

**Trauma Data Dictionary - Hospital Data Elements**

<b>Data Item Number</b>	<b>Data Element Name</b>	<b>Currently Required</b>	<b>Data Item Description</b>
3a	Hospital Created Date	Assigned	Date data entry for the trauma incident was initiated.
3b	Hospital Created Time	Assigned	Time data entry for the trauma incident was initiated.
4	Hospital Index Number	Assigned	Number that identifies a patient admission.
5	Medical Record Number	Required	Number that identifies a patient's records across multiple admissions to a given hospital.
6	Patient Last Name	Required	Patient's last name.
7	Patient First Name	Required	Patient's first name.
8	Patient Middle Initial	Required	Patient's middle initial.
9	Social Security Number	Required	Patient's Social Security Number
10	Incident Revision Date	Assigned	Date the information for the trauma incident was last modified.
11	Zip Code of Residence	Required	Zip code of the patient's primary residence.
12a	Direct Admission	Required	Indicates whether the patient was directly admitted to the hospital rather than being admitted through the emergency department.
12b	Readmission	Required	Indicates whether the patient was readmitted to the hospital within 30 days of initial discharge for any reason related to the trauma incident
13	Date of Birth	Required	The month, day, and year of the patient's birth.
14a	Age	Required	Indicates patient's age at the time of injury (best approximation).
14b	Age Units	Required	Units used to document the patient's age at the time of injury.
15	Gender	Required	Patient's gender.
16	Ethnicity	Required	The patient's ethnicity.
17	Race	Required	The patient's race.
18	Work-Related	Required	Indication of whether the injury occurred during paid employment.
19a	Patient Occupational Industry	Supplemental	The industry associated with the patient's work environment.
19b	Patient Occupational Industry - Other	Supplemental	Patient's industry if other than one found listed in data element 19 or NTDS 2017 I_04.
21	Primary Payer Source	Required	The primary payment source billed for hospital charges.
27	Incident County	Required	Name of the county in which injury occurred.
28a	ICD-10 Place of Injury Code	Required	Code used to describe the place/site/location of the injury event.
29	Date of Injury	Required	Date that the injury occurred.
30	Time of Injury	Required	Time the patient was injured.

31	EMS Agency ID Number	Required	EMS agency ID or license number.
31b	EMS Agency Name	Supplemental	EMS agency Name
32a	Transport Mode	Required	The mode of transport delivering the patient to the hospital.
51a	Protective Device - Hospital Entry	Required	Protective devices (safety equipment) in use or worn by the patient at the time of injury.
51b	Child Specific Restraint - Hospital Entry	Required	Protective child restraint devices used by patient at the time of injury.
51c	Airbag Deployment - Hospital Entry	Required	Indication of airbag deployment during a motor vehicle crash.
72	Facility ID Number - Hospital Entry	Assigned	A unique number assigned to the facility by Medicare.
75	Inter-Hospital Transfer	Required	Determination if the patient was transferred to your facility from another acute care facility by ambulance.
75b	Hospital Transferred From	Required	The Medicare ID number of the acute care hospital the patient was transferred from by ambulance.
75c	Hospital Transferred To	Required	The Medicare ID number of the acute care hospital to which the patient was transferred by ambulance from your hospital.
75d	Hospital Transferred From Name	Supplemental	Name of hospital transferred from.
79	ED Discharge Disposition	Required	The disposition of the patient at the time of discharge from the ED.
81	ED Discharge Date	Required	Date the patient was discharged from the ED.
82	ED Discharge Time	Required	The time the patient was discharged from the ED.
83	Initial Pulse Rate in ED/Hospital	Required	First recorded pulse (palpated or auscultated) in the ED/hospital.
84	Initial Respiratory Assistance	Required	Determination of respiratory assistance associated with the initial ED/hospital.
86a	Initial Diastolic Blood Pressure in ED/Hospital	Required	First recorded diastolic blood pressure in the ED/hospital.
86b	Initial Systolic Blood Pressure in ED/Hospital	Required	First recorded systolic blood pressure in the ED/hospital.
87	Initial Temperature ED/Hospital Fahrenheit	Required	First recorded temperature (in degrees Fahrenheit) in the ED/hospital.
87a	Initial Temperature in ED/Hospital Celsius	Required	First recorded temperature (in Celsius) in the ED/hospital.
89	Revised Trauma Score	Calculated	A component of TRISS (probability of survival score).
91	Initial ED/Hospital GCS Eye	Required	First recorded Glasgow Coma Score (GCS) Eye in the ED/hospital.
92	Initial ED/Hospital GCS Verbal	Required	First recorded Glasgow Coma Score (GCS) Verbal in the ED/hospital.
93	Initial ED/Hospital GCS Motor	Required	First recorded Glasgow Coma Score (GCS) Motor in the ED/hospital.
94	Initial ED/Hospital GCS Total	Calculated	First recorded Glasgow Coma Score (GCS) Total in the ED/hospital.
95	Initial ED/Hospital GCS Assessment Qualifiers	Required	Documentation of factors potentially affecting the first assessment of GCS upon arrival in the ED/hospital.

99	Drug Screen	Required	Use of drugs by the patient.																					
100a	Alcohol Use Indicator	Required	Use of alcohol by the patient.																					
100b	Alcohol Screen Results	Supplemental	First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.																					
101	Type of Injury	Required	The type of force that caused the injury. (Blunt/Penetrating)																					
102a	ICD-10 Primary Cause of Injury	Required	ICD-10 code used to describe the mechanism (or external factor) that caused the injury event.																					
103a	ICD-10 Injury Diagnosis	Required	ICD-10 diagnosis code related to all identified injuries.																					
105a	AIS Pre-dot Code	Required	Abbreviated Injury Scale (AIS) pre-dot codes that reflect a patient's injuries.																					
105b	AIS Severity	Required	The Abbreviated Injury Scale (AIS) severity score that reflects the severity of a patient's injuries.																					
105c	ISS Body Region	Required	The Injury Severity Score (ISS) body region codes that reflect the areas of the body injured.																					
105d	AIS Version	Required	Software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.																					
106	Injury Severity Score	Calculated	The Injury Severity Score (ISS) is a summary score for traumatic injuries.																					
107	TRISS	Calculated	<p>TRISS is a method used to estimate probability of survival (Ps) as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model. <math>P_s = 1 / (1 + e^{-b})</math>, where <math>e = 2.7183</math> and <math>b = b_0 + b_1(RTS) + b_2(ISS) + b_3(AGE)</math> where <math>b_0</math>, <math>b_1</math>, <math>b_2</math>, and <math>b_3</math> are weights derived from study data; RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGE = 1 if patient age is over 54 years, and AGE = 0 if patient age is 54 years or less. The TRISS regression weights for AIS-90 based norms are defined below:</p> <table border="1"> <thead> <tr> <th></th> <th>b0</th> <th>b1 (RTS)</th> <th>b2(ISS)</th> <th>b3(AGE*)</th> <th>Blunt</th> <th>Penetrating</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.8085</td> <td>-0.0835</td> <td>-1.7430</td> <td></td> <td>-0.4499</td> <td>0.9934</td> </tr> <tr> <td></td> <td>0.0651</td> <td>-1.1360</td> <td></td> <td></td> <td>-2.5355</td> <td></td> </tr> </tbody> </table> <p>The adult blunt-injured coefficients (AGE=0) are also for both blunt and penetrating-injured pediatric patients (&lt;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.</p>		b0	b1 (RTS)	b2(ISS)	b3(AGE*)	Blunt	Penetrating		0.8085	-0.0835	-1.7430		-0.4499	0.9934		0.0651	-1.1360			-2.5355	
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	0.0651	-1.1360			-2.5355																			
115	Hospital Discharge Disposition	Required	The location to which the patient is discharged.																					
122	Date Discharged from Hospital	Required	Date the patient was discharged from the hospital or died.																					
123	Time Discharged from Hospital	Required	Time patient was discharged from the hospital or died.																					
129a	Patient Occupation	Supplemental	The occupation of the patient (within a given occupational industry).																					
129b	Patient Occupation - Other	Supplemental	Patient's occupation if other than one found listed in Data Item 129 or NTDS 2017 I_05.																					
131a	ICD-10 Additional Cause of injury	Required	Additional ICD-10 code used to describe, for example, a mass casualty event or other external cause.																					
143	Incident City	Required	City or township where the patient was found or to which the EMS unit responded.																					

145	Incident State	Required	State where the patient was found or to which the EMS unit responded.
146	Incident Location ZIP Code	Required	ZIP code of the incident location.
147	Initial ED/Hospital Oxygen Saturation	Required	First recorded oxygen saturation in the ED/hospital (percentage).
148	Initial ED/Hospital Supplemental Oxygen	Required	Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level.
151	Initial Hospital/ED Vital Signs/Medical Screening Exam Date	Required	Date the initial vital signs or medical screening exam occurred.
152	Initial Hospital/ED Vital Signs/Medical Screening Exam Time	Required	Time the initial vital signs were recorded and/or medical screening exam occurred.
153	Initial ED/Hospital Respiratory Rate	Required	First recorded respiratory rate in the ED/hospital (expressed as a number per minute).
154	Initial ED/Hospital Arrival Date	Required	Date patient arrived at the ED/hospital.
155	Initial ED/Hospital Arrival Time	Required	Time patient arrived at the ED/hospital.
156	Registrar	Required	Name of registrar abstracting the trauma case for submission to ITR.
157	Diagnosis Memo	Optional	Text field providing space for registrars to add clarifying information for diagnosis related ICD-10 codes.
158	Injury Description	Supplemental	Text field for describing the circumstances surrounding an injury that are used for coding (what happened and where it happened).
Injury Year 2017 revised 2018			