CA code value for injury event
Allowable Null Values:	2 Not Known / Not Recorded
TSE Requirement:	Required
NTDB Requirement:	Yes Identifier: I_0207
Abstract Form Location:	Injury / Location Code
References:	NEMSIS v 2.2.1 E08_07
	NTDS 2021 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 Additional External Cause Code	**Item Number:** 217
Alternate Names:	Additional Cause of Injury - ICD-10	
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:	Only ICD-10-CM or ICD-10-CA codes will be accepted for ICD-10 Additional External Cause Code.	
	Activity codes are not reported under the NTDS and should not be reported for this data element.	
	The null value "Not Applicable" is reported if no additional external cause codes are reported. Report all that apply (maximum 2)	
	Report all that apply (maximum 2)	
	Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:	
	External cause codes for child and adult abuse take priority over all other external cause codes.	
	External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.	
	External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.	
	External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.	
	The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.	
Allowable Value Information:	Relevant ICD 10-CM or ICD-10-CA code value for injury event	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: I_0208	
Abstract Form Location:	Injury / Secondary External Cause Code	
References:	NTDS 2021 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: 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.

If "Not Known/Not Recorded," report data elements: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only).

May require adherence to HIPAA regulations.

If ZIP/Postal code is reported, then must report Incident Country.

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: NEMSIS V 2.2.1 E08_15

NTDS 2021 I_0209

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 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: Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.

The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.

If Incident Country is not US, report the null value "Not Applicable."

Allowable Value Information: Relevant value for data element (two-digit numeric FIPS code)

Allowable Null Values:
1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: I_0211

Abstract Form Location: Injury Diagnosis Information / Injury (Zip or City/State/County)

References: NEMSIS V 2.2.1 E08_14

NTDS 2021 I_0211

XML Specifications: Element Name(Tag): IncidentState   ID: I_0211

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 County	**Item Number:** 28

Description: Name of the county in which injury occurred. (three-digit numeric FIPS code)

Additional Information: Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.

If Incident Country is not US, report the null value "Not Applicable"

The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.

If Incident Country is not US, report the null value "Not Applicable."

Allowable Value Information: Relevant value for data element (three-digit numeric FIPS code)

Allowable Null Values:

1 Not Available

2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes Identifier: I_0212

Abstract Form Location: Injury / Injury County

References: NEMSIS V 2.2.1 E08_13

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 2021 I_0212

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: Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.

If incident location resides outside of formal city boundaries, report nearest city/town.

The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.

If Incident Country is not US, report the null value "Not Applicable."

Allowable Value Information: Relevant value for data element (five-digit numeric FIPS code)

Allowable Null Values:
1 Not Applicable

2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes Identifier: I_0213

Abstract Form Location: Injury / Injury (Zip or City/State/County)

References: NEMSIS V 2.2.1 E08_12

NTDS 2021 I_0213

XML Specifications: Element Name(Tag): IncidentCity ID: I_0213

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

Accepts Common Nulls: Yes

XML Qualifier: ITR Exact Match to NTDB Element

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:

Report all that apply.

If "Child Restraint" is present, complete variable "Child Specific Restraint."

If "Airbag" is present, complete variable "Airbag Deployment."

Evidence of the use of safety equipment may be reported or observed.

Lap Belt should be reported to include those patients that are restrained but not further specified.

If chart indicates "3-point-restraint," report Element Values "2. Lap Belt" and "10. Shoulder Belt."

If documented that a "Child Restraint (booster seat or child/infant car seat)" was used or worn, but not properly fastened, either on the child or in the car, report Element Value "1. None."

Allowable Values:

1	None
2	Lap Belt
3	Personal Flotation Device
4	Protective Non-Clothing Gear (e.g. shin guard)
5	Eye Protection
6	Child Restraint (booster seat or child car seat)
7	Helmet (e.g. bicycle, skiing, motorcycle)
8	Airbag Present
9	Protective Clothing (e.g., padded leather pants)
10	Shoulder Belt
11	Other

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: I_0214

Abstract Form Location: Injury / List of Safety Devices Used

References: NEMSIS V 2.2.1 E10_08

NTDS 2021 I_0214

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: Evidence of the use of a child restraint may be reported or observed.

Only reported when Protective Devices include "6. Child Restraint (booster seat or child car seat)."

The null value "Not Applicable" must be reported if Element Value "6. Child Restraint" is NOT reported for Protective Devices.

Allowable Values:

1	Child Car Seat
2	Infant Car Seat
3	Child Booster Seat

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Supplemental

NTDB Requirement: Yes   Identifier: I_0215

Abstract Form Location: Injury / List of Safety Devices Used

References: NTDS 2021 I_0215

XML Specifications: Element Name(Tag): ChildSpecificRestraint   ID: I_0215

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

Data Item Name:	Airbag Deployment	**Item Number:** 176

Description: Indication of airbag deployment during a motor vehicle crash.

Additional Information: Report all that apply.

Evidence of airbag deployment may be reported or observed.

Only report when Protective Devices include "8. Airbag Present."

Airbag Deployed Front should be reported for patients with documented airbag deployments but are not further specified.

The null value "Not Applicable" must be reported if Element Value 8. "Airbag Present" is NOT reported for Protective Devices.

Allowable Values:
- 1   Airbag Not Deployed
- 2   Airbag Deployed Front
- 3   Airbag Deployed Side
- 4   Airbag Deployed Other (knee, airbelt, curtain, etc.)

Allowable Null Values:
- 1   Not Applicable
- 2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: I_0216

Abstract Form Location: Injury / List of Safety Devices Used

References: NEMSIS V 2.2.1 E10_09

NTDS 2021 I_0216

XML Specifications: Element Name(Tag): AirbagDeployment   ID: I_0216

Required: Yes   Data Type: xs:integer   Multiple Entry: Yes   Max: 4

Accepts Common Nulls: Yes   Minimum: 1   Maximum: 4

XML Qualifier: ITR Exact Match to NTDB Element

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: If there was more than one force, choose the one that caused the most severe injury.

Blunt injuries are caused by compression and change of speed. Common causes of blunt injuries are motor vehicle collisions and falls.

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.

Penetrating injuries are caused by crushing and stretching forces. Common causes of penetrating injuries are gun shots, stabbings and impalements.

Temporary or permanent cavitation result from penetrating injuries.

Other injuries include bites and stings.

Field will be calculated if not supplied.

Allowable Values:

1   Blunt

2   Penetrating

3   Burn

4   Other (e.g. near-drowning, asphyxiation, electrocution, foreign-body obstruction, bites, stings etc.)

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:
If entered by a hospital is the ID number of the EMS transport agency that delivers the patient to the hospital.

If provided by an EMS agency, is the number of the EMS agency filling out the patient care report.

Allowable Null Values:
1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: No

Abstract Form Location: Pre-Hospital / EMS Agency Name

References: NEMSIS 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): EMSAgencyID   ID: P_1000

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

Accepts Common Nulls: Yes

XML Qualifier: ITR Additional XML Element

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:　　　　　　NEMSIS 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:	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 2021 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:	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.	
	Include "Other" unspecified modes of transport.	
	Check all that apply with a maximum of 5.	

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:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: P_0308

Abstract Form Location: Pre-Hospital / Transported By/Other Mode

References: NTDS 2021 P_0308

XML Specifications:

Element Name(Tag): OtherTransportMode   ID: P_0308

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

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:	Patients transferred from a private doctor's office or stand-alone ambulatory surgery center are not considered inter-facility transfers.	
	Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.	
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 2021 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:	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:	A patient who experienced a sudden cessation of cardiac activity. The patient was unresponsive with no normal breathing and no signs of circulation.	
	The event must have occurred outside of the index hospital. Pre-hospital cardiac arrest could occur at a transferring institution.	
	Any component of basic and/or advanced cardiac life support must have been initiated.	
Allowable Value Information:	Yes	
	No	
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	ID: P_0320
	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	

Data Item Name:	ED/Hospital Arrival Date	**Item Number:** 202

Description: The date the patient arrived at the ED/hospital.

Additional Information: If the patient was brought to the ED, enter the date the patient arrived at the ED.

If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.

Reported as YYYY-MM-DD

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 1993 to 2030.

TSE Requirement: Critical

NTDB Requirement: Yes   Identifier: ED_0401

Abstract Form Location: ED / Hospital Information / ED / Hospital Arrival Date / Time

References: NTDS 2021 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: If the patient was brought to the ED, enter the time the patient arrived at the ED.

If the patient was directly admitted to the hospital, enter the time the patient was admitted to the hospital.

Reported as HH:MM military time

Allowable Value Information: Hour: valid values are from 00 to 23

Minute: valid values are from 00 to 59

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 2021 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:	Please note that first recorded hospital vitals do not need to be from the same assessment.	
	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.	
Allowable Value Information:	Numerical value corresponding to the initial systolic blood pressure in mm Hg.	
	Acceptable range of values 0 - 380	
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 2021 ED_0403	

XML Specifications:	Element Name(Tag): Sbp	ID: ED_0403
	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 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: Please note that first recorded hospital vitals do not need to be from the same assessment.

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.

Allowable Value Information: Relevant numeric value for initial Diastolic Blood Pressure.

Acceptable range 0 - 200.

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　　　　　　　　　　　　　　　　ID: ED_1007
	Required: Yes　　Data Type: xs:integer　　Multiple Entry: No
	Accepts Common Nulls: Yes　　　Minimum: 0　Maximum: 200
	XML Qualifier: ITR Additional XML Element

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:	Please note that first recorded/hospital vitals do not need to be from the same assessment.	
	Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.	
	If the patient was a Direct Admission, use the first recorded in-hospital value.	
Allowable Value Information:	Relevant value (palpated or auscultated) expressed as a number per minute.	
	Acceptable range 0 - 300 beats per minute.	
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 2021 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: Please note that first recorded hospital vitals do not need to be from the same assessment.

If the temperature was not recorded in the ED, enter 'Not Known'.

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'.

If the patient was a Direct Admission, use the first recorded in-hospital value.

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.

Allowable Value Information: Relevant numeric value for initial temperature.

Up to 4 digits, including a decimal point. Range 10.0 to 45.0

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 2021 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: Please note that first recorded hospital vitals do not need to be from the same assessment.

If the temperature was not recorded in the ED, enter 'Not Known'.

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'.

If the patient was a Direct Admission, use the first recorded in-hospital value.

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.

Allowable Value Information: Relevant numeric value of initial temperature (in degrees Fahrenheit)

Up to 4 digits, including a decimal point. Range 50.0 to 113.0

Allowable Null Values: 2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: No

Abstract Form Location: ED / Hospital Information / Temperature

References: NTDS 2021 ED_0405

XML Specifications: Element Name(Tag): TemperatureFahrenheit ID: ED_1008

Required: No   Data Type: xs:decimal   Multiple Entry: No

Accepts Common Nulls: Yes   Minimum: 50 Maximum: 113

XML Qualifier: ITR Additional XML Element

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:	If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value.	
	If the patient was a direct admission, use the first recorded in-hospital value.	
	If reported, report additional data element: Initial ED/Hospital Respiratory Assistance.	
	Please note that first recorded/hospital vitals do not need to be from the same assessment.	
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 2021 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: Only completed if a value is provided for "Initial ED/Hospital Respiratory Rate."

Respiratory assistance is defined as mechanical and/or external support of respiration.

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

If the patient was a Direct Admission, record initial respiratory assistance at the time of admission.

Use the ED information for patients first examined in the ED or admitted as an in-patient through the ED.

The null value "Not Applicable" is reported if Initial ED/Hospital Respiratory Rate is "Not Known/Not Recorded."

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 2021 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:	Record the value obtained before supplemental oxygen is administered.	
	If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen."	
	Please note that first recorded/hospital vitals do not need to be from the same assessment.	
	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.'	
	If the patient was a direct admission, use the first recorded in-hospital value.	
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 2021 ED_0408	

XML Specifications:	Element Name(Tag): PulseOximetry	ID: ED_0408
	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 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: The null value "Not Applicable" is reported if the Initial ED/Hospital Oxygen Saturation is "Not Known/Not Recorded"

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

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'.

If the patient was a direct admission, use the first recorded in-hospital value.

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 2021 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:	The RTS cannot be calculated if all required data elements (GCS, systolic blood pressure, respiratory rate) are not present.
	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
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   ID: ED_1012
Required: Yes   Data Type: xs:decimal   Multiple Entry: No
Accepts Common Nulls: Yes   Minimum: 0 Maximum: 8
XML Qualifier: ITR Additional XML Element

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: 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.

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

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Eye is documented.

The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival.

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'.

If the patient was a Direct Admission, use the first on-floor value.

Allowable Values:

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

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 2021 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 - 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: 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.

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

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Motor is reported.

The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival.

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'.

If the patient was a Direct Admission, use the first on-floor value.

If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a GCS score, enter 'Not Known'.

Allowable Values:

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: 2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: ED_0412

Abstract Form Location: ED / Hospital Information / GCS Motor

References: NTDS 2021 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:

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.

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

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.

The null value "Not Known/Not Recorded" is reported if 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.

If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a score, enter 'Not Known'.

New Value

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 2021 ED_0413

XML Specifications:	Element Name(Tag): TotalGcs ID: ED_0413
	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

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:

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.).

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.

Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record.

Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.

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

Report all that apply.

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.

The null value "Not Known/Not Recorded" is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival.

Allowable Values:	1	Patient Chemically Sedated or Paralyzed
	2	Obstruction to the patient's eye
	3	Patient Intubated
	4	Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye.
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 2021 ED_0414	

XML Specifications:

Element Name(Tag): GcsQualifier   ID: ED_0414

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

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: 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.

Report Element Value "0. Not Testable" if unable to assess (e.g. swelling to eye(s))

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Eye is reported.

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.

Allowable Values:

1	None (peds < 5 years)
2	To Pain (peds < 5 years)
3	To Sound (peds < 5 years)
4	Spontaneous (peds < 5 years)
0	Not Testable (peds < 5 years)
1	None (adult)
2	To Pressure (adult)
3	To Sound (adult)
4	Spontaneous (adult)
0	Not Testable (adult)

Allowable Null Values:

2	Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: No

Abstract Form Location: None

References: NTDS 2021 ED_0428

XML Specifications: Element Name(Tag): Gcs40Eye 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: 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.

Report Element Value "0. Not Testable" if unable to assess (e.g. patient is intubated).

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Verbal is reported.

The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Verbal was not measured within 30 minutes or less of ED/hospital arrival.

Allowable Values:

1	None (adult)
2	Sounds (adult)
3	Words (adult)
4	Confused (adult)
5	Oriented (adult)
0	Not Testable (adult)
1	None (peds < 5 years)
2	Cries (peds < 5 years)
3	Vocal Sounds (peds < 5 years)
4	Words (peds < 5 years)
5	Talks Normally (peds < 5 years)
0	Not Testable (peds < 5 years)

Allowable Null Values:

2	Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: No

Abstract Form Location: None

References: NTDS 2021 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: 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.

Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).

The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Motor is reported.

The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Motor was not measured within 30 minutes or less of ED/hospital arrival.

Allowable Values:

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 (peds < 5 years)
2	Extension to Pain (peds < 5 years)
3	Flexion to Pain (peds < 5 years)
4	Localizes Pain (peds < 5 years)
5	Obeys Commands (peds < 5 years)
0	Not Testable (peds < 5 years)

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

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: Report in centimeters

May be based on family or self-report.

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

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.

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 2021 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: Report in kilograms

May be based on family or self-report

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

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.

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: NEMSIS v 2.2.1 E16_01

NTDS 2021 ED_0416

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: Report positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility.

"None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results.

If multiple drugs are detected, only report drugs that were not administered at any facility (or setting) treating this patient event.

Allowable Values:

1   AMP (Amphetamine)

2   BAR (Barbiturate)

3   BZO (Benzodiazepines)

4   COC (Cocaine)

5   mAMP (Methamphetamine)

6   MDMA (Ecstasy)

7   MTD (Methadone)

8   OPI (Opioid)

9   OXY (Oxycodone)

10   PCP (Phencyclidine)

11   TCA (Tricyclic Antidepressant)

12   THC (Cannabinoid)

13   Other

14   None

15   Not Tested

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: ED_0417

Abstract Form Location: ED / Hospital Information / Drug Screen

References: NTDS 2021 ED_0417

XML Specifications: Element Name(Tag): DrugScreen   ID: ED_0417

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

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 2021 ED_0418

XML Specifications:	Element Name(Tag): AlcoholScreen	ID: ED_0419
	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:	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:	Reported as X.XX grams per deciliter (g/dl).
	Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility.
	The null value "Not Applicable" is used for those patients who were not tested.
Allowable Value Information:	Relevant value - BAC valid range 0.0-1.5

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: ED_0420

Abstract Form Location: ED / Hospital Information / Alcohol Screen Results

References: NTDS 2021 ED_0420

XML Specifications:	Element Name(Tag): AlcoholScreenResult	ID: ED_0420
	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	

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:

The null value "Not Applicable" is used if the patient is directly admitted to the hospital.

If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be "Not Applicable".

If multiple orders were written, report the final disposition order.

Allowable Values:

1	Floor Bed (general admission, non-specialty unit bed)
2	Observation Unit
3	Telemetry / Step-Down Unit
4	Home with Services
5	Deceased / Expired
6	Other (jail, institution, mental health, etc.)
7	Operating Room
8	Intensive Care Unit (ICU)
9	Home without Services
10	Left Against Medical Advice
11	Transferred to Another Hospital

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: ED_0422

Abstract Form Location: ED / Hospital Information / ED Discharge Disposition

References: NTDS 2021 ED_0422

XML Specifications:

Element Name(Tag): EdDischargeDisposition   ID: ED_0422

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

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:	Reported as YYYY-MM-DD
	If the vital signs and medical screening exam dates are collected separately, choose the earliest date.
	If the 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 1990 to 2030.
Allowable Null Values:	1 Not Applicable
	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): MSEDate ID: ED_1022
	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

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:	Reported as HH:MM military time.	
	If the initial vital signs and medical screening exam occurred separately, choose the earliest time.	
	If the time was not recorded, enter 'Not Known'.	
Allowable Value Information:	Hour: Valid values are from 00 to 23.	
	Minute: Valid values are from 00 to 59.	
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: This is a helper field which may be used in determining inclusion criteria for the patient record.

NB: In ImageTrend, Trauma Team Involvement is listed as No, or Level Activated (instead of Yes).

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:	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: Reported as YYYY-MM-DD

The null value "Not Applicable" is reported if the patient was directly admitted to the hospital.

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.

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 Available

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: ED_0424

Abstract Form Location: ED / Hospital Information /

References: NTDS 2021 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: Hour: valid values are from 00 to 23

Minute: valid values are from 00 to 59

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 2021 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:	Reported as YYYY-MM-DD.	

The null value "Not Applicable" is used if the patient is directly admitted to the hospital.

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.

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:	ED / Hospital Information / ED Departure Date / Time
References:	ImageTrend 2021 ED_0426

XML Specifications:	Element Name(Tag): EdDischargePhysicalDate ID: ED_0426
	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:	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:	Reported as HH:MM military time	
	The null value "Not Applicable" is used if the patient is directly admitted to the hospital.	
	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.	
	Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Hour: Valid values are from 00 to 23	
	Minute: Valid values are from 00 to 59	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / ED Departure Date / Time	
References:	ImageTrend 2021 ED_0427	

XML Specifications:	Element Name(Tag): EdDischargePhysicalTime	ID: ED_0427
	Required: Yes Data Type: xs:time Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

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

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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: The null value "Not Applicable" is used if the patient did not have procedures.

Only report procedures performed at your institution.

Report all procedures performed in the operating room.

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.

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.

Note that the hospital may capture additional procedures.

The null value "Not Known/Not Recorded" is used if not coding ICD-10-CM.

Allowable Value Information: Major and minor procedure ICD-10-CM procedure codes.

The maximum number of procedures that may be reported for a patient is 200.

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

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   ID: HP_0501

Required: Yes   Data Type: xs:string   Multiple Entry: Yes   Max: 200

Accepts Common Nulls: Yes

XML Qualifier: ITR Exact Match to NTDB Element

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 2021 HP_0502

XML Specifications: Element Name(Tag): HospitalProcedureStartDate   ID: HP_0502

Required: Yes   Data Type: xs:date   Multiple Entry: Yes   Max: 200

Accepts Common Nulls: Yes

XML Qualifier: ITR Exact Match to NTDB Element

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:	Reported as HH:MM military time
	Procedure start time is defined as the time the incision was made or the procedure was started.
	If distinct procedures with the same procedure code are performed, their start times must be different.
	If the Procedure Start Time is not recorded, enter 'Not Known'.
Allowable Value Information:	Hour: Valid values are from 00 to 23.
	Minute: Valid values are from 00 to 59.
Allowable Null Values:	1 Not Applicable
	2 Not Known / Not Recorded
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 2021 HP_0503

XML Specifications:	Element Name(Tag): HospitalProcedureStartTime ID: HP_0503
	Required: Yes Data Type: xs:time Multiple Entry: Yes Max: 200
	Accepts Common Nulls: Yes
	XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Pre-Existing Conditions	**Item Number:** 117
Alternate Names:	Comorbid 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	Acute 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: This field can be used to describe injuries for which ICD-10-CM codes have not been submitted.

Note: This field may contain PHI or PII.

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

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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 Injury Diagnosis	**Item Number:** 219

Alternate Names: Injury Diagnosis - ICD-10

Description: Diagnoses related to all identified injuries.

Additional Information: ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this element.

Allowable Value Information: Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T79.A1-T79.A9 OR compatible ICD-10-CA code range.

The maximum number of diagnoses that may be reported for an individual patient is 50.

TSE Requirement: Critical

NTDB Requirement: Yes   Identifier: DG_0602

Abstract Form Location: Injury Diagnosis Information / Injury Diagnosis ICD-10 Codes

References: NTDS 2021 DG_0602

XML Specifications: Element Name(Tag): DiagnosisIcd10   ID: DG_0602

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

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: 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.

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.

Digit 1 = Body Region (e.g. head, thorax, upper extremity)

Digit 2 = Type of Structure (e.g. vessel, bone, organ)

Digits 3 & 4 = Specific Anatomic Structure (e.g. radius, maxillary sinus)

Digits 5 & 6 = Level of Injury (e.g. open, distal, % compression)

Allowable Value Information: All possible 6-digit AIS predot codes

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes   Identifier: IS_0701

Abstract Form Location: Injury Diagnosis Information / AIS

References: AIS 2005: Abreviated Injury Scale 2005: Update 2008, Association for the Advancement of Automotive Medicine (2008).

NTDS 2021 IS_0701

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 2021 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 2021 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 2021 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: ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring body regions.

The six ISS body regions are: Head / Neck, Face, Thorax, Abdominal and Pelvic Contents, Limbs, and Skin.

The calculation is: 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.

This element is required by ITR but NTDB doesn't require it for submission to NTDB.

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 2021 IS_0705

XML Specifications: Element Name(Tag): IssLocal   ID: IS_0705

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

Accepts Common Nulls: Yes   Minimum: 1 Maximum: 75

XML Qualifier: ITR Additional XML Element

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
$e = 2.7183$;
$b = b0 + b1 (RTS) + b2 (ISS) + b3 (AGEIndex)$; and
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.

The TRISS regression weights for AIS-90-based norms are defined below:

	b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)
Blunt	-.4499	0.8085	-0.0835	-1.7430
Penetrating	-2.5355	0.9934	-0.0651	-1.1360

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.

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: Reported in full day increments with any partial calendar day counted as a full calendar day.

The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart.

The null value "Not Known/Not Recorded" is reported if any dates are missing.

If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.

At no time should the ICU LOS exceed the hospital LOS.

If a patient is admitted and discharged on the same date, the LOS is one day.

The null value "Not Applicable" is reported if the patient had no ICU days according to the above definition.

Allowable Value Information: Relevant value for number of ICU patient days.

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes   Identifier: O_0801

Abstract Form Location: Outcome Information / ICU Days

References: NTDS 2021 O_0801

XML Specifications:	Element Name(Tag): TotalIcuLos	ID: O_0801

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

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:	Excludes mechanical ventilation time associated with OR procedures.
	Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
	Reported in full day increments with any partial calendar day counted as a full calendar day.
	The calculation assumes that the date and time of starting and stopping ventilator episode are recorded in the patient's chart.
	The null value "Not Known/Not Recorded" is reported if any dates are missing.
	At no time should the Total Ventilator Days exceed the hospital LOS.
	The null value "Not Applicable" is reported if the patient was not on the ventilator according to the above definition.
Allowable Value Information:	Relevant value (in days)
Allowable Null Values:	1 Not Applicable
	2 Not Known / Not Recorded
TSE Requirement:	Optional
NTDB Requirement:	Yes Identifier: O_0802
Abstract Form Location:	Outcome Information / Ventilator Days
References:	NTDS 2021 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: The null value "Not Applicable" is reported if ED Discharge Disposition is 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.

Day - 2 digits. Valid values range from 01 to 31.

Year - 4 digits. Valid values range from 2006 to 9999.

Reported as YYYY-MM-DD

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 2021 O_0803

XML Specifications: Element Name(Tag): HospitalDischargeOrdersWrittenDate　　ID: O_0803

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

Accepts Common Nulls: No

XML Qualifier: ITR Exact Match to NTDB Element

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: Reported as HH:MM military time.

The null value "Not Applicable" is reported if ED Discharge Disposition is 4, 5, 6, 9, 10, or 11.

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.

Allowable Value Information: Hour: valid values are from 00 to 23

Minute: valid values are from 00 to 59

Allowable Null Values: 2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes Identifier: O_0804

Abstract Form Location: Outcome Information /

References: NTDS 2021 O_0804

XML Specifications: Element Name(Tag): HospitalDischargeOrdersWrittenTime   ID: O_0804

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

Accepts Common Nulls: No

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Hospital Discharge Date	**Item Number:** 138
Alternate Names:	Date Discharged from Hospital	
Description:	The date the order was written for the patient to be 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 2021 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 order was written for the patient to be discharged from the hospital.	

Additional Information: Reported as HH:MM military time.

The null value "Not Applicable" is used if ED Discharge Disposition = 4,5,6,9,10, or 11.

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.

Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.

Allowable Value Information: Hour: Valid values are from 00 to 23.

Minute: Valid values are from 00 to 59.

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 2021 O_0806

XML Specifications:	Element Name(Tag): HospitalPhysicalDischargeTime	ID: O_0806
	Required: Yes Data Type: xs:time Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Discharge Disposition	**Item Number:** 131

Description: The disposition of the patient when discharged from the hospital.

Additional Information: Element value "6. Home" refers to the patient's current place of residence (e.g., Prison, Child Protective Services etc.).

Element values based upon UB-04 disposition coding.

Disposition to any other non-medical facility should be coded as 6.

Disposition to any other medical facility should be reported as 14.

The null value "Not Applicable" is reported if ED Discharge Disposition = 4, 5, 6, 9, 10, or 11.

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.

If multiple orders were written, report the final disposition order.

Allowable Values:

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

Allowable Null Values:

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 2021 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: No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "4. Private/Commercial Insurance".

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.

Allowable Values:		
	1	Medicaid
	2	Not Billed (for any reason)
	3	Self Pay
	4	Private / Commercial Insurance
	6	Medicare
	7	Other Government
	10	Other

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:	NEMSIS V 2.2.1 E07_01	
	NTDS 2021 F_0901	

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:	Hospital Events	**Item Number:** 125
Alternate Names:	Hospital Complications	
Description:	Any medical complication that occurred during the patient's stay at your hospital.	

Additional Information:	The value "Not Applicable" should be used for patients with no complications
	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.
	Check all that apply.

Allowable Values:	1	Other
	4	Acute kidney injury
	5	Acute Respiratory Distress Syndrome (ARDS)
	8	Cardiac Arrest with CPR
	12	Deep Surgical Site Infection
	14	Deep Vein Thrombosis (DVT)
	15	Extremity Compartment Syndrome
	18	Myocardial Infarction
	19	Organ / Space Surgical Site Infection
	20	Pneumonia
	21	Pulmonary Embolism
	22	Stroke / CVA
	25	Unplanned Intubation
	29	Osteomyelitis
	31	Unplanned admission to the ICU
	32	Severe Sepsis
	33	Catheter-Associated Urinary Tract Infection (CAUTI)
	34	Central Line-Associated Bloodstream Infection (CLABSI)
	35	Ventilator-Associated Pneumonia (VAP)
	36	Alcohol Withdrawal Syndrome
	37	Pressure Ulcer
	38	Superficial Incisional Surgical Site Infection
	39	Delirium
	40	Unplanned Visit to the Operating Room
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded

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

XML Specifications:	Element Name(Tag): HospitalTransferredFrom	ID: H_1006
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

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: 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.

This does not include patients who go to another acute care hospital by privately owned vehicle or other type of non-EMS transport.

Allowable Value Information: Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.

Allowable Null Values:
1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Supplemental

NTDB Requirement: No

Abstract Form Location: Outcome Information / If transferred to another hospital by EMS, Name of hospital

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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: This variable is considered optional and is not required as part of the NTDS dataset.

The null value "Not Applicable" is reported if this optional element is not being reported.

Allowable Value Information: Must be stored as a 10-digit numeric value.

Allowable Null Values:

1　　　Not Applicable

2　　　Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: No

Abstract Form Location: None

References: NTDS 2021 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: Not an XML Element		

Data Item Name:	Highest Activation	**Item Number:** 246
Description:	Patient received the highest level of trauma activation at your hospital.	

Additional Information: Highest level of activation is defined by your hospital's criteria.

INCLUDE: patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital.

INCLUDE: patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were downgraded after arrival to your center.

INCLUDE: patients who received a lower level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were upgraded to the highest level of trauma activation.

EXCLUDE: patients who received the highest level of trauma activation after emergency department (ED) discharge.

Allowable Values:
1   Yes
2   No

Allowable Null Values:
1   Not Applicable
2   Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes   Identifier: ED_0432

Abstract Form Location: None

References: NTDS 2021

XML Specifications: Element Name(Tag): HighestTraumaActivation   ID: ED_0432

Required: No   Data Type: xs:boolean   Multiple Entry: No

Accepts Common Nulls: No

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Trauma Surgeon Arrival Date	Item Number: 247

Description: The date the first trauma surgeon arrived at the patient's bedside.

Additional Information: Collected as YYYY-MM-DD.

Limit reporting to the 24 hours after ED/Hospital arrival.

The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.

The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.

The null value "Not Applicable" is reported if the data element Highest Activation is reported as Element Value "2. No."

Allowable Value Information: Relevant value for data element

Allowable Null Values:

1 Not Applicable

2 Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: ED_0433

Abstract Form Location: None

References: NTDS 2021 - TraumaSurgeonArrivalDate

XML Specifications:	Element Name(Tag): TraumaSurgeonHighestActivationArrivalDate	ID: ED_0433
	Required: No Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Trauma Surgeon Arrival Time	**Item Number:** 248
Description:	The time the first trauma surgeon arrived at the patient's bedside.	

Additional Information: Collected as HHMM military time.

Limit reporting to the 24 hours after ED/Hospital arrival.

The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.

The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.

The null value "Not Applicable" is reported if the data element Highest Activation is reported as Element Value "2. No."

Allowable Value Information: Relevant value for data element

Allowable Null Values:

1   Not Applicable

2   Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes   Identifier: ED_0434

Abstract Form Location: None

References: NTDS 2021 - TraumaSurgeonArrivalTime

XML Specifications: Element Name(Tag):   ID: ED_0434
TraumaSurgeonHighestActivationArrivalTime

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

Accepts Common Nulls: No

XML Qualifier: ITR Exact Match to NTDB Element

		Item Number: 249
Data Item Name:	Patient UUID	
Alternate Names:	EMS Patient Care Report Universally Unique ID	
Description:	The patient's universally unique identifier (UUID) as assigned by the emergency medical service (EMS) agency transporting the patient from the scene of injury to your hospital.	
Additional Information:	A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6	
	Assigned by the transporting EMS agency in accordance with the IETF RFC 4122 standard	
	The null value "Not Applicable" must be reported for all patients where Inter-facility Transfer is Element Value "1. Yes".	
	The null value "Not Known/Not Recorded" should be reported if the UUID is not documented on the EMS Run Report or if the EMS provider is not NEMSIS v3.5.0 compliant.	
	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", "6. Other" or if patient is not transported from the scene of injury by EMS.	
	For patients with multiple modes of transport from the scene of injury, report the UUID assigned by the EMS agency that delivered the patient to your hospital.	
	Consistent with NEMSIS v3.5.0.	
Allowable Value Information:	Relevant value for data element	
	Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}	
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2021 - PatientUUID	

2021 DATA DICTIONARY CHANGE LOG NOTES

General Changes to All Elements
- Updated NTDS element IDs and references to match NTDS 2021 standards
  - Update Idaho schema to match NTDB schema

Element-specific Changes
- Item Number 16 – D_1212 – Sex – TR1.15
  - Added Allowable Value
    - 3. Non-binary
- Item Number 84 – P_0317 – Inter-Facility Transfer – TR25.54
  - Corrected Additional Information
    - removed: "or delivered to your hospital by a non-EMS transport"
- Item Number 89 – ED_0422 – ED Discharge Disposition – TR17.27
  - Added Additional Information
    - If multiple orders were written, report the final disposition order.
- Item Number 174 – I_0214 – Protective Device – TR29.24
  - Removed Not Known/Not Recorded as an allowable Null value
- Item Number 216 – I_0206 – ICD-10 Primary External Cause Code – TR200.3
  - Added ICD-10-CA code value to element value and additional information
- Item Number 217 – I_0208 – ICD-10 Additional External Cause Code – TR200.3
  - Added ICD-10-CA code value to element value and additional information
- Item Number 218 – I_0207 – ICD-10 Place of Occurrence External Cause Code – TR200.5
  - Added ICD-10-CA code value to element value and additional information
- Item Number 219 – DG_0602 – ICD-10 Injury Diagnoses – TR200.1
  - Added ICD-10-CA code value additional information
- Item Number 229 – ED_0417 – Drug Screen – TR18.91
  - Removed Not Known/Not Recorded as an allowable Null value

New elements
- 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
- Item Number 249 –P_0325 – Patient UUID – TR7.7

Retired elements
- 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
- 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 179 – P_0312 – Initial Field Oxygen Saturation – TR18.82
- Item Number 180 – P_0310 – Initial Field Pulse Rate – TR18.69

- o Item Number 181 – P_0311 – Initial Field Respiratory Rate – TR18.70
- o Item Number 182 – P_0309 – Initial Field Systolic Blood Pressure – TR18.67
- o Item Number 189 – ED_0423 – Signs of Life – TR27.14
- o Item Number 223 – I_0217 – Report of Physical Abuse – TR41.1
- o Item Number 224 – I_0218 – Investigation of Physical Abuse – TR41.2
- o Item Number 225 – I_0219 – Caregiver at Discharge – TR41.3
- o Item Number 226 – P_0318 – Trauma Triage Criteria (Steps 1 and 2); Trauma Center Criteria – TR17.22
- o Item Number 227 – P_0319 – Trauma Triage Criteria (Steps 3 and 4); Vehicular, Pedestrian, Other Risk Injury – TR17.47
- o Item Number 234 – P_0321 – Initial Field GCS 40 - Eye – TR18.90
- o Item Number 235 – P_0322 – Initial Field GCS 40 - Verbal – TR18.91.2
- o Item Number 236 – P_0323 – Initial Field GCS 40 - Motor – TR18.92.2

Elements Not Changed Beyond General Changes
- o Item Number 4 – C_9902 – Patient ID – TR5.12
- o Item Number 5 – H_1003 – Medical Record Number – TR1.2
- o Item Number 6 – D_1001 – Patient Last Name – TR1.9
- o Item Number 7 – D_1002 – Patient First Name – TR1.8
- o Item Number 8 – D_1003 – Patient Middle Name – TR1.10
- o Item Number 9 – D_1004 – Social Security Number – TR1.11
- o Item Number 10 – C_9901 – Incident Revision Date – N/A
- o Item Number 11 – D_1201 – Patient's Home ZIP/Postal Code – TR1.20
- o Item Number 12 – ED_1001 – Readmission – TR5.19
- o Item Number 13 – D_1207 – Date of Birth – TR1.7
- o Item Number 14 – D_1208 – Age – TR1.12
- o Item Number 15 – D_1209 – Age Units – TR1.14
- o Item Number 17 – D_1211 – Ethnicity – TR1.17
- o Item Number 18 – D_1210 – Race – TR1.16
- o Item Number 19 – I_0203 – Work-Related – TR2.10
- o Item Number 20 – I_0204 – Patient Occupational Industry – TR2.6
- o Item Number 22 – F_0901 – Primary Payer Source – TR2.5
- o Item Number 28 – I_0212 – Incident County – TR5.9
- o Item Number 30 – I_0201 – Injury Incident Date – TR5.1
- o Item Number 31 – I_0202 – Injury Incident Time – TR5.18
- o Item Number 32 – P_1000 – EMS Agency ID Number – TR7.3
- o Item Number 33 – P_0307 – Transport Mode – TR8.8
- o Item Number 34 – P_0308 – Other Transport Mode – TR8.10
- o Item Number 81 – C_9903 – Facility ID – TR6.1
- o Item Number 91 – ED_0426 – ED Discharge Physical Date – TR17.25
- o Item Number 92 – ED_0427 – ED Discharge Physical Time – TR17.26
- o Item Number 93 – ED_0404 – Initial ED/Hospital Pulse Rate – TR18.2
- o Item Number 94 – ED_0407 – Initial ED/Hospital Respiratory Assistance – TR18.10
- o Item Number 96 – ED_1007 – Initial ED/Hospital Diastolic Blood Pressure – TR18.13
- o Item Number 97 – ED_0405 – Initial ED/Hospital Temperature Celsius – TR18.30
- o Item Number 102 – ED_1012 – Revised Trauma Score – TR18.28
- o Item Number 104 – ED_0410 – Initial ED/Hospital GCS - Eye – TR18.14
- o Item Number 105 – ED_0411 – Initial ED/Hospital GCS - Verbal – TR18.15.2
- o Item Number 106 – ED_0412 – Initial ED/Hospital GCS - Motor – TR18.16.2
- o Item Number 107 – ED_0413 – Initial ED/Hospital GCS - Total – TR18.19
- o 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 – Pre-Existing 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 125 – Q_1001 – Hospital Events – TR23.1
- 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 – N/A
- Item Number 151 – H_1001 – Hospital Created Time – N/A
- 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 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 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 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

- o Item Number 220 – HP_0501 – ICD-10-CM Hospital Procedures – TR22.1
- o Item Number 221 – ED_0415 – Initial ED/Hospital Height – TR1.6
- o Item Number 222 – ED_0416 – Initial ED/Hospital Weight – TR1.6.5
- o Item Number 228 – ED_0420 – Alcohol Screen Results – TR18.103
- o Item Number 231 – ED_0431 – Trauma Team Involvement – TR17.21
- o Item Number 233 – P_0320 – Pre-hospital Cardiac Arrest – TR15.53
- o Item Number 237 – ED_0424 – ED Discharge Orders Written Date – TR17.41
- o Item Number 238 – ED_0425 – ED Discharge Orders Written Time – TR17.42
- o Item Number 239 – O_0803 – Hospital Discharge Orders Written Date – TR25.93
- o Item Number 240 – O_0804 – Hospital Discharge Orders Written Time – TR25.94
- o Item Number 241 – ED_0428 – Initial ED/Hospital GCS 40 - Eye – TR18.40.2
- o Item Number 242 – ED_0429 – Initial ED/Hospital GCS 40 - Verbal – TR18.41.2
- o Item Number 243 – ED_0430 – Initial ED/Hospital GCS 40 - Motor – TR18.42.2
- o Item Number 245 – SSR_1101 – National Provider Identifier – TR35.48

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

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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 Can be manually entered with individual values for Eye, Verbal, Motor are not available.
Injury Severity Score	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. 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>-.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 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.
Intentionality of Injury	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. Possible responses include: Unintentional, Undetermined, Self-Inflicted, Assault, Other, Not Known More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm
Mechanism of Injury	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. Possible responses include, but are not limited to: Falls, Drowning, All transport, Fires, Machinery More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm
Type of Trauma	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 More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm
ISS Body Region	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