# Table of Contents

- **Introduction** 3  
- **Definitions** 4  
- **Trauma Registry Data Set Reporting Requirements** 6  
- **HIPPA Statement** 7  
- **Acknowledgements** 9  
- **Demographic Data**  
  - Patient Information 10  
  - Injury Information 16  
- **Prehospital Data**  
  - EMS Information 29  
- **Intermediate (Transferring) Facilities**  
  - Facility ID/Arrival/Departure Information 40  
  - Vital Sign Information 41  
  - Procedures/Locations 44  
  - Inter-facility Provider Information 49  
- **This Facility Data**  
  - ED Information--This Facility 59  
  - ED Initial Vital Sign Information--This Facility 64  
  - Procedures/Locations Date/Time Information--This Facility 75  
- **Diagnosis Data**  
  - Nature of Injury Information 80  
  - Injury Severity Information 81  
  - Burn Information 83  
  - Co-morbidity Codes 84  
- **Outcome Data**  
  - Hospital Discharge 85  
  - Disability Data 87  
  - Death Information 91  
  - Financial Information 92  
- **Quality Assurance Information**  
  - Hospital Complications 93  
  - Trauma Quality Improvement Program (Measures for Processes of Care) 94  
  - Hospital Filter Questions 103  
  - Appendix A – Patient Care Transfer Reporting Form **[UPDATED FORM]** 120  
  - Appendix B – Trauma Care Facility List 122  
  - Appendix C – Iowa FIPS Codes 127  
  - Appendix D – State Codes 128  
  - Appendix E – Mechanism of Injury/Injury Type Examples 130  
  - Appendix F – EMS Agency List 133  
  - Appendix G – Paralytic Agents List 142  
  - Appendix H – Comorbidity List 143
INTRODUCTION

Iowa Trauma System Development Act was signed into Law April 19, 1995. The State of Iowa Bureau of EMS is defined as the lead agency by Iowa Code (1995) for Iowa’s EMS/trauma system. The Bureau of EMS is within the Division of Epidemiology, EMS and Disaster Preparedness, within the Iowa Department of Public Health. The all-inclusive trauma care system has been fully operational since January 1, 2001.

The three components of the Iowa Trauma System include the Trauma System Advisory Council (TSAC), System Evaluation Quality Improvement Committee (SEQIC), and the Injury Registry.

The Trauma System Advisory Council (TSAC) provides recommendation on the policies and education to the IDPH. Its Subcommittees include:
- Hospital categorization and verification
- Triage and transfer protocols
- Injury registry
- Education and training
- Public information and education
- Injury prevention

The System Evaluation Quality Improvement Committee (SEQIC) is responsible for conducting trauma care system evaluation, quality assessment, and quality improvement. In addition, it ensures that the system is effective and provides recommendations to the IDPH in monitoring and performance of the trauma care system.

The Injury Registry was established as part of the State of Iowa Code: 147A.26 Trauma registry. The Code specifications are:

1. The department shall maintain a statewide trauma reporting system by which the system evaluation and quality improvement committee, the trauma system advisory council, and the department may monitor the effectiveness of the statewide trauma care system.

2. The data collected by and furnished to the department pursuant to this section are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under section 22.7, subsection 2. However, information which individually identifies patients shall not be disclosed and state and federal law regarding patient confidentiality shall apply.

3. To the extent possible, activities under this section shall be coordinated with other health data collection methods.

This document will serve as a guide for trauma nurse coordinators and data registrars in the trauma hospitals of Iowa. The success of the Registry is wholly dependent upon the day-to-day dedication of EMS personnel, health care providers, and especially the coordinators, to the specific procedures required for optimal data quality. This document is intended to provide a guideline for collecting information and offers clear instructions for completion of the required information.
DEFINITIONS

Trauma patient - a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen (ICD-9 International Classification of Diseases, 9th revision Codes 800.00 - 999.00).

Farm related injury - a non-household injury incurred on the farm (ICD9-CM 849.1) by any farmer, farm worker, farm family member, or other individual, or any non-farm injury incurred by a farmer, farm worker, or farm family member in the course of handling, producing, processing, transporting, or warehousing farm commodities.
- Indicates injury meets the farm-related injury definition. Agricultural injury may not have been necessarily work-related or directly related to the farm.
- Includes:
  - motor vehicle crash while hauling livestock or grain (some type of farm commodity)
  - motor vehicle collision with a piece of agricultural equipment on the highway
  - railroad crash of grain cars
  - tractor roll-over
  - caught in power take-off
  - unloading grain wagon
  - being struck by a piece of metal while operating a grinding wheel on the farm
  - getting caught in a barbed wire fence on the farm
  - falling or slipping on the farm
  - being bitten by, struck by, or fallen on by an animal on the farm
- Excludes:
  - injuries incurred by farmers or non-farmers who are on farm environs for a wide variety of purposes (e.g., visiting, hunting, swimming, and other recreational activities).
  - farmhouse or home premises of farm

Traumatic brain injury (TBI) - "clinically evident brain damage resulting from trauma or anoxia which temporarily or permanently impairs a person's physical or cognitive functions". The injury may be a penetrating or closed head injury resulting in death, or temporary or permanent impairment. Persons with brain injuries may display loss of consciousness, post-traumatic amnesia, a skull fracture, or damage to brain tissue as evidenced by neurological findings that can be reasonably attributed to a traumatic brain injury.

The following ICD9-CM codes (International Classification of Diseases, 9th revision) are used to identify cases of TBI. These codes can appear as any code as part of a list of diagnoses.

- 348.1 Anoxic brain damage. (only when accompanied by an E-code)
- 800.00 - 800.99 Fracture of vault of skull.
- 801.00 - 801.99 Fracture of base of skull.
- 803.00 - 803.99 Other and unqualified skull fractures.
- 804.00 - 804.99 Multiple fractures involving skull or face with other bones.
- 850.00 - 850.99 Concussion.
- 851.00 - 851.99 Cerebral laceration and contusion.
- 852.00 - 852.59 Subarachnoid, subdural, and extradural hemorrhage, following injury.
- 853.00 - 853.19 Other and unspecified intracranial hemorrhage following injury.
- 854.00 - 854.19 Intracranial injury of other and unspecified nature.
- 994.1 Drowning and nonfatal submersion.
- 994.7 Asphyxiation and strangulation.
Traumatic Spinal Cord Injury (SCI) - an acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficit, or bladder/bowel dysfunction. The deficit can be temporary, permanent, or result in death. The lesion can occur at any level of the spinal cord and may be complete or incomplete. Spinal cord injuries include: cauda equina, conus medullaris injuries, central cord syndrome, anterior cord syndrome, posterior cord syndrome, Brown-Sequard syndrome, mixed syndrome, and cord compression. Patients presenting neurological symptoms upon admission which resolve before hospital discharge should also be reported.

The following ICD9-CM codes (International Classification of Diseases, 9th revision, Clinical Modification, third edition) are used to identify cases of SCI. These codes can appear as any code of a list of diagnoses.

806.00 - 806.9 Fracture of vertebral column with spinal cord injury.
952.00 - 952.9 Spinal cord injury without evidence of spinal bone injury.

Traumatic brain injury and spinal cord injury reporting form - a paper or electronic form approved by the department for submission of data elements to the department by a trauma care facility on trauma patients meeting the traumatic brain injury or traumatic spinal cord injury definition.

Farm related injury reporting form- a paper or electronic form approved by the department for submission of data elements to the department by a trauma care facility on trauma patients meeting the farm related injury definition.

Transfer/Death trauma registry data set - the set of data elements to accompany all trauma patients transferred from one trauma care facility to another, or submitted to the receiving trauma care facility within 24 hours after the transfer.

Reportable hospital trauma registry data set - the set of data elements to be reported to the department by a resource, regional or area trauma care facility on all trauma patients;

1. with at least one injury ICD-9 diagnosis code between 800.00 and 959.9, including 940-949 (burns) or Injury diagnoses as defined by ICD-10-CM code S00-S99, T07, T14, T20-T28, T30-T32, and T79.A1-T79.A9 code range:
   and:
   A. who are admissions, to be defined as any patient beyond the Emergency Department, or
   B. who died after receiving any evaluation or treatment or were dead on arrival, or
   C. who were transferred into or out of the trauma care facility
   Or
2. the trauma care facility trauma team is activated.

Patients excluded from reporting are if the injuries are ICD-9 905-909 (late effects of injuries), 910-924 (blisters, contusions, abrasions, and insect bites), and 930-939 (foreign bodies) or isolated hip fractures resulting from a same level fall unrelated to a traumatic event.

Note: to view a copy of the Patient Care Transfer Reporting Form, refer to Appendix A and to view a copy of the Inter-facility Transfer Form, refer to Appendix B.
Resource, Regional, and Area Trauma Care Facility
Data Set Reporting Requirements

All Resource, Regional and Area trauma care facilities shall submit to the department for each calendar quarter. Reportable trauma data shall be submitted no later than 90 days after the end of the quarter. First quarter data is due July 1st, second quarter data is due October 1st, third quarter data is due January 1st, and fourth quarter data is due April 1st.

1. Submit a farm related injury reporting form for each trauma patient meeting the farm related injury definition and receiving any evaluation or treatment or were dead on arrival.
   a. Note: can be submitted via electronic injury registry.
2. Submit the transfer trauma registry data set or transfer form (if transferred to other care facility for acute care) and the reportable hospital trauma registry data set if the transferring facility is not entering the data into the State Trauma Registry.
3. Enter the pre-hospital data if the pre-hospital provider is not entering the data into the EMS Registry.

Community Trauma Care Facility
Data Set Reporting Requirements

All Community trauma care facilities shall submit to the department for each calendar quarter. Reportable trauma data shall be submitted no later than 90 days after the end of the quarter. First quarter data is due July 1st, second quarter data is due October 1st, third quarter data is due January 1st, and fourth quarter data is due April 1st.

1. Submit a farm related injury reporting form for each trauma patient meeting the farm related injury definition receiving any evaluation or treatment or were dead on arrival.
   a. Note: can be submitted via electronic injury registry.
2. Submit a traumatic brain injury and spinal cord injury reporting form for each trauma patient who are in-patient admissions or receive evaluation or treatment for a period > 48 hours meeting the traumatic brain injury or traumatic spinal cord injury definition.
   a. Note: can be submitted via electronic injury registry.
3. Enter the transfer or death trauma registry data set into the State Trauma Registry and submit the transfer form to the receiving hospital with the patient.
4. The Receiving Hospital shall enter the data from the transferring hospital in to the State Trauma Registry if not entered by the transferring hospital.
5. Enter the pre-hospital data if the pre-hospital provider is not entering the data into the EMS Registry.
HIPAA Statement

The Iowa Department of Public Health (IDPH), in conjunction with the Attorney General's Office, has completed a comprehensive review of its programs and has determined that neither the agency as a whole, nor any of its programs, are covered entities under HIPAA. Because IDPH is not a covered entity, many agencies and facilities in Iowa that are covered entities have questioned whether they can continue to disclose the protected health information of their patients or clients to the IDPH as they have in the past. The short answer is YES, such disclosures may continue to occur under HIPAA.

First, HIPAA recognizes that if there is a statute or administrative rule that requires a specific disclosure of protected health information (PHI), a covered entity must obey that law (Section 164.512). Therefore, if there is another federal or state statute or administrative rule which requires a covered entity to disclose protected health information to the IDPH, the covered entity should follow that requirement. Many disclosures of PHI to IDPH are required by state laws, including Iowa Code chapters 135, 136A, 136B, 136C, 139A, 141A, 144, 147A, and 272C and the administrative rules that implement these chapters. These disclosures are legally required and must continue to be made as mandated by state law.

Second, HIPAA allows a covered entity to disclose protected health information to public health authorities for public health activities (Section 164.512). HIPAA defines a public health authority as "an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate," (Section 164.501). The IDPH has such a mandate and, therefore, is a public health authority under HIPAA.

The IDPH, in conjunction with the Iowa Attorney General's Office, has reviewed its programs and determined that protected health information being received by the Department from covered entities in Iowa is disclosed for public health activities. The disclosure of such information to IDPH is, therefore, unaffected by HIPAA and should continue in accordance with past practices. Because IDPH is a public health authority that is authorized to receive PHI under this provision, covered entities are not required to enter into a business associate agreement with IDPH in order for the exchange of protected health information to take place.

Third, in some instances, the IDPH is a health oversight agency as defined by HIPAA. Under HIPAA, a "health oversight agency" is "an agency or authority of the United States, a state, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant."

HIPAA permits a covered entity to disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
i. The health care system (e.g. State insurance commissions, state health professional licensure agencies, Offices of Inspectors General of federal agencies, the Department of Justice, state Medicaid fraud control units, Defense Criminal Investigative Services, the Pension and Welfare Benefit Administration, the HHS Office for Civil Rights, the FDA, data analysis to detect health care fraud);

ii. Government benefit programs for which health information is relevant to beneficiary eligibility (e.g. SSA and Dept. of Education);

iii. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards (e.g. Occupational Health and Safety Administration and the EPA; the FDS’s oversight of food, drugs, biologics, devices, and other products pursuant to the Food, Drug, and Cosmetic Act and the Public Health Service Act); or

iv. Entities subject to civil rights laws for which health information is necessary for determining compliance (the U.S. Department of Justice’s civil rights enforcement activities, enforcement of the Civil Rights of Institutionalized Persons Act, the Americans with Disabilities Act, the EEOC’s civil rights enforcement activities under titles I and V of the ADA) (Section 164.512(d)).

"Overseeing the health care system," encompasses activities such as oversight of health care plans, oversight of health benefit plans; oversight of health care providers; oversight of health care and health care delivery; oversight activities that involve resolution of consumer complaints; oversight of pharmaceutical, medical products and devices, and dietary supplements; and a health oversight agency's analysis of trends in health care costs, quality, health care delivery, access to care, and health insurance coverage for health oversight purposes.

Health oversight agencies may provide more than one type of health oversight. Such entities are considered health oversight agencies under the rule for any and all of the health oversight functions that they perform. The disclosure of protected health information to IDPH for these purposes is unaffected by HIPAA and should continue in accordance with past practices.

Finally, local public health departments and local contractors, which are covered entities, may release protected health information to IDPH under the above-cited legal authority applicable to all covered entities. For example, certain statutes and rules require local public health departments and local contractors to disclose protected health information to IDPH. Further, as a health oversight agency a local health department is permitted, and in most cases required, to disclose protected health information to IDPH. Disclosures of PHI by local public health departments and local contractors to IDPH do not require business associate agreements and are not prohibited or otherwise affected by HIPAA.
ACKNOWLEDGEMENTS

We would like to thank the members of the Iowa Trauma Registry Subcommittee, and all the members of the Iowa Trauma Registry Advisory Committee and Trauma Nurse Coordinators for their continued input into the trauma registry manual. In addition, we would like to thank James Torner and Tracy Young (University of Iowa Injury Prevention Research Center) for their input and design of this manual.

SOFTWARE

The Iowa Department of Public Health is required by law to seek bids from software vendors tri-annually. For those seeking further information on application and contracting opportunities, please contact the Iowa Department of Administrative Services, General Services Enterprise, http://das.gse.iowa.gov.
Common Variables

This section contains common variables to be added by the first provider in the system whether it is the EMS transporting unit or Referring/Receiving Hospital.

DEMOGRAPHIC INFORMATION

Patient Social Security Number - 1

Name: SSN_1
Definition: Indicates first 3-digits of Social Security number of trauma patient.
Calculated/Entered: Entered
Code: XXX, NA (Not applicable), NK/NR (Not known/Not reported)
Range: N/A
Max Length (Type): 3 (Integer)

Patient Social Security Number - 2

Name: SSN_2
Definition: Indicates 4th and 5th (middle 2 digits) digits of Social Security number of trauma patient.
Calculated/Entered: Entered
Code: XX, NA (Not applicable), NK/NR (Not known/Not reported)
Range: N/A
Max Length (Type): 2 (Integer)

Patient Social Security Number - 3

Name: SSN_3
Definition: Indicates last 4-digits of Social Security number of trauma patient.
Calculated/Entered: Entered
Code: XXXX, NA (Not applicable), NK/NR (Not known/Not reported)
Range: N/A
Max Length (Type): 4 (Integer)

Patient Last Name

Name: P_NAM_L
Definition: Indicates last name of trauma patient.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)

Patient First Name

Name: P_NAM_F
Definition: Indicates first name of trauma patient.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)
Patient Middle Initial

Name: P_NAM_M
Definition: Indicates middle initial of trauma patient.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 1 (String)

Patient Date of Birth

Name: DOB
Definition: Indicates date of birth of trauma patient.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1890-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Patient Age

Name: RAW_AGE
Definition: Indicates age of trauma patient at time of injury.
Calculated/Entered: Calculated
Code: N/A
Range: 0-120
Max Length (Type): 3 (Integer)

Patient Age Type

Name: AGE_TYPE
Definition: Units used to document patient’s age.
Calculated/Entered: Calculated
Code:
1 = Hours
2 = Days
3 = Months
4 = Years
NA = Not applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)

Patient Race*

Name: RACE
Definition: Indicates race of trauma patient.
Calculated/Entered: Entered
Code:
1 = Asian
2 = Native Hawaiian or Other Pacific Islander
3 = Other Race
4 = American Indian
5 = Black or African American
6 = White
NA = Not applicable
NK/NR = Not known/Not recorded
1-6
Patient Ethnicity*

Name: ETHNIC
Definition: Indicates ethnicity of trauma patient.
Calculated/Entered: Entered
Code: 1 = Hispanic or Latino
        2 = Non-Hispanic or Latino
        NA = Not Applicable
        NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Patient Sex

Name: SEX
Definition: Indicates sex of trauma patient.
Calculated/Entered: Entered
Code: 1 = Male
        2 = Female
        NA = Not applicable
        NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Patient Marital Status

Name: MARRIED
Definition: Indicates patient’s marital status at time of injury.
Calculated/Entered: Entered
Code: 1 = Single
        2 = Married
        3 = Widowed
        4 = Divorced
        NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)

Patient Home Street Address – Street 1

Name: P_ADR_S1
Definition: Indicates home street address of trauma patient.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)
### Patient Home Street Address – Street 2

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_S2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates home street address of trauma patient.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>50 (String)</td>
</tr>
</tbody>
</table>

### Patient Home ZIP Code (Some of these do not map correctly—i.e. Cedar Rapids, Des Moines examples)

http://zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/)

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_Z1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates home zip code of trauma patient.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>XXXXX</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>5 (String)</td>
</tr>
</tbody>
</table>

### Patient Home ZIP Code – if other

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_Z2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates additional four-digits of trauma patient’s home zip code.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>XXXX</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>4 (String)</td>
</tr>
</tbody>
</table>

### Patient Home City Name

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Trauma patient’s city of residence.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Used to calculate FIPS code.</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>40 (String)</td>
</tr>
</tbody>
</table>

### Patient Home County

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_CO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Trauma patient’s county of residence.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Automatically filled in based on Zip code.</td>
</tr>
<tr>
<td>Code:</td>
<td>FIPS code (Refer to Appendix D)</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>5 (String)</td>
</tr>
</tbody>
</table>

### Patient Home State

<table>
<thead>
<tr>
<th>Name:</th>
<th>P_ADR_ST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates the state where the trauma patient resides.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Used to calculate FIPS code.</td>
</tr>
<tr>
<td>Code:</td>
<td>Two digit numeric FIPS code.</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>2 (String)</td>
</tr>
</tbody>
</table>
Patient Phone Number

Name: P_PH_NUM
Definition: Patient’s home phone number
Calculated/Entered: Entered
Code: XXX-XXX-XXXX
Range: N/A
Max Length (Type): 12 (String)

Alternate Home Residence

Name: P_ALT_ADR
Definition: Documentation of the type of patient without a home zip code
Calculated/Entered: Entered
Code: 1=Homeless
2=Undocumented Citizen
3=Migrant Worker
4=Foreign Visitor
Range: N/A
Max Length (Type): 2 (Integer)

Parent/Guardian Last Name

Name: R_NAM_L
Definition: Indicates last name of parent/guardian.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)

Parent/Guardian First Name

Name: R_NAM_F
Definition: Indicates first name of parent/guardian.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)

Parent/Guardian Middle Initial

Name: R_NAM_M
Definition: Indicates middle initial of parent/guardian
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 1 (String)

Parent/Guardian Date of Birth

Name: R_DOB
Definition: Indicates date of birth of parent/guardian
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1890-01-01 TO 2030-01-01
Max Length (Type): 10 (Date)
Parent/Guardian Age

Name: R_AGE
Definition: Indicates age of parent/guardian.
Calculated/Entered: Calculated
Code: N/A
Range: 0-120
Max Length (Type): 3 (Integer)

Parent/Guardian Sex

Name: R SEX
Definition: Indicates sex of parent/guardian.
Calculated/Entered: Entered
Code: 1 = Male
2 = Female
NA = Not applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Parent/Guardian Phone Number

Name: R PH_NUM
Definition: Parent/guardian’s home phone number
Calculated/Entered: Entered
Code: XXX-XXX-XXXX
Range: N/A
Max Length (Type): 12 (String)
INJURY INFORMATION

Injury Date

Name: INJ_DATE
Definition: Indicates date injury was sustained by trauma patient.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Injury Time

Name: INJ_TIME
Definition: Indicates time injury was sustained by trauma patient (or nearest estimation).
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length (Type): 5 (Time)

Primary Injury Type

Name: INJ_TYPE
Definition: Indicates primary mechanism or type of force causing injury to trauma patient. “Blunt” is an injury resulting from diffuse force, nonpenetrating. “Penetrating” is an injury resulting from tissue penetration or perforation by an object, generally associated with high energy forces (MTOS definitions). “Thermal” is a burn or injury due to heat or cold (Refer to Appendix F). If there is more than one mechanism of injury, enter the force that caused the most severe injury (use AIS to determine this). If two or more injuries tie for highest AIS, then code and enter the mechanism of the next most severe injury (MTOS).
Calculated/Entered: Calculated
Code: 1 = Blunt
2 = Penetrating
3 = Burn/Thermal
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-3
Max Length (Type): 1 (Integer)

Primary E-Code Cause

Name: E_CODE1
Definition: Indicates primary external cause of injury. Used to auto-generate Injury type.
Calculated/Entered: Entered
Code: Valid ICD-9 E-Code Cause (use pull-down menu)
Range: N/A
Max Length (Type): 5 (String)
Secondary E-Code Cause

Name: E_CODE2
Definition: Indicates secondary external cause of injury.
Calculated/Entered: Entered
Code: Valid ICD-9 E-Code Cause (use pull-down menu)
Range: N/A
Max Length (Type): 5 (String)

Primary External Cause

Name: CAUSEICD10_1
Definition: Indicates primary external cause of injury.
Calculated/Entered: Entered
Code: Valid ICD-10 E-Code Cause (use pull-down menu)
Range: N/A
Max Length (Type): 8 (String)

Secondary External Cause

Name: CAUSEICD10_2
Definition: Indicates secondary external cause of injury.
Calculated/Entered: Entered
Code: Valid ICD-10 E-Code Cause (use pull-down menu)
Range: N/A
Max Length (Type): 8 (String)

Cause of Injury Narrative

Name: CAUSE_INJ
Definition: Additional information describing the injury event (i.e., factors relevant to the injury event). If farm-related or work-related cause of injury, add in activity engaged in before injured.
Calculated/Entered: Entered
Code: Up to 200 characters in length.
Range: N/A
Max Length (Type): 200 (String)

Work Related

Name: WORK_YN
Definition: Indicates whether injury was work-related. To qualify as work-related, patient was compensated at time of injury, injury occurred at place of work or while traveling yet was part of their work, and activity was related to work-function of job (e.g., traveling to a meeting). If work-related, two additional fields must be completed: Patient’s Occupational Industry and Patient’s Occupation.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)
### Patient’s Occupational Industry [ADD WEBLINK WITH DEFINITIONS]

<table>
<thead>
<tr>
<th>Name:</th>
<th>OCCUP_IND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>The occupational industry associated with the patient’s work environment.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>1= Finance, Insurance, and Real Estate</td>
</tr>
<tr>
<td></td>
<td>2= Manufacturing</td>
</tr>
<tr>
<td></td>
<td>3= Retail Trade</td>
</tr>
<tr>
<td></td>
<td>4= Transportation and Public Utilities</td>
</tr>
<tr>
<td></td>
<td>5= Agriculture, Forestry, Fishing</td>
</tr>
<tr>
<td></td>
<td>6= Professional and Business Services</td>
</tr>
<tr>
<td></td>
<td>7= Education and Health Services</td>
</tr>
<tr>
<td></td>
<td>8= Construction</td>
</tr>
<tr>
<td></td>
<td>9= Government</td>
</tr>
<tr>
<td></td>
<td>10=Natural Resources and Mining</td>
</tr>
<tr>
<td></td>
<td>11=Information Services</td>
</tr>
<tr>
<td></td>
<td>12=Wholesale Trade</td>
</tr>
<tr>
<td></td>
<td>13=Leisure and Hospitality</td>
</tr>
<tr>
<td></td>
<td>14=Other Services</td>
</tr>
<tr>
<td>NA = Not applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
</tbody>
</table>

| Range: | 1-14 |
| Max Length (Type): | 2 (Integer) |

### Patient’s Occupation [ADD WEBLINK WITH DEFINITIONS]

<table>
<thead>
<tr>
<th>Name:</th>
<th>OCCUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>The occupation of the patient</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>1 = Business and Financial Operations Occupations</td>
</tr>
<tr>
<td></td>
<td>2 = Architecture and Engineering Occupations</td>
</tr>
<tr>
<td></td>
<td>3 = Community and Social Services Occupations</td>
</tr>
<tr>
<td></td>
<td>4 = Education, Training, and Library Occupations</td>
</tr>
<tr>
<td></td>
<td>5 = Healthcare Practitioners and Technical Occupations</td>
</tr>
<tr>
<td></td>
<td>6 = Protective Service Occupations</td>
</tr>
<tr>
<td></td>
<td>7 = Building and Grounds Cleaning and Maintenance</td>
</tr>
<tr>
<td></td>
<td>8 = Sales and Related Occupations</td>
</tr>
<tr>
<td></td>
<td>9 = Farming, Fishing, and Forestry Occupations</td>
</tr>
<tr>
<td></td>
<td>10 = Installation, Maintenance, and Repair Occupations</td>
</tr>
<tr>
<td></td>
<td>11 = Transportation and Material Moving Occupations</td>
</tr>
<tr>
<td></td>
<td>12 = Management Occupations</td>
</tr>
<tr>
<td></td>
<td>13 = Computer and Mathematical Occupations</td>
</tr>
<tr>
<td></td>
<td>14 = Life, Physical, and Social Science Occupations</td>
</tr>
<tr>
<td></td>
<td>15 = Legal Occupations</td>
</tr>
<tr>
<td></td>
<td>16 = Arts, Design, Entertainment, Sports, and Media</td>
</tr>
<tr>
<td></td>
<td>17 = Healthcare Support Occupations</td>
</tr>
<tr>
<td></td>
<td>18 = Food Preparation and Serving Related</td>
</tr>
<tr>
<td></td>
<td>19 = Personal Care and Service Occupations</td>
</tr>
<tr>
<td></td>
<td>20 = Office and Administrative Support Occupations</td>
</tr>
<tr>
<td></td>
<td>21 = Construction and Extraction Occupations</td>
</tr>
</tbody>
</table>
22 = Production Occupations
23 = Military Specific Occupations

Range: 1-23
Max Length (Type): 2 (Integer)

**Name of Employer**

Name: EMPL_NAME
Definition: Name of employer (include only if occupation-related injury).
Calculated/Entered: Entered
Code: N/A
Range: N/A
Max Length (Type): 100 (String)

**Job Title**

Name: JOB_TITLE
Definition: Indicate your job title (include only if occupation-related injury).
Calculated/Entered: Entered
Code: N/A
Range: N/A
Max Length (Type): 50 (String)

**Job Duties**

Name: JOB_DUTIES
Definition: Indicate your main job duties (include only if occupation-related injury).
Calculated/Entered: Entered
Code: N/A
Range: N/A
Max Length (Type): 200 (String)

**Employer Phone Number**

Name: EMPL_PH_NUM
Definition: Indicates phone number of employer (include only if occupation-related injury).
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 12 (String)

**Employer Street Address – Street 1**

Name: EMPL_ADR_S1
Definition: Indicates street address of employer (include only if occupation-related injury).
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 50 (String)
**Employer ZIP Code** (Some of these do not map correctly—i.e. Cedar Rapids, Des Moines examples)

http://zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/

Name: EMPLADRZ1
Definition: Indicates zip code of employer (include only if occupation-related injury).
Code: XXXXXX
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 5 (String)

**Employer City Name**

Name: EMPLADR_CI
Definition: City of employer (include only if occupation-related injury).
Calculated/Entered: Used to calculate FIPS code.
Range: N/A
Max Length (Type): 40 (String)

**Employer County**

Name: EMPLADR_CO
Definition: County of employer (include only if occupation-related injury).
Calculated/Entered: Automatically filled in based on Zip code.
Code: FIPS code (Refer to Appendix D)
Range: N/A
Max Length (Type): 5 (String)

**Employer State**

Name: EMPLADR_ST
Definition: Indicates the state of employer (include only if occupation-related injury).
Calculated/Entered: Used to calculate FIPS code.
Code: Two digit numeric FIPS code.
Range: N/A
Max Length (Type): 2 (String)
Farm and Agricultural Related

Name: FARM_YN
Definition: Indicates injury meets the farm-related injury definition. Agricultural injury (e.g., grain truck accident while in transit, railroad crash of grain cars). May not have been necessarily work-related or directly related to the farm.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Off-Farm Employment/Secondary Occupation

Name: FARM_OCCUP2
Definition: Indicates secondary occupation of patient (include only if farm/ag-related).
Calculated/Entered: Entered
Code:
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 Service Occupations
7 = Building and Grounds Cleaning and Maintenance
8 = Sales and Related Occupations
9 = Farming, Fishing, and Forestry Occupations
10 = Installation, Maintenance, and Repair Occupations
11 = Transportation and Material Moving Occupations
12 = Management Occupations
13 = Computer and Mathematical Occupations
14 = Life, Physical, and Social Science Occupations
15 = Legal Occupations
16 = Arts, Design, Entertainment, Sports, and Media
17 = Healthcare Support Occupations
18 = Food Preparation and Serving Related
19 = Personal Care and Service Occupations
20 = Office and Administrative Support Occupations
21 = Construction and Extraction Occupations
22 = Production Occupations
23 = Military Specific Occupations
Range: 1-23
Max Length (Type): 2 (Integer)
**Date Reported to IDPH**

Name: REP_DATE_IDPH  
Definition: Indicates date Brain/Spinal cord or farm/ag-related injury was reported to IDPH.  
Calculated/Entered: Entered  
Code: YYYY-MM-DD  
Range: 1990-01-01 to 2030-01-01  
Max Length (Type): 10 (Date)

**Reporter Position/Title**

Name: REP_POSITION  
Definition: Indicates position/title of person who reported Brain/Spinal cord or farm/ag-related injury to IDPH.  
Calculated/Entered: Entered  
Code: N/A  
Range: N/A  
Max Length (Type): 50 (String)

**Reporter Phone Number**

Name: REP_PH_NUM  
Definition: Indicates phone number of person who reported Brain/Spinal cord or farm/ag-related injury to IDPH.  
Calculated/Entered: Entered  
Code: XXX-XXX-XXXX  
Range: N/A  
Max Length (Type): 12 (String)

**Inter-Personal Violence Related**

Name: IPV_YN  
Definition: Indicates injury/death was the result of the intentional use of physical force or power, threatened or actual, against another person or against a group or community.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length (Type): 1 (Integer)

**Primary E-Code Place of Injury**

Name: E849_X1  
Definition: Indicates primary place of injury occurrence, corresponds with primary external cause of injury (ICD-9-CM codes; E849.X).  
Calculated/Entered: Entered  
Code:  
0 = Home--includes house (residential), apartment, boarding house, farm house, home premises, and noninstitutional place of residence (yard, driveway, garage, garden, home, sidewalk, swimming pool in
private house or garden, yard of home); excludes home under construction but not yet occupied (E849.3) and institutional place of residence (E849.7)

1 = Farm--includes buildings, land under cultivation; excludes farm house and home premises of farm

2 = Mine and quarry--includes gravel pit, sand pit, tunnel under construction

3 = Industrial place and premises--includes building under construction, dockyard, dry dock, factory (building and premises), garage (place of work), industrial yard, loading platform (factory and store), industrial plant, railway yard, shop (place of work), warehouse, workhouse

4 = Place for recreation and sport--includes amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground (including school playground), public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports palace, stadium, swimming pool, tennis court, vacation resort; excludes that in private house or garden (E849.0)

5 = Street/highway

6 = Public building—building (includes adjacent grounds) used by the general public or by a particular group of the public, such as: airport, bank, bus/railway station, café, casino, church, cinema, clubhouse, commercial shops, courthouse, dance hall, garage building (for car storage), gas station, hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, school (state, public, private), store, theater; excludes home garage and industrial building/workplace

7 = Residential institution--include children's home, dormitory, hospital, jail, nursing home, old people's home, orphanage, prison, reform school

8 = Other specified places--includes beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool, prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, and woods

9 = Unspecified place

NA = Not Applicable

NK/NR = Not known/Not recorded

Range: 0-9
Max Length (Type): 1 (Integer)

Primary E-Code Place of Injury

Name: Y92_X1
Definition: Indicates primary place of injury occurrence, corresponds with primary external cause of injury (ICD-10-CM codes; Y92.X-Y92.XXX).

Calculated/Entered: Entered
Code: .1 Residential institution
   Children's home
   Dormitory
   Home for the sick
   Hospice
   Military camp
   Nursing home
   Old people's home
   Orphanage
   Pensioner's home
   Prison
   Reform school

.2 School, other institution and public administrative area
   Building (including adjacent grounds) used by the general
   public or by
   a particular group of the public such as:
   assembly hall
   campus
   church
   cinema
   clubhouse
   college
   court-house
   dancehall
   day nursery
   gallery
   hospital
   institute for higher education
   kindergarten
   library
   movie-house
   museum
   music-hall
   opera-house
   post office
   public hall
   school (private)(public)(state)
   theatre
   university
   youth centre

Excludes: building under construction (.6)
         residential institution (.1)
         sports and athletics area (.3)

.3 Sports and athletics area
   Baseball field
   Basketball-court
   Cricket ground
   Football field
   Golf-course
   Gymnasium
   Hockey field
Riding-school
Skating-rink
Squash-court
Stadium
Swimming-pool, public
Tennis-court

Excludes: swimming-pool or tennis-court in private home or garden (.0)

.4 Street and highway
    Freeway
    Motorway
    Pavement
    Road
    Sidewalk

.5 Trade and service area
    Airport
    Bank
    Cafe
    Casino
    Garage (commercial)
    Gas station
    Hotel
    Market
    Office building
    Petrol station
    Radio or television station
    Restaurant
    Service station
    Shop (commercial)
    Shopping mall
    Station (bus)(railway)
    Store
    Supermarket
    Warehouse

Excludes: garage in private home (.0)

.6 Industrial and construction area
    Building [any] under construction
    Dockyard
    Dry dock
    Factory: building
    premises
    Gasworks
    Industrial yard
    Mine
    Oil rig and other offshore installations
    Pit (coal)(gravel)(sand)
    Power-station (coal)(nuclear)(oil)
    Shipyard
Tunnel under construction
Workshop

.7 Farm
Farm:
buildings
land under cultivation
Ranch

Excludes: farmhouse and home premises of farm (.0)

.8 Other specified places
Beach
Campsite
Canal
Caravan site NOS
Derelict house
Desert
Dock NOS
Forest
Harbour
Hill
Lake
Marsh
Military training ground
Mountain
Park (amusement) (public)
Parking-lot and parking place
Pond or pool
Prairie
Public place NOS
Railway line
River
Sea
Seashore
Stream
Swamp
Water reservoir
Zoo

.9 Unspecified place
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: Y92.0-Y92.9
Max Length (Type): 7 (String)
**Secondary E-Code Place of Injury**

<table>
<thead>
<tr>
<th>Name:</th>
<th>E849_X2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates secondary place of injury occurrence, if secondary external cause of injury code is entered (ICD-9-CM codes; E849.X)</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Valid ICD-9 E-Code Place (same as Primary E-Code Place of Injury)</td>
</tr>
<tr>
<td>Range:</td>
<td>0-9</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>6 (String)</td>
</tr>
</tbody>
</table>

**Secondary E-Code Place of Injury**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Y92_X2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates primary place of injury occurrence, corresponds with primary external cause of injury (ICD-10-CM codes; Y92.X-Y92.XXX).</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Valid ICD-10-CM E-Code Place (same as Primary E-Code Place of Injury)</td>
</tr>
<tr>
<td>Range:</td>
<td>Y92.0-Y92.9</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>7 (String)</td>
</tr>
</tbody>
</table>

**Place of Injury Description**

<table>
<thead>
<tr>
<th>Name:</th>
<th>PLACE_INJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Narrative description of place of injury</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Up to 200 characters in length.</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>200 (String)</td>
</tr>
</tbody>
</table>

**Incident Zip code**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I_ADR_Z1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates zip code of trauma patient injury scene.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>XXXXX</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>5 (Integer)</td>
</tr>
</tbody>
</table>

**Incident Zip code, if other**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I_ADR_Z2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates the four-digit extension of zip code of trauma patient injury scene.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>XXXXX</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>4 (Integer)</td>
</tr>
</tbody>
</table>

**Incident City**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I_ADR_CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates city name for scene of trauma patient injury.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Automatically filled in based on Zip code.</td>
</tr>
<tr>
<td>Code:</td>
<td>Five digit FIPS code.</td>
</tr>
</tbody>
</table>
Incident County

Name: I_ADR_CO
Definition: Indicates FIPS code for county of trauma patient injury scene.
Calculated/Entered: Automatically filled in based on Zip code.
Code: Three digit FIPS code.
Range: N/A
Max Length (Type): 3 (String)

Incident State

Name: I_ADR_ST
Definition: Indicates state name for scene of trauma patient injury.
Calculated/Entered: Automatically filled in based on Zip code.
Code: Two digit numeric FIPS code. Used to calculate FIPS code.
Range: N/A
Max Length (Type): 2 (String)

Injury Site Same as Patient's Home Address

Name: I_ADR_EQ_P_ADR
Definition: Indicates whether the place where the injury occurred was same as patient's home address.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)
PRE-HOSPITAL (EMS) DATA

This information is to be collected by the EMS transporting unit and submitted to the EMS Registry and provided to the Receiving Hospital. If the transporting EMS service cannot enter the data into the EMS Registry then the Receiving Hospital should enter the data.

EMS Agency Number (Scene to First Facility)

Name: P1_AGEN, P2_AGEN, P3_AGEN
Definition: Indicates out of hospital service program number
Calculated/Entered: Entered
Code: State specific identifier (Refer to Appendix G)
Range: N/A
Max Length (Type): 7 (Integer)

Report Number

Name: P1_R_NUM, P2_R_NUM, P3_R_NUM
Definition: Indicates out of hospital service report number for this run
Calculated/Entered: Entered
Code: Up to 12 characters
Range: N/A
Max Length (Type): 12 (String)

Report Available

Name: P1_R_AV, P2_R_AV, P3_R_AV
Definition: Indicates whether out of hospital service report for this run is available at this facility
Calculated/Entered: Entered
Code: 1 = Received, complete, legible, in a timely fashion (< 24 hours)
2 = Received, complete, legible, not in a timely fashion
3 = Received, incomplete (all or missing)
4 = Received, Illegible
5 = Not received
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-5
Max Length (Type): 1 (Integer)

Dispatch to Scene Date

Name: P1_D_DATE, P2_D_DATE, P3_D_DATE
Definition: Indicates date out of hospital provider was dispatched to scene or to pick up patient
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)
Dispatch to Scene Time

Name: P1_D_TIME, P2_D_TIME, P3_D_TIME
Definition: Indicates time out of hospital provider was dispatched to scene or to pick up patient. Up to three provider dispatch times may be chosen.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length (Type): 5 (Time)

Scene Arrival Date

Name: P1_A_DATE, P2_A_DATE, P3_A_DATE
Definition: Indicates date out of hospital provider arrived at scene
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Scene Arrival Time

Name: P1_A_TIME, P2_A_TIME, P3_A_TIME
Definition: Indicates time out of hospital provider arrived at scene/patient
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length (Type): 5 (Time)

Scene Departure Date

Name: P1_L_DATE, P2_L_DATE, P3_L_DATE
Definition: Indicates date out of hospital provider left scene/patient for TCF
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Scene Departure Time

Name: P1_L_TIME, P2_L_TIME, P3_L_TIME
Definition: Indicates time out of hospital provider left scene for TCF
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length (Type): 5 (Time)

Cardiac Arrest

Name: P1_C_YN, P2_C_YN, P3_C_YN
Definition: Indicates whether cardiac arrest occurred before out of hospital transport arrived at TCF
Calculated/Entered: Entered
Code: 1 = Yes
   2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Yes/No)

Out of Hospital Initial Systolic Blood Pressure

Name: P1_SBP, P2_SBP, P3_SBP
Definition: Indicates initial out of hospital systolic blood pressure
Calculated/Entered: Entered
Code: N/A
Range: 0-300, NA, NK/NR
Max Length (Type): 3 (Integer)

Out of Hospital Initial Pulse Rate

Name: P1_HR, P2_HR, P3_HR
Definition: Indicates initial out of hospital pulse rate
Calculated/Entered: Entered
Code: N/A
Range: 0-299, NA, NK/NR
Max Length (Type): 3 (Integer)

Out of Hospital Initial Unassisted Respiratory Rate

Name: P1_RR, P2_RR, P3_RR
Definition: Indicates initial, unassisted out of hospital respiratory rate
Calculated/Entered: Entered
Code: N/A
Range: 0-120, NA, NK/NR
Max Length (Type): 3 (Integer)

Out of Hospital Initial Glasgow Coma Scale (GCS) Eye

Name: P1_GCS_EO, P2_GCS_EO, P3_GCS_EO
Definition: Indicates initial out of hospital Glasgow Coma Scale Eye Component.
Calculated/Entered: Entered
Code: Pediatric (< 2 years)/Adults
   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
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)
### Out of Hospital Initial GCS Verbal

<table>
<thead>
<tr>
<th>Name:</th>
<th>P1_GCS_VR, P2_GCS_VR, P3_GCS_VR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates initial out of hospital Glasgow Coma Scale Verbal Component</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td><strong>Pediatric (&lt; 2 years)</strong></td>
</tr>
<tr>
<td></td>
<td>1 = No vocal response</td>
</tr>
<tr>
<td></td>
<td>2 = Inconsolable, agitated</td>
</tr>
<tr>
<td></td>
<td>3 = Inconsistently consolable, moaning</td>
</tr>
<tr>
<td></td>
<td>4 = Cries but is consolable, inappropriate interactions</td>
</tr>
<tr>
<td></td>
<td>5 = Smiles, oriented to sounds, follows objects, interacts</td>
</tr>
<tr>
<td></td>
<td><strong>Adult</strong></td>
</tr>
<tr>
<td></td>
<td>1 = No verbal response</td>
</tr>
<tr>
<td></td>
<td>2 = Incomprehensible sounds</td>
</tr>
<tr>
<td></td>
<td>3 = Inappropriate words</td>
</tr>
<tr>
<td></td>
<td>4 = Confused</td>
</tr>
<tr>
<td></td>
<td>5 = Oriented</td>
</tr>
<tr>
<td></td>
<td>NK/NR = Not known/Not recorded</td>
</tr>
<tr>
<td>Range:</td>
<td>1-5</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>1 (Integer)</td>
</tr>
</tbody>
</table>

### Out of Hospital Initial GCS Motor

<table>
<thead>
<tr>
<th>Name:</th>
<th>P1_GCS_MR, P2_GCS_MR, P3_GCS_MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates initial out of hospital Glasgow Coma Scale Motor Component.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td><strong>Pediatric (&lt; 2 years)</strong></td>
</tr>
<tr>
<td></td>
<td>1 = No motor response</td>
</tr>
<tr>
<td></td>
<td>2 = Extension to pain</td>
</tr>
<tr>
<td></td>
<td>3 = Flexion to pain</td>
</tr>
<tr>
<td></td>
<td>4 = Withdrawal from pain</td>
</tr>
<tr>
<td></td>
<td>5 = Localizing pain</td>
</tr>
<tr>
<td></td>
<td>6 = Appropriate response to stimulation</td>
</tr>
<tr>
<td></td>
<td>NA = Not Applicable</td>
</tr>
<tr>
<td></td>
<td>NK/NR = Not known/Not recorded</td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td></td>
</tr>
<tr>
<td>1 = No motor response</td>
<td></td>
</tr>
<tr>
<td>2 = Extension to pain</td>
<td></td>
</tr>
<tr>
<td>3 = Flexion to pain</td>
<td></td>
</tr>
<tr>
<td>4 = Withdrawal from pain</td>
<td></td>
</tr>
<tr>
<td>5 = Localizing pain</td>
<td></td>
</tr>
<tr>
<td>6 = Obeys commands</td>
<td></td>
</tr>
<tr>
<td>NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
<tr>
<td>Range:</td>
<td>1-6</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>1 (Integer)</td>
</tr>
</tbody>
</table>

### Out of Hospital Initial Glasgow Coma Scale Total

<table>
<thead>
<tr>
<th>Name:</th>
<th>P1_GCS_TT, P2_GCS_TT, P3_GCS_TT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates total initial out of hospital Glasgow Coma Scale obtained.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
</tbody>
</table>
**Protective Devices**

Name: PDEV_1 – PDEV_5
Definition: Indicates protective device *used* by trauma patient at time of injury
Up to five criteria may be chosen May be determined by EMS report, interview with patient, social worker, or medical records.
  • Check all that apply.
  • If “Child Restraint” is present, complete variable “Child Specific Restraint.”
  • If “Airbag” is present, complete variable “Airbag Deployment.”
  • Evidence of the use of safety equipment may be reported or observed.
  • Lap Belt should be used to include those patients that are restrained, but not further specified.
  • If chart indicates “3-point-restraint” choose 2 and 10.

Calculated/Entered: Entered

Code: 1 None
2 Lap Belt
3 Personal Floatation 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
NA = Not Applicable
NK/NR = Not known/Not recorded.

Range: 1-11
Max Length (Type): 2 (Integer)
Airbag Deployment

Name: AIRBAGDEP_1-AIRBAGDEP_4
Definition: Indication of airbag deployment during a motor vehicle crash. Up to four criteria may be chosen. May be determined by EMS report, interview with patient, social worker, or medical records.
• Check all that apply.

Calculated/Entered: Entered
Code:
1 = Airbag Not Deployed
2 = Airbag Deployed Front
3 = Airbag Deployed Side
4 = Airbag Deployed Other (knee, air belt, curtain, etc.)
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 2 (String)

Out of Hospital Procedures

Name: PH_01_ICD9PR–PH_44_ICD9PR
Definition: Indicates procedures performed prior to arrival at a trauma care facility, such as what is indicated on the ambulance/flight report. Up to 44 procedure codes may be entered (ICD-9-CM procedure codes).

Calculated/Entered: Entered
Code:
For pre-hospital/transferring facility procedures the following codes shall be used, the remaining codes are optional:

99.29 = Peripheral IV*
38.93 = Central Line*
96.81 = Combitube*
31.18 = Cricothyrotomy (Emergent tracheostomy)*
31.19 = Percutaneous Tracheostomy*
96.01 = Ins, Nasopharyngeal Airway*
96.02 = Ins, Oropharyngeal Airway*
99.60 = CPR*
96.04 = Endotracheal Tube*
99.04 = PRBC Administration
34.04 = Chest Tube
57.94 = Indwelling urinary catheter
34.09 = Needle Chest Decompression
96.07 = Gastric Tube
41.92 = Intrascassual
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: N/A
Max Length (Type): 7 (String)
Out of Hospital Procedures

Name: PH_01_ICD10PR – PH_44_ICD10PR
Definition: Indicates procedures performed prior to arrival at a trauma care facility, such as what is indicated on the ambulance/flight report. Up to 44 procedure codes may be entered (ICD-10-CM procedure codes).

Calculated: Entered
Code: (See below)
Range: N/A
Max Length (Type): 7 (String)

Diagnostic and Therapeutic Imaging
- Computerized tomographic studies *
- Diagnostic ultrasound (includes FAST) *
- Doppler ultrasound of extremities *
- Angiography
- Angioembolization

Genitourinary
- Ureteric catheterization (i.e. Ureteric stent)
- Suprapubic cystostomy

Transfusion
- The following blood products should be captured over first 24 hours after hospital arrival:
  - Transfusion of red cells *
  - Transfusion of platelets *
  - Transfusion of plasma *
- In addition to coding the individual blood products listed above, assign the appropriate procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival *
- For pediatric patients (age 14 and under), assign the appropriate procedure code on patients that receive 40cc/kg of blood products over first 24 hours following hospital arrival*

Cardiovascular
- Central venous catheter *
- Pulmonary artery catheter *
- Cardiac output monitoring *
- Open cardiac massage
- CPR

Respiratory
- Insertion of endotracheal tube*
- Continuous mechanical ventilation *
- Chest tube *
- Bronchoscopy *
- Tracheostomy

CNS
- Insertion of ICP monitor *
- Ventriculostomy *

Gastrointestinal
- Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Cerebral oxygen monitoring *
Gastrostomy/jejunostomy (percutaneous or endoscopic)
Percutaneous (endoscopic) gastrojejunostomy

Musculoskeletal
Soft tissue/bony debridements *
Closed/Open reduction of fractures
Skeletal and halo traction
Fasciotomy

Other
Hyperbaric oxygen
Decompression chamber
TPN *

Out of Hospital Procedure Code Location

Name: PH_01_LC – PH_44_LC
Definition: Indicates location of procedures performed prior to arrival at a trauma care facility. Up to 44 procedure locations may be entered.
Calculated/Entered: Entered
Code: 1 = Scene
2 = Transport from Scene
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Trauma System Activation EMS

Name: EMS_ENTRY_SYS
Definition: Indicates information used to identify patient as a trauma patient meriting a trauma service response by the EMS provider
Calculated/Entered: Entered
Code: 1 = Prehospital (Direct from Scene) notified receiving hospital of patient
2 = Prehospital (Direct from Scene) did not notify receiving hospital
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Triaged by EMS

Name: P1_EMS_YN, P3_EMS_YN
Definition: Indicates whether the out of hospital triage destination protocol was used to determine patient needed resources of this trauma care facility
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)
## Out of Hospital Triage Rationale

<table>
<thead>
<tr>
<th>Name:</th>
<th>TRIAGE_01 – TRIAGE_20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates criterion (a) used to triage patient Criteria that may be selected are those in the adult out of hospital trauma triage criteria decision protocol of the EMS Bureau of the IDPH Up to 20 criteria may be chosen (If EMS run sheet unavailable, give best estimate of circumstances of injury).</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td></td>
</tr>
<tr>
<td>1 = GCS &lt;13</td>
<td></td>
</tr>
<tr>
<td>2 = RR &lt;10 or &gt;29</td>
<td></td>
</tr>
<tr>
<td>3 = SBP &lt;90</td>
<td></td>
</tr>
<tr>
<td>4 = HR &gt;120</td>
<td></td>
</tr>
<tr>
<td>5 = Penetration, head/neck/torso/groin/axilla</td>
<td></td>
</tr>
<tr>
<td>6 = Burns &gt;10%, or face/airway/hand/feet/genitalia</td>
<td></td>
</tr>
<tr>
<td>7 = Amputation, proximal to wrist or ankle</td>
<td></td>
</tr>
<tr>
<td>8 = Neck or spinal cord injury with extremity paralysis or paresis</td>
<td></td>
</tr>
<tr>
<td>9 = Flail chest</td>
<td></td>
</tr>
<tr>
<td>10 = Suspected fractures, 2 or more long bones (humerus, femur)</td>
<td></td>
</tr>
<tr>
<td>11 = Suspected pelvic fx</td>
<td></td>
</tr>
<tr>
<td>12 = EMT “high index of suspicion” of abdominal or thoracic injuries</td>
<td></td>
</tr>
<tr>
<td>13 = MV-death in same passenger compartment</td>
<td></td>
</tr>
<tr>
<td>14 = Ejection from vehicle</td>
<td></td>
</tr>
<tr>
<td>15 = MV-extrication</td>
<td></td>
</tr>
<tr>
<td>16 = High speed crash</td>
<td></td>
</tr>
<tr>
<td>17 = MV-rollover</td>
<td></td>
</tr>
<tr>
<td>18 = Pedestrian, thrown, &gt;15 feet or run over</td>
<td></td>
</tr>
<tr>
<td>19 = Pedestrian/vehicle impact &gt;20 mph</td>
<td></td>
</tr>
<tr>
<td>20 = Significant intrusion of passenger compartment</td>
<td></td>
</tr>
<tr>
<td>21 = Motorcycle, ATV, Bicycle &gt;20 mph</td>
<td></td>
</tr>
<tr>
<td>22 = Falls &gt;20ft (Peds = 15ft)</td>
<td></td>
</tr>
<tr>
<td>23 = Age &lt;5 or &gt;60</td>
<td></td>
</tr>
<tr>
<td>24 = Hostile environment, heat/cold</td>
<td></td>
</tr>
<tr>
<td>25 = Medical illness, COPD, CHF, Cardiac</td>
<td></td>
</tr>
<tr>
<td>26 = Pregnancy</td>
<td></td>
</tr>
<tr>
<td>27 = Suspected alcohol/drug intoxication</td>
<td></td>
</tr>
<tr>
<td>28 = EMT “high index of suspicion”</td>
<td></td>
</tr>
<tr>
<td>NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
</tbody>
</table>

| Range: | 1-28 |
| Max Length (Type): | 2 (Integer) |
If 14 then Ejection distance
Name: EJECT_FT
Definition: Distance ejected from motor vehicle in feet
Calculated/Entered: Entered
Code: N/A
Range: 1-999, NA, NK/NR
Max Length (Type): 3 (Integer)

If 15 then Extrication time
Name: EXTRICATE_MINS
Definition: Time of extrication from motor vehicle in minutes
Calculated/Entered: Entered
Code: N/A
Range: 1-999, NA, NK/NR
Max Length (Type): 3 (Integer)

If 16 then Motor Vehicle speed
Name: SPEED
Definition: Speed of motor vehicle in mph
Calculated/Entered: Entered
Code: N/A
Range: 1-999, NA, NK/NR
Max Length (Type): 3 (Integer)

If 22 then fall distance
Name: FALL_FT
Definition: Distance of fall in feet
Calculated/Entered: Entered
Code: N/A
Range: 1-999, NA, NK/NR
Max Length (Type): 3 (Integer)

Mode of Arrival (Scene to First Facility)
Name: P1_MODE, P2_MODE, P3_MODE
Definition: Indicates type of out of hospital service program
Calculated/Entered: Entered
Code: 1 = Land(Ground) Ambulance
2 = Helicopter Ambulance
3 = Fixed-wing Ambulance
4 = Private/Public Vehicle/Walk-in
5 = Police
6 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-6
Max Length (Type): 1 (Integer)

Inter-Facility Transfer
Name: IF_TRANSFER
Definition: Was the patient transferred to your facility from another trauma care facility?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA=Not applicable
      NK/NR=Not known/not recorded

Range: 1-2
Max Length (Type): 1 (Integer)
TRANFERRING FACILITIES
(Patient not admitted to hospital)

Institution Number

Name: F1_ID, F2_ID, F3_ID
Definition: Indicates unique 6-digit number that identifies the trauma care facility.
Calculated/Entered: Entered
Code: State specific identifier (Refer to Appendix C)
Range: N/A
Max Length (Type): 6 (Integer)

Arrival Date

Name: F1_A_DATE, F2_A_DATE, F3_A_DATE
Definition: Indicates date trauma patient arrived at transferring trauma care facility
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Arrival Time

Name: F1_A_TIME, F2_A_TIME, F3_A_TIME
Definition: Indicates time trauma patient arrived at transferring trauma care facility
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Departure Date

Name: F1_D_DATE, F2_D_DATE, F3_D_DATE
Definition: Indicates date trauma patient discharged from transferring trauma care facility
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Departure Time

Name: F1_D_TIME, F2_D_TIME, F3_D_TIME
Definition: Indicates time trauma patient discharged from transferring trauma care facility
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)
Initial Assessment - Paralytic Agents in Effect

Name: F1_PAR, F2_PAR, F3_PAR
Definition: Indicates transferring facility status of paralytic agent use when respiratory rate or GCS assessed (Refer to Appendix H).
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       I = Not Applicable
       U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Sedated

Name: F1_SED, F2_SED, F3_SED
Definition: Indicates transferring facility status of sedation (any drug which may alter their level of consciousness) when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      I = Not Applicable
      U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Bagging or Ventilator

Name: F1_BAG, F2_BAG, F3_BAG
Definition: Indicates transferring facility status of respiratory ventilation when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      I = Not Applicable
      U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Intubated

Name: F1_INT, F2_INT, F3_INT
Definition: Indicates transferring facility status of intubation when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      I = Not Applicable
      U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)
Transferring Facility Systolic Blood Pressure

Name: F1_SBP, F2_SBP, F3_SBP
Definition: Indicates transferring facility systolic blood pressure
Calculated/Entered: Entered
Code: N/A
Range: 0-300, NA, NK/NR
Max Length (Type): 3 (Integer)

Transferring Facility Pulse Rate

Name: F1_HR, F2_HR, F3_HR
Definition: Indicates transferring facility pulse rate
Calculated/Entered: Entered
Code: N/A
Range: 0-299, NA, NK/NR
Max Length (Type): 3 (Integer)

Transferring Facility Respiratory Rate

Name: F1_RR, F2_RR, F3_RR
Definition: Indicates transferring facility respiratory rate
Calculated/Entered: Entered
Code: N/A
Range: 0-120, NA, NK/NR
Max Length (Type): 3 (Integer)

Transferring Facility Glasgow Coma Scale (GCS) Eye

Name: F1_GCS_EO, F2_GCS_EO, F3_GCS_EO
Definition: Indicates Glasgow Coma Scale Eye Component at transferring facility.
Calculated/Entered: Entered
Code: Pediatric (< 2 years)/Adults
   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
Range: 1-4, NA, NK/NR
Max Length (Type): 1 (Integer)

Transferring Facility GCS Verbal

Name: F1_GCS_VR, F2_GCS_VR, F3_GCS_VR
Definition: Indicates Glasgow Coma Scale Verbal Component at transferring facility
Calculated/Entered: Entered
Code: Pediatric (<2 years)
1 = No vocal response
2 = Inconsolable, agitated
3 = Inconsistently consolable, moaning
4 = Cries but is consolable, inappropriate interactions
5 = Smiles, oriented to sounds, follows objects, interacts

Adult
1 = No verbal response
2 = Incomprehensible sounds
3 = Inappropriate words
4 = Confused
5 = Oriented

Range: 1-5, NA, NK/NR
Max Length (Type): 1 (Integer)

Transferring Facility GCS Motor
Name: F1_GCS_MR, F2_GCS_MR, F3_GCS_MR
Definition: Indicates Glasgow Coma Scale Motor Component at transferring facility.
Calculated/Entered: Entered
Code: Pediatric (<2 years)
1 = No motor response
2 = Extension to pain
3 = Flexion to pain
4 = Withdrawal from pain
5 = Localizing pain
6 = Appropriate response to stimulation

Adult
1 = No motor response
2 = Extension to pain
3 = Flexion to pain
4 = Withdrawal from pain
5 = Localizing pain
6 = Obeys commands

Range: 1-6, NA, NK/NR
Max Length (Type): 1 (Integer)

Transferring Facility Glasgow Coma Scale Total
Name: F1_GCS, F2_GCS, F3_GCS
Definition: Indicates total Glasgow Coma Scale at transferring trauma care facility
Calculated/Entered: Entered
Code: N/A
Range: 3-15, NA, NK/NR
Max Length (Type): 2 (Integer)

Transferring Facility GCS Assessment Qualifiers
Name: F1_GCS_Q, F2_GCS_Q, F3_GCS_Q
Definition: Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of facility arrival
Calculated/Entered: Entered
| Code: | 1 = Patient Chemically Sedated or Paralyzed  
2 = Obstruction to the Patient’s Eye  
3 = Patient Intubated  
4 = Valid GCS: Patient was not sedate, not intubated, and did not have obstruction to the eye |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Range:</strong></td>
<td>1-4, NA, NK/NR</td>
</tr>
<tr>
<td><strong>Max Length (Type):</strong></td>
<td>1 (Integer)</td>
</tr>
</tbody>
</table>

**Identified Pre-Definitive Care Facility Procedure Codes**

<table>
<thead>
<tr>
<th>Name:</th>
<th>TH_01_ICD9PR – TH_44_ICD9PR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong></td>
<td>Indicates procedures performed prior to arrival at definitive care facility, such as what is indicated on the ambulance/flight report or transferring facility record. Up to 44 procedure codes may be entered (ICD-9-CM procedure codes).</td>
</tr>
<tr>
<td><strong>Calculated/Entered:</strong></td>
<td>Entered</td>
</tr>
<tr>
<td><strong>Code:</strong></td>
<td>For pre-hospital/transferring facility procedures the following codes <strong>shall be used</strong>, the remaining codes are optional:</td>
</tr>
</tbody>
</table>
| 99.29 = Peripheral IV*  
38.93 = Central Line*  
96.81 = Combitube*  
31.18 = Cricothyrotomy (Emergent tracheostomy)*  
31.19 = Percutaneous Tracheostomy*  
96.01 = Ins, Nasopharyngeal Airway*  
96.02 = Ins, Oropharyngeal Airway*  
99.60 = CPR*  
96.04 = Endotracheal Tube*  
99.04 = PRBC Administration  
88.01 = CT Abdomen/Pelvis  
87.03 = CT Head  
88.38 = CT Spine  
87.41 = CT Chest  
88.76 = Fast Ultrasound  
34.04 = Chest Tube  
57.94 = Indwelling urinary catheter  
34.09 = Needle Chest Decompression  
96.07 = Gastric Tube  
54.25 = DPL  
02.94 = Halo Traction  
88.91 = MRI Brain & Brain Stem  
88.92 = MRI Chest & Myocardium  
88.93 = MRI Spinal Canal  
88.95 = MRI Pelvis  
01.18 = ICP Bolt  
41.92 = Intraosseous |
| **Range:** | N/A |
| **Max Length (Type):** | 7 (String) |
Identified Pre-Definitive Care Facility Procedure Codes

Name: TH_01_ICD10PR – TH_44_ICD10PR
Definition: Indicates procedures performed prior to arrival at definitive care facility, such as what is indicated on the ambulance/flight report or transferring facility record. Up to 44 procedure codes may be entered (ICD-10-CM procedure codes).

Calculated: Entered
Code: (See below)
Range: N/A
Max Length (Type): 7 (String)

### Diagnostic and Therapeutic Imaging

- Computerized tomographic studies *
- Diagnostic ultrasound (includes FAST) *
- Doppler ultrasound of extremities *
- Angiography
- Angioembolization
- Echocardiography
- Cystogram
- IVC filter
- Urethrogram

### Genitourinary

- Ureteric catheterization (i.e. Ureteric stent)
- Suprapubic cystostomy

### Transfusion

The following blood products should be captured over first 24 hours after hospital arrival:
- Transfusion of red cells *
- Transfusion of platelets *
- Transfusion of plasma *

In addition to coding the individual blood products listed above assign the appropriate procedure code on patients that receive > 10 units of blood products over first 24 hours following hospital arrival *

For pediatric patients (age 14 and under), assign the appropriate procedure code on patients that receive 40cc/kg of blood products over first 24 hours following hospital arrival*

### Cardiovascular

- Central venous catheter *
- Pulmonary artery catheter *
- Cardiac output monitoring *
- Open cardiac massage
- CPR

### Respiratory

- Insertion of endotracheal tube *
- Continuous mechanical ventilation *
- Chest tube *
- Bronchoscopy *
- Tracheostomy

### CNS

- Insertion of ICP monitor *
- Ventriculostomy *

### Gastrointestinal

- Endoscopy (includes gastroscopy,
<table>
<thead>
<tr>
<th>Cerebral oxygen monitoring *</th>
<th>sigmoidoscopy, colonoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrostomy/jejunostomy (percutaneous or endoscopic)</td>
<td></td>
</tr>
<tr>
<td>Percutaneous (endoscopic) gastrojejunoscopy</td>
<td></td>
</tr>
</tbody>
</table>

**Musculoskeletal**

- Soft tissue/bony debridements *
- Closed/Open reduction of fractures
- Skeletal and halo traction
- Fasciotomy

**Other**

- Hyperbaric oxygen
- Decompression chamber
- TPN *
### Identified Pre-Definitive Care Facility Procedure Code Location

**Name:** TH_01_LC – TH_44_LC  
**Definition:** Indicates location of procedures performed prior to arrival at this facility. Up to 44 procedure locations may be entered.

**Calculated/Entered:** Entered

**Code:**  
- 3 = Transport from Intermediate Facility  
- Intermediate Facility 1
  - 104 = ED  
  - 105 = OR  
  - 106 = ICU  
  - 107 = Floor  
  - 108 = Observation  
  - 109 = Radiology  
  - 110 = Recovery  
  - 111 = Rehabilitation  
  - 112 = Step-Down  
  - 113 = Nuclear Medicine  
  - 114 = Burn Unit  
  - 115 = Minor Surgery Unit  
  - 116 = Special Procedure Unit  
  - 117 = Outpatient Clinic  
  - 118 = Other  
- Intermediate Facility 2
  - 204 = ED  
  - 205 = OR  
  - 206 = ICU  
  - 207 = Floor  
  - 208 = Observation  
  - 209 = Radiology  
  - 210 = Recovery  
  - 211 = Rehabilitation  
  - 212 = Step-Down  
  - 213 = Nuclear Medicine  
  - 214 = Burn Unit  
  - 215 = Minor Surgery Unit  
  - 216 = Special Procedure Unit  
  - 217 = Outpatient Clinic  
  - 218 = Other  
- Intermediate Facility 3
  - 304 = ED  
  - 305 = OR  
  - 306 = ICU  
  - 307 = Floor  
  - 308 = Observation  
  - 309 = Radiology  
  - 310 = Recovery  
  - 311 = Rehabilitation  
  - 312 = Step-Down  
  - 313 = Nuclear Medicine  
  - 314 = Burn Unit  
  - 315 = Minor Surgery Unit
316 = Special Procedure Unit
317 = Outpatient Clinic
318 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 3-318
Max Length (Type): 3 (String)
Transferring Facility(s) Provider 1

Mode of Arrival

Name: F11_MODE, F21_MODE, F31_MODE
Definition: Indicates type of inter-facility transferring trauma care facility service program
Calculated/Entered: Entered
Code: 1 = Land(Ground) Ambulance
       2 = Helicopter Ambulance
       3 = Fixed-wing Ambulance
       4 = Private/Public Vehicle/Walk-in
       5 = Police
       6 = Other
       NA = Not Applicable
       NK/NR = Not known/Not recorded
Range: 1-6
Max Length (Type): 1 (Integer)

Agency Number

Name: F11_AGEN, F21_AGEN, F31_AGEN
Definition: Indicates transferring trauma care facility service program number
Calculated/Entered: Entered
Code: State specific identifier (Refer to Appendix G).
Range: N/A
Max Length (Type): 7 (Integer)

Report Available

Name: F11_R_AV, F21_R_AV, F31_R_AV
Definition: Indicates whether transferring trauma care facility service report for this run is available at this facility
Calculated/Entered: Entered
Code: 1 = Received, complete, legible, in a timely fashion
       2 = Received, complete, legible, not in a timely fashion
       3 = Received, incomplete (all or missing)
       4 = Received, Illegible
       5 = Not received
       NA = Not Applicable
       NK/NR = Not known/Not recorded
Range: 1-5
Max Length (Type): 1 (Integer)
## Report Number

**Name:** F11_R_NUM, F21_R_NUM, F31_R_NUM  
**Definition:** Indicates transferring trauma care facility service report number for this run  
**Calculated/Entered:** Entered  
**Code:** Up to 12 characters  
**Range:** N/A  
**Max Length (Type):** 12 (String)

## Cardiac Arrest

**Name:** F11_C_YN, F21_C_YN, F31_C_YN  
**Definition:** Indicates whether cardiac arrest occurred while transferring between trauma care facilities  
**Calculated/Entered:** Entered  
**Code:** 1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
**Range:** 1-2  
**Max Length (Type):** 1 (Integer)

## Initial Assessment - Paralytic Agents in Effect

**Name:** F11_PAR, F21_PAR, F31_PAR  
**Definition:** Indicates transferring provider 1 status of paralytic agent use when respiratory rate or GCS assessed (Refer to Appendix H).  
**Calculated/Entered:** Entered  
**Code:** 1 = Yes  
2 = No  
I = Not Applicable  
U = Unknown  
**Range:** 1-2  
**Max Length (Type):** 1 (Integer)

## Initial Assessment - Sedated

**Name:** F11_SED, F21_SED, F31_SED  
**Definition:** Indicates transferring provider 1 status of sedation (any drug which may alter their level of consciousness) when respiratory rate or GCS assessed.  
**Calculated/Entered:** Entered  
**Code:** 1 = Yes  
2 = No  
I = Not Applicable  
U = Unknown  
**Range:** 1-2  
**Max Length (Type):** 1 (Integer)

## Initial Assessment - Bagging or Ventilator

**Name:** F11_BAG, F21_BAG, F31_BAG  
**Definition:** Indicates transferring provider 1 status of respiratory ventilation when respiratory rate or GCS assessed.
Iowa Department of Public Health, Bureau of EMS

**Iowa Trauma Registry Manual**

Calculated/Entered: Entered
Code:  
1 = Yes  
2 = No  
I = Not Applicable  
U = Unknown  
Range: 1-2  
Max Length (Type): 1 (Integer)

**Initial Assessment - Intubated**

Name: F11_INT, F21_INT, F31_INT  
Definition: Indicates transferring provider 1 status of intubation when respiratory rate or GCS assessed.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
I = Not Applicable  
U = Unknown  
Range: 1-2  
Max Length (Type): 1 (Integer)

**Initial Assessment - Systolic BP**

Name: F11_SBP, F21_SBP, F31_SBP  
Definition: Indicates transferring provider 1 initial systolic pressure.  
Calculated/Entered: Entered  
Range: 0-999  
Max Length (Type): 3 (Integer)

**Initial Assessment - Unassisted Respiratory Rate**

Name: F11_RR, F21_RR, F31_RR  
Definition: Indicates transferring provider 1 initial, unassisted respiratory rate.  
Calculated/Entered: Entered  
Range: 0-99  
Max Length (Type): 2 (Integer)

**Initial ED/Hospital – Glasgow Coma Scale (GCS) – Eye Opening**

Name: F11_GCS_EO, F21_GCS_EO, F31_GCS_EO  
Definition: Indicates transferring provider 1 initial Glasgow Coma Score (Eye).  
Calculated/Entered: Entered  
Code:  
Eye Opens (Adult/Pediatric (<2 yrs)  
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  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-4  
Max Length (Type): 1 (Integer)
Initial ED/Hospital – GCS – Verbal Response

Name: F11_GCS_VR, F21_GCS_VR, F31_GCS_VR
Definition: Indicates transferring provider 1 initial Glasgow Coma Score (Verbal).
Calculated/Entered: Entered
Code: Verbal Response-Adults
1 = No vocal response
2 = Incomprehensible sounds
3 = Inappropriate Words
4 = Confused
5 = Oriented
NA = Not Applicable
NK/NR = Not known/Not recorded

Verbal Response-Pediatric (<2 yrs)
1 = No vocal response
2 = Inconsolable, agitated
3 = Inconsistently consolable, moaning
4 = Cries but is consolable, inappropriate interactions
5 = Smiles, oriented to sounds, follows objects, interacts
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-5
Max Length (Type): 1 (Integer)

Initial ED/Hospital – GCS – Motor Response

Name: F11_GCS_MR, F21_GCS_MR, F31_GCS_MR
Definition: Indicates transferring provider 1 initial Glasgow Coma Score (Motor).
Calculated/Entered: Entered
Code: Best Motor Response-Adults
1 = No motor response
2 = Extension to pain
3 = Flexion to Pain
4 = Withdraw from pain
5 = Localizes pain
6 = Obeys Commands
NA = Not Applicable
NK/NR = Not known/Not recorded

Best Motor Response-Pediatric (<2 yrs)
1 = No motor response
2 = Extension to pain
3 = Flexion to pain
4 = Withdrawal from pain
5 = Localizes pain
6 = Appropriate response to stimulation
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-6
Max Length (Type): 1 (Integer)
Initial ED/Hospital – GCS - Total

Name: F11_GCS_TT, F21_GCS_TT, F31_GCS_TT
Definition: Indicates transferring provider 1 initial Glasgow Coma Score (total) of ED/hospital arrival.
Calculated/Entered: Entered
Code: N/A
Range: 3-15, NA, NK/NR
Max Length (Type): 2 (Integer)

Utilize only if total score is available without component scores.
If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as “AAOx3”, “awake alert and oriented”, or “patient with normal mental status”, interpret this as GCS of 15 IF there is not other contradicting documentation.
Please note that first recorded/hospital vitals do not need to be from the same assessment

Initial ED/Hospital GCS Assessment Qualifiers

Name: F11_GCS_Q, F21_GCS_Q, F31_GCS_Q
Definition: Documentation of factors potentially affecting the transferring provider 1 initial GCS (CHECK ALL THAT APPLY)
Calculated/Entered: Entered
Code: 1 = Patient Chemically Sedated or Paralyzed
2 = Obstruction to the Patient’s Eye
3 = Patient Intubated
4 = Valid GCS: Patient was not sedate, not intubated, and did not have obstruction to the eye
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)

Identifies treatments given to the patient that may affect the first assessment of GCS. This field 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 selected. Neuromuscular blockade is typically induced following the administration of an agent like succinylcholine, rocuronium, (cis)atracurium, vecuronium, or pancuronium. See appendix for other common agents used for neuromuscular blockade and sedation and duration of action.
Transferring Facility(s) Provider 2

Mode of Arrival

Name: F12_MODE, F22_MODE, F32_MODE
Definition: Indicates transferring trauma care facility service program number
Calculated/Entered: Entered
Code: 1 = Land(Ground) Ambulance
2 = Helicopter Ambulance
3 = Fixed-wing Ambulance
4= Private/Public Vehicle/Walk-in
5= Police
6 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-6
Max Length (Type): 1 (Integer)

Agency Number

Name: F12_AGEN, F22_AGEN, F32_AGEN
Definition: Indicates transferring trauma care facility service program number.
Calculated/Entered: Entered
Code: State specific identifier (Refer to Appendix G).
Range: N/A
Max Length (Type): 7 (Integer)

Report Available

Name: F12_R_AV, F22_R_AV, F32_R_AV
Definition: Indicates whether transferring trauma care facility service report for this run is available at this facility.
Calculated/Entered: Entered
Code: 1 = Received, complete, legible, in a timely fashion
2 = Received, complete, legible, not in a timely fashion
3 = Received, incomplete (all or missing)
4 = Received, illegible
5 = Not received
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-5
Max Length (Type): 1 (Integer)

Report Number

Name: F12_R_NUM, F22_R_NUM, F32_R_NUM
Definition: Indicates transferring trauma care facility service report number for this run.
Calculated/Entered: Entered
Code: Up to 12 characters
Range: N/A
Max Length (Type): 12 (String)
Cardiac Arrest

Name: F12_C_YN, F22_C_YN, F32_C_YN
Definition: Indicates whether cardiac arrest occurred while before transferring trauma care facility transport arrived at TCF.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Paralytic Agents in Effect

Name: F12_PAR, F22_PAR, F32_PAR
Definition: Indicates transferring provider 2 status of paralytic agent use when respiratory rate or GCS assessed (Refer to Appendix H).
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
I = Not Applicable
U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Sedated

Name: F12_SED, F22_SED, F32_SED
Definition: Indicates transferring provider 2 status of sedation (any drug which may alter their level of consciousness) when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
I = Not Applicable
U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

Initial Assessment - Bagging or Ventilator

Name: F12_BAG, F22_BAG, F32_BAG
Definition: Indicates transferring provider 2 status of respiratory ventilation when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
I = Not Applicable
U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)
**Initial Assessment - Intubated**

Name: F12_INT, F22_INT, F32_INT  
Definition: Indicates transferring provider 2 status of intubation when respiratory rate or GCS assessed.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
I = Not Applicable  
U = Unknown  
Range: 1-2  
Max Length (Type): 1 (Integer)

**Initial Assessment - Systolic BP**

Name: F12_SBP, F22_SBP, F32_SBP  
Definition: Indicates transferring provider 2 initial systolic pressure.  
Calculated/Entered: Entered  
Range: 0-999  
Max Length (Type): 3 (Integer)

**Initial Assessment - Unassisted Respiratory Rate**

Name: F12_RR, F22_RR, F32_RR  
Definition: Indicates transferring provider 2 initial, unassisted respiratory rate.  
Calculated/Entered: Entered  
Range: 0-99  
Max Length (Type): 2 (Integer)

**Initial ED/Hospital – Glasgow Coma Scale (GCS) – Eye Opening**

Name: F12_GCS_EO, F22_GCS_EO, F32_GCS_EO  
Definition: Indicates transferring provider 2 initial Glasgow Coma Score (Eye).  
Calculated/Entered: Entered  
Code:  
Eye Opens (Adult/Pediatric (<2 yrs))  
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  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-4  
Max Length (Type): 1 (Integer)
### Initial ED/Hospital – GCS – Verbal Response

<table>
<thead>
<tr>
<th>Name:</th>
<th>F12_GCS_VR, F22_GCS_VR, F32_GCS_VR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates transferring provider 2 initial Glasgow Coma Score (Verbal).</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Verbal Response-Adults</td>
</tr>
<tr>
<td></td>
<td>1 = No vocal response</td>
</tr>
<tr>
<td></td>
<td>2 = Incomprehensible sounds</td>
</tr>
<tr>
<td></td>
<td>3 = Inappropriate Words</td>
</tr>
<tr>
<td></td>
<td>4 = Confused</td>
</tr>
<tr>
<td></td>
<td>5 = Oriented</td>
</tr>
<tr>
<td>NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
</tbody>
</table>

Verbal Response-Pediatric (<2 yrs)

| 1 = No vocal response |
| 2 = Inconsolable, agitated |
| 3 = Inconsistently consolable, moaning |
| 4 = Cries but is consolable, inappropriate interactions |
| 5 = Smiles, oriented to sounds, follows objects, interacts |
| NA = Not Applicable |
| NK/NR = Not known/Not recorded |

**Range:** 1-5
**Max Length (Type):** 1 (Integer)

### Initial ED/Hospital – GCS – Motor Response

<table>
<thead>
<tr>
<th>Name:</th>
<th>F12_GCS_MR, F22_GCS_MR, F32_GCS_MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates transferring provider 2 initial Glasgow Coma Score (Motor).</td>
</tr>
<tr>
<td>Calculated/ Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Best Motor Response-Adults</td>
</tr>
<tr>
<td></td>
<td>1 = No motor response</td>
</tr>
<tr>
<td></td>
<td>2 = Extension to pain</td>
</tr>
<tr>
<td></td>
<td>3 = Flexion to Pain</td>
</tr>
<tr>
<td></td>
<td>4 = Withdraw from pain</td>
</tr>
<tr>
<td></td>
<td>5 = Localizes pain</td>
</tr>
<tr>
<td></td>
<td>6 = Obeys Commands</td>
</tr>
<tr>
<td>NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
</tbody>
</table>

Best Motor Response-Pediatric (<2 yrs)

| 1 = No motor response |
| 2 = Extension to pain |
| 3 = Flexion to pain |
| 4 = Withdrawal from pain |
| 5 = Localizes pain |
| 6 = Appropriate response to stimulation |
| NA = Not Applicable |
| NK/NR = Not known/Not recorded |

**Range:** 1-6
**Max Length (Type):** 1 (Integer)
**Initial ED/Hospital – GCS - Total**

Name: F12_GCS_TT, F22_GCS_TT, F32_GCS_TT  
Definition: Indicates transferring provider 2 initial Glasgow Coma Score (total) of ED/hospital arrival.  
Calculated/Entered: Entered  
Code: N/A  
Range: 3-15, NA, NK/NR  
Max Length (Type): 2 (Integer)

Utilize only if total score is available without component scores.  
If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as “AAOx3”, “awake alert and oriented”, or “patient with normal mental status”, interpret this as GCS of 15 IF there is not other contradicting documentation.  
Please note that first recorded/hospital vitals do not need to be from the same assessment

**Initial ED/Hospital GCS Assessment Qualifiers**

Name: F12_GCS_Q, F22_GCS_Q, F32_GCS_Q  
Definition: Documentation of factors potentially affecting the transferring provider 2 initial GCS (CHECK ALL THAT APPLY)  
Calculated/Entered: Entered  
Code: 1 = Patient Chemically Sedated or Paralyzed  
2 = Obstruction to the Patient’s Eye  
3 = Patient Intubated  
4 = Valid GCS: Patient was not sedate, not intubated, and did not have obstruction to the eye  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-4  
Max Length (Type): 1 (Integer)

*Identifies treatments given to the patient that may affect the first assessment of GCS. This field 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 selected. Neuromuscular blockade is typically induced following the administration of an agent like succinylcholine, rocuronium, (cis)atracurium, vecuronium, or pancuronium. See appendix for other common agents used for neuromuscular blockade and sedation and duration of action.*
Trauma Care Facility (Definitive Care)

Resource, regional or area trauma care facility on all trauma patients;
1. with at least one injury ICD-9 diagnosis code between 800.00 and 959.9, including 940-949 (burns) or Injury diagnoses as defined by ICD-10-CM code S00-S99, T07, T14, T20-T28, T30-T32, and T79.A1-T79.A9 code range.; and:
   A. who are admissions, to be defined as any patient beyond the Emergency Department, or
   B. who died after receiving any evaluation or treatment or were dead on arrival, or
   C. who were transferred into or out of the trauma care facility

OR
2. the trauma care facility trauma team is activated.

### Trauma Number

<table>
<thead>
<tr>
<th>Name: TRAUMA_NUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition: Indicates unique, consecutive number assigned by trauma registrar/coordinator for each trauma patient admitted to this emergency department or transferred to this trauma care facility. May not be assigned to another trauma patient.</td>
</tr>
<tr>
<td>Calculated/Entered: Entered</td>
</tr>
<tr>
<td>Code: Unique 8 digit number assigned.</td>
</tr>
<tr>
<td>Range: N/A</td>
</tr>
<tr>
<td>Max Length (Type): 8 (Integer)</td>
</tr>
</tbody>
</table>

### Download Candidate

<table>
<thead>
<tr>
<th>Name: SYSTEM_YN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition: Indicates whether patient meets trauma patient eligibility, as stated in Definition section. If they meet eligibility, patient is downloaded from trauma care facility into State Trauma Registry.</td>
</tr>
<tr>
<td>Calculated/Entered: Entered</td>
</tr>
<tr>
<td>Code: 1 = Yes, 2 = No, NA = Not Applicable, NK/NR = Not known/Not recorded</td>
</tr>
<tr>
<td>Range: N/A</td>
</tr>
<tr>
<td>Max Length (Type): 1 (Integer)</td>
</tr>
</tbody>
</table>

### Source of Trauma System Inclusion Designation

<table>
<thead>
<tr>
<th>Name: ENTRY_SYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition: Indicates information source used to identify patient as a trauma patient meriting a trauma service response by this reporting trauma care facility and/or inclusion in the hospital trauma register.</td>
</tr>
<tr>
<td>Calculated/Entered: Entered</td>
</tr>
<tr>
<td>Code: 1 = Prehospital (Direct from Scene)</td>
</tr>
</tbody>
</table>
  a. Patient arrived at this reporting trauma care facility by EMS; transported directly from scene or another location.
  b. Trauma service responded to patient based on prehospital information prior to patient arrival.
| Note: Does NOT include patients arriving at reporting trauma care facility by private vehicle. |
2 = Trauma Team Activation (At This Hospital)
   aDirect arrival, non EMS (e.g., police, private vehicle, etc).
   bTrauma service responded to patient based on this reporting trauma care facility’s ED information after patient arrival.
3 = Transfer from Another Acute Care Facility
   aTrauma service responded to patient based on transferring trauma care facility information prior to patient arrival at this reporting facility.
4 = Transfer to Trauma Service from Another Service within this hospital
   aTrauma service responded to patient based on information from another service within this reporting trauma care facility.
5 = Retrospective Review
   aTrauma service did NOT respond to patient but the patient met the inclusion criteria to be entered into this reporting trauma care facility registry (single system injuries even for transfer patients or require specialized care from Orthopedics, Neurosurgery, etc.).

NA = Not Applicable
NK/NR = Not known/Not recorded
1-5

Max Length (Type): 1 (Integer)

Emergency Department Arrival Date

Name: EDA_DATE
Definition: Indicates date of arrival at this trauma care facility emergency or other department.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Emergency Department Arrival Time

Name: EDA_TIME
Definition: Indicates time of arrival at this trauma care facility.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Medical Record Number

Name: MR_NUM
Definition: Indicates the medical record number of patient at this trauma care facility.
Calculated/Entered: Entered
Code: Any set of up to 20 characters
Range: N/A
Max Length (Type): 20 (String)

Patient Access to This Facility – Through which Department

Name: ED_ACCESS (Do we need other choices such as: Clinic?)
Definition: Indicates which department in this facility patient was first admitted
Calculated/Entered: Entered
Code:
1 = Emergency Department
2 = Trauma Department – Independent from ED (rare in Iowa)
3 = Direct Admit – not ED or Trauma Department
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-3
Max Length (Type): 1 (Integer)

**Trauma Response Called/Requested**

Name: ED_STATUS
Definition: Indicates level of trauma team activation called as part of the trauma service response of this trauma care facility emergency department for this trauma patient.
Calculated/Entered: Entered
Code:
1 = Trauma Team Activation – Partial team
   (reduced team or lowered level alert. Not applicable to TCFs without two-tiered system.)
2 = Trauma Team Activation – Full team
4 = Trauma Consult
5 = Re-hospitalization after discharge
6 = Non-Trauma Service (i.e., TCFs where trauma team NOT involved)
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-6
Max Length (Type): 1 (Integer)

**Admitting Service**

Name: ADM_SERV
Definition: If patient was admitted to the hospital, enter the service to which the patient was admitted (NS=Nonsurgical service)
Calculated/Entered: Entered
Code:
1 = General Surgery
2 = Trauma Surgery
3 = Neurosurgery
4 = Burn Surgery
5 = Pediatric Surgery
6 = Orthopaedics
7 = Thoracic-Cardiovascular
8 = Vascular
9 = Plastic Surgery
10 = ENT
11 = Ophthalmology
12 = Oral Surgery
13 = Urology
14 = Family Medicine/Practice (NS)
15 = Internal Medicine (NS)
16 = Pulmonary Medicine (NS)
17 = Neurology (NS)
18 = Cardiology (NS)
19 = Pediatrics (NS)
20 = Geriatrics (NS)
21=GI (NS) 
22=Renal (NS) 
23=Infectious Diseases (NS) 
24=Psychiatry (NS) 
25=Hospitalist Service (NS) 
26=Other 
NA = Not Applicable 
NK/NR = Not known/Not recorded

Range: 1-26 
Max Length (Type): 2 (Integer)

**Admitting Service-Non Surgical**

Name: ADM_SERV_NS 
Definition: If patient was admitted to the hospital under a nonsurgical service, indicate if they received a consult from one or more of the following.

Calculated/Entered: Entered 
Code: 
1 = General/Trauma Surgeons 
2 = Neurosurgery 
3 = Burn Surgery 
4 = Pediatric Surgery 
5 = Orthopaedics/Podiatry 
6 = Thoracic/Cardiovascular 
7 = Vascular 
8 = Plastic Surgery 
9 = ENT 
10=Ophthalmology 
11=Ob/Gyn 
12=Other 
NA = Not Applicable 
NK/NR = Not known/Not recorded

Range: 1-14 
Max Length (Type): 2 (Integer)

**ED Discharge Date**

Name: EDD_DATE 
Definition: Indicates discharge date from this trauma care facility emergency department.

Calculated/Entered: Entered 
Code: YYYY-MM-DD 
Range: 1990-01-01 to 2030-01-01 
Max Length (Type): 10 (Date)

**ED Discharge Time**

Name: EDD_TIME 
Definition: Indicates discharge time from this trauma care facility emergency department.

Calculated/Entered: Entered 
Code: HH:MM (Military Time) 
Range: N/A
**ED Disposition**

**Name:** EDD_DISP  
**Definition:** Indicates disposition from emergency department  
**Calculated/Entered:** Entered  
**Code:**  
- NTDS Categories  
  - 1 = Floor Bed (general admission)  
  - 2 = Observation unit (unit that provides < 24 hour stays)  
  - 3 = Telemetry/step-down unit (less acuity than ICU)  
  - 4 = Home with services  
  - 5 = Died/Expired  
  - 6 = Other (jail, institutional care, 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  

NA = Not Applicable (If patient is directly admitted to the hospital)  
- If ED Disposition is 4, 5 then hospital discharge date, time and disposition should be NA  
NK/NR = Not known/Not recorded  
**Range:** 1-11  
**Max Length (Type):** 2 (Integer)

**Signs of Life**

**Name:** ED_SOL  
**Definition:** Indication of whether patient arrived to ED/Hospital with signs of life.  
**Calculated/Entered:** Entered  
**Code:**  
- 1 = Arrived with NO signs of life  
- 2 = Arrived with signs of life  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
**Range:** 1-2  
**Max Length (Type):** 1 (Integer)

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

Name: E1_PAR
Definition: Indicates initial emergency department status of paralytic agent use when respiratory rate or GCS assessed (Refer to Appendix H).
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       I = Not Applicable
       U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

ED Initial Assessment - Sedated

Name: E1_SED
Definition: Indicates initial emergency department status of sedation (any drug which may alter their level of consciousness) when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       I = Not Applicable
       U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

ED Initial Assessment – Bagging or Ventilator

Name: E1_BAG
Definition: Indicates initial emergency department status of respiratory ventilation when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       I = Not Applicable
       U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)

ED Initial Assessment – Intubated

Name: E1_INT
Definition: Indicates initial emergency department status of intubation when respiratory rate or GCS assessed.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       I = Not Applicable
       U = Unknown
Range: 1-2
Max Length (Type): 1 (Integer)
Initial ED/Hospital Systolic BP

Name: E1_SBP
Definition: Indicates first recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.
Calculated/Entered: Entered
Code: N/A
Range: 0-300, NA, NK/NR
Max Length (Type): 3 (Integer)

Initial ED/Hospital Pulse Rate

Name: E1_HR
Definition: Indicates first recorded pulse rate in the ED (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).
Calculated/Entered: Entered
Code: N/A
Range: 0-299, NA, NK/NR
Max Length (Type): 3 (Integer)

Initial ED/Hospital Respiratory Rate

Name: E1_RR
Definition: Indicates first recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).
Calculated/Entered: Entered
Code: N/A
Range: 0-120, NA, NK/NR
Max Length (Type): 3 (Integer)

Initial ED/Hospital Respiratory Assistance

Name: E1_ASST
Definition: Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.
Calculated/Entered: Entered
Code: 1 = Unassisted Respiratory Rate
2 = Assisted Respiratory Rate
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)
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
Initial ED/Hospital Assessment – Oxygen Saturation

Name: E1_SA02
Definition: Indicates initial emergency department oxygen saturation (percent)
Calculated/Entered: Entered
Code: N/A
Range: 0-100, NA, NK/NR
Max Length (Type): 3 (Integer)

Initial ED/Hospital Assessment – Supplemental Oxygen

Name: E1_SUPPO2
Definition: Determination of the presence of supplemental oxygen during assessment of initial ED/Hospital oxygen saturation level within 30 minutes or less of ED/Hospital arrival
Calculated/Entered: Entered
Code: 1 = No Supplemental Oxygen
     2 = Supplemental Oxygen
     NA = Not Applicable
     NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)
-Only completed if a value is provided for “Initial ED/Hospital Oxygen Saturation”
-Please note that first recorded/hospital vitals do not need to be from the same assessment

Initial ED/Hospital Assessment – Base Deficit

Name: E1_BASE
Definition: Indicates initial emergency department oxygen base deficit (mmol/l)
Calculated/Entered: Entered
Code: -30 – +30 mmol/l
Range: -30 – +30 mmol/l, NA, NK/NR
Max Length (Type): 3 (String)

Initial Carboxyhemoglobin

Name: E1_COHB
Definition: Indicates initial emergency department carboxyhemoglobin level.
Calculated/Entered: Entered
Code: N/A
Range: 0-100, NA, NK/NR
Max Length (Type): 3 (Integer)
**Initial ED/Hospital Assessment – Temperature**

Name: E1_TEMP  
Definition: Indicates first recorded temperature (in degrees Celsius (centigrade)) in the ED/hospital within 30 minutes or less of ED/hospital arrival  
Calculated/Entered: Entered  
Code: N/A  
Range: 28 – 48 Celsius, 82 – 120 Fahrenheit, NA, NK/NR  
Max Length (Type): 3 (Decimal)

**Initial ED/Hospital Assessment – Temperature Unit**

Name: E1_TEMPU  
Definition: Indicates initial emergency department/hospital temperature type (F or C)  
Calculated/Entered: Entered  
Code: F or C  
Range: F,C, NA, NK/NR  
Max Length (Type): 1 (String)

**Initial ED/Hospital Assessment – Temperature Route**

Name: E1_TEMPR  
Definition: Indicates initial emergency department/hospital temperature measurement route  
Calculated/Entered: Entered  
Code:  
1. Tympanic  
2. Oral  
3. Axillary  
4. Rectal  
5. Foley  
6. Other  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-6  
Max Length (Type): 1 (Integer)

**ED Initial Assessment – Weight**

Name: E1_WGT  
Definition: Indicates initial emergency department weight (lb or (kg--NTDS) Measured or estimated baseline weight  
Calculated/Entered: Entered  
Code: N/A  
Range: 0 - 907, NA, NK/NR  
Max Length (Type): 3 (Integer)
**ED Initial Assessment – Weight**

**Measurement Unit**

Name: E1_WGTU  
Definition: Indicates initial emergency department weight type (lb or kg)  
Calculated/Entered: Entered  
Code: P or K  
Range: P, K, NA, NK/NR  
Max Length (Type): 1 (String)

**ED Initial Assessment – Height**

Name: E1_HGT  
Definition: Indicates first recorded height upon emergency department/hospital arrival (inches or cm—NTDS)  
Calculated/Entered: Entered  
Code: N/A  
Range: 0 - 244, NA, NK/NR  
Max Length (Type): 3 (Integer)

**ED Initial Assessment – Height Measurement Unit**

Name: E1_HGTU  
Definition: Indicates initial emergency department height type (inches or cm)  
Calculated/Entered: Entered  
Code: I or C  
Range: I, C, NA, NK/NR  
Max Length (Type): 1 (String)

**ED Initial Assessment – BMI**

Name: E1_BMI  
Definition: Indicates initial emergency department/hospital BMI  
Calculated/Entered: Calculated  
Code: N/A  
Range: 0 - 190, NA, NK/NR  
Max Length (Type): 3 (Integer)

**Initial ED/Hospital– Glasgow Coma Scale (GCS) – Eye Opening**

Name: E1_GCS_EO  
Definition: Indicates first recorded Glasgow Coma Score (Eye) in the emergency department/hospital within 30 minutes or less of ED/hospital arrival.  
Calculated/Entered: Entered
Eye Opens (Adult/Pediatric (<2 yrs))

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
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-4
Max Length (Type): 1 (Integer)

**Initial ED/Hospital – GCS – Verbal Response**

**Name:** E1_GCS_VR

**Definition:** Indicates first recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.

**Calculated/Entered:** Entered

**Code:**

Verbal Response-Adults
1 = No vocal response
2 = Incomprehensible sounds
3 = Inappropriate Words
4 = Confused
5 = Oriented
NA = Not Applicable
NK/NR = Not known/Not recorded

Verbal Response-Pediatric (<2 yrs)
1 = No vocal response
2 = Inconsolable, agitated
3 = Inconsistently consolable, moaning
4 = Cries but is consolable, inappropriate interactions
5 = Smiles, oriented to sounds, follows objects, interacts
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-5
Max Length (Type): 1 (Integer)

**Initial ED/Hospital – GCS – Motor Response**

**Name:** E1_GCS_MR

**Definition:** Indicates first recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival

**Calculated/Entered:** Entered

**Code:**

Best Motor Response-Adults
1 = No motor response
2 = Extension to pain
3 = Flexion to Pain
4 = Withdraw from pain
5 = Localizes pain
6 = Obeys Commands
NA = Not Applicable
NK/NR = Not known/Not recorded

Best Motor Response-Pediatric (<2 yrs)
1 = No motor response
2 = Extension to pain
3 = Flexion to pain
4 = Withdrawal from pain
5 = Localizes pain
6 = Appropriate response to stimulation
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-6
Max Length (Type): 1 (Integer)

Initial ED/Hospital – GCS - Total

Name: E1_GCS_TT
Definition: Indicates first recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.
Calculated/Entered: Entered
Code: N/A
Range: 3-15, NA, NK/NR
Max Length (Type): 2 (Integer)

Utilize only if total score is available without component scores.
If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as “AAOx3”, “awake alert and oriented”, or “patient with normal mental status”, interpret this as GCS of 15 IF there is not other contradicting documentation.
Please note that first recorded/hospital vitals do not need to be from the same assessment

Initial ED/Hospital GCS Assessment Qualifiers

Name: E1_GCS_Q
Definition: Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of facility arrival (CHECK ALL THAT APPLY)
Calculated/Entered: Entered
Code: 1 = Patient Chemically Sedated or Paralyzed
2 = Obstruction to the Patient’s Eye
3 = Patient Intubated
4 = Valid GCS: Patient was not sedate, not intubated, and did not have obstruction to the eye
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)

Identifies treatments given to the patient that may affect the first assessment of GCS. This field 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 selected. Neuromuscular blockade is typically induced following the administration of an agent like succinylcholine, rocuronium, (cis)atracurium, vecuronium, or pancuronium. See appendix for other common agents used for neuromuscular blockade and sedation and duration of action.
Blood Alcohol Tested

Name: ETOH_TEST
Definition: Indicates blood alcohol was tested.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Blood Alcohol Results

Name: ETOH_RES
Definition: Indicates highest blood alcohol level (If patient transferred between trauma care facilities, may use previous hospital’s reported value—thus, eliminate duplicate labs).
Calculated/Entered: Entered
Code: N/A
Range: 0-999, NA, NK/NR
Max Length (Type): 3 (Integer)

Drug Screen Performed

Name: DRUG_TEST
Definition: Indicates drug screen performed.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Drug Screen Results

Name: DRUG_01 – DRUG_10
Definition: Indicates drug screen positive for non-prescribed drugs (If patient transferred between trauma care facilities, may use previous hospital’s reported value—thus, eliminate duplicate labs) Up to 10 drugs may be chosen.
Calculated/Entered: Entered
Code: 1 = Amphetamines
2 = Barbiturates
3 = Benzodiazepines
4 = Cocaine
5 = Marijuana
6 = Opiates
7 = PCP (Phencyclidine)
8 = Other
9 = Negative
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-9
Max Length (Type): 1 (Integer)

**Drug Screen Results – If Other**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DRUG_O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicates drug screen results if Other.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>Up to 50 characters in length.</td>
</tr>
<tr>
<td>Range:</td>
<td>N/A</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>50 (String)</td>
</tr>
</tbody>
</table>
Emergency Physician Call Date

Name: ED91_C_DATE
Definition: Indicates date Emergency Physician was called to the ED.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Emergency Physician Call Time

Name: ED91_C_TIME
Definition: Indicates time Emergency Physician was called to the ED.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Emergency Physician Arrival Date

Name: ED91_A_DATE
Definition: Indicates date of Emergency Physician ED arrival.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Emergency Physician Arrival Time

Name: ED91_A_TIME
Definition: Indicates time of Emergency Physician arrival to the ED.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Emergency Physician Level

Name: ED91_LEVEL
Definition: Indicates level of Emergency Physician.
Calculated/Entered: Entered
Code: 1 = Attending
2 = Resident
3 = Physician Extender
4 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)

First Trauma Surgeon Call Date

Name: ED92_C_DATE
Definition: Indicates date trauma surgeon was called to the ED.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

First Trauma Surgeon Call Time

Name: ED92_C_TIME
Definition: Indicates time trauma surgeon was called to the ED.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

First Trauma Surgeon Arrival Date

Name: ED92_A_DATE
Definition: Indicates date of trauma surgeon ED arrival.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

First Trauma Surgeon Arrival Time

Name: ED92_A_TH
Definition: Indicates time of trauma surgeon arrival to the ED.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

First Trauma Surgeon Level

Name: ED92_LEVEL
Definition: Indicates level of trauma surgeon.
Calculated/Entered: Entered
Code: 1 = Attending
2 = Resident
3 = Physician Extender (LIP)
4 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-4
Max Length (Type): 1 (Integer)
Procedure Codes

Name: DF_01_ICD9PR – DF_88_ICD9PR
Definition: Indicates procedure performed at any location within this trauma care facility. Up to 88 procedure codes may be entered (NTDB definition: Operative and essential procedures conducted during hospital stay. Operative and essential procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient’s specific injuries or complications). (ICD-9-CM procedure codes).

Things to Consider:
- The list of procedures below should be used as a guide to non-operative procedures that should be provided to the state and NTDB.
- Code the field as Not Applicable if patient did not have procedures.
- Capture all procedures performed in the operating room.
- Capture 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 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.

Calculated/Entered: Entered
Code: For this reporting trauma care facility procedures, the following codes in asterisks shall be used; more extensive codes may be used depending upon patient care.

99.29 = Peripheral IV*  
38.93 = Central Line*  
96.81 = Combitube*  
31.18 = Cricothyrotomy (Emergent tracheostomy)*  
31.19 = Percutaneous Tracheostomy*  
96.01 = Ins, Nasopharyngeal Airway*  
96.02 = Ins, Oropharyngeal Airway*  
99.60 = CPR*  
96.04 = Endotracheal Tube*  
99.04 = PRBC Administration  
88.01 = CT Abdomen/Pelvis  
87.03 = CT Head  
88.38 = CT Spine  
87.41 = CT Chest  
88.76 = Fast Ultrasound  
34.04 = Chest Tube  
57.94 = Indwelling urinary catheter  
34.09 = Needle Chest Decompression  
96.07 = Gastric Tube  
54.25 = DPL  
02.94 = Halo Traction  
88.91 = MRI Brain & Brain Stem  
88.92 = MRI Chest & Myocardium  
88.94 = MRI Upper/Lower Extremity/Musculoskeletal  
88.93 = MRI Spinal Canal
88.95 = MRI Pelvis, Prostate, Bladder
88.97 = MRI Eye, Face, Neck, specified site NEC
01.18 = ICP Bolt
41.92 = Intraosseous

Range: N/A
Max Length (Type): 7 (String)

Name: DF_01_ICD10PR – DF_88_ICD10PR
Definition: Indicates procedure performed at any location within this trauma care facility
Up to 88 procedure codes may be entered (NTDB definition: Operative and
essential procedures conducted during hospital stay. Operative and essential
procedures are those that were essential to the diagnosis, stabilization, or
treatment of the patient’s specific injuries or complications). (ICD-10-CM
procedure codes).

Calculated: Entered
Code: (See below)
Range: N/A
Max Length (Type): 6 (String)

Things to Consider:
- The list of procedures below should be used as a guide to non-operative
  procedures that should be provided to the state and NTDB.
- Code the field as Not Applicable if patient did not have procedures.
- Capture all procedures performed in the operating room
- Capture 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 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

### Diagnostic and Therapeutic Imaging

- Computerized tomographic studies *
- Diagnostic ultrasound (includes FAST) *
- Doppler ultrasound of extremities *
- Angiography
- Angioembolization

### Genitourinary

- Ureteric catheterization (i.e. Ureteric stent)
- Suprapubic cystostomy

### Transfusion

The following blood products should be captured over first 24 hours after
hospital arrival:

- Transfusion of red cells *
- Transfusion of platelets *
- Transfusion of plasma *

In addition to coding the individual blood products listed above, assign the
appropriate procedure code on patients.
that receive > 10 units of blood products over first 24 hours following hospital arrival *

For pediatric patients (age 14 and under), assign the appropriate procedure code on patients that receive 40cc/kg of blood products over first 24 hours following hospital arrival*

Cardiovascular
Central venous catheter *
Pulmonary artery catheter *
Cardiac output monitoring *
Open cardiac massage
CPR

Respiratory
Insertion of endotracheal tube*
Continuous mechanical ventilation *
Chest tube *
Bronchoscopy *
Tracheostomy

Gastrointestinal
Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)
Gastrostomy/jejunostomy (percutaneous or endoscopic)
Percutaneous (endoscopic) gastrojejunoscopy

Musculoskeletal
Soft tissue/bony debridements *
Closed/Open reduction of fractures
Skeletal and halo traction
Fasciotomy

Other
Hyperbaric oxygen
Decompression chamber
TPN *

CNS
Insertion of ICP monitor *
Ventriculostomy *
Cerebral oxygen monitoring *

Range: N/A
Max Length (Type): 7 (String)
Procedure Code Location

Name: DF_01_LC – DF_88_LC
Definition: Indicates location of each procedure Up to 88 procedure locations may be entered.
Calculated/Entered: Entered
Code: 1 = ED 2 = OR 3 = ICU 4 = Floor 5 = Observation 6 = Radiology 7 = Recovery 8 = Rehabilitation 9 = Step-Down 10 = Nuclear Medicine 11 = Burn Unit 12 = Minor Surgery Unit 13 = Special Procedure Unit 14 = Outpatient Clinic 15 = Other NA = Not Applicable NK/NR = Not known/Not recorded
Range: 1-15
Max Length (Type): 2 (Integer)

Procedure Date

Name: DF_01_DATE – DF_88_DATE
Definition: Indicates date procedure performed at any location Up to 88 procedure dates may be entered.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Procedure Time

Name: DF_01_TIME – DF_88_TIME
Definition: Indicates hour procedure performed at any location in military time Up to 88 procedure times may be entered.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)
ICU Days

Name: ICU_DAYS
Definition: Indicates total number of days in intensive care (including all episodes).
Calculated/Entered: Entered
Code: N/A
Range: 1-400, NA, NK/NR
Max Length (Type): 3 (Integer)
- Recorded in full day increments with any partial day listed as a full day
- If a patient is admitted and discharged on the same date, the LOS is one day

Ventilation Days

Name: VENT_DAYS
Definition: Indicates the total number of patient days spent on a mechanical ventilator (excluding time in the OR).
Calculated/Entered: Entered
Code: N/A
Range: 1-400, NA, NK/NR
Max Length (Type): 3 (Integer)
- Recorded in full day increments with any partial day listed as a full day
- Field allows for multiple “start” and “stop” dates and calculates total days spent on a mechanical ventilator. If a patient begins and ends mechanical ventilation on the same date, the total ventilator days is one day.
- Excludes mechanical ventilation time associated only with OR procedures.
- Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
Anatomical Diagnoses – Injury Narrative

Name: INJ_TEXT
Definition: Text description of patient’s injuries which are then used by Tri-Code to determine ISS/AAAM/ICD-9/TRISS Codes and Scores. The automatically calculated codes/scores can be overridden manually to improve accuracy.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 1,750 (Memo)

AIS Version

Name: AIS_VER
Definition: Indicates which revision of AIS system is used to calculate AIS. Calculated, but can be manually overridden to improve accuracy.
Code: 1 = AIS 80
2 = AIS 85
3 = AIS 90
4 = AIS 95
5 = AIS 98
6 = AIS 05
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-6
Max Length (Type): 1 (Integer)

ICD9 Injury Code

Name: ICD9_01 – ICD9_27
Definition: Indicates ICD-9 injury codes requiring treatment at this trauma care facility.
Calculated/Entered: Calculated, but can be manually overridden to improve accuracy.
Code: Valid ICD-9 Injury Diagnosis Code
Range: N/A
Max Length (Type): 6 (String)

ICD10 Injury Code

Name: ICD10_01 – ICD10_27
Definition: Indicates ICD-10 injury codes requiring treatment at this trauma care facility.
Calculated/Entered: Calculated, but can be manually overridden to improve accuracy.
Code: Valid ICD-10 Injury Diagnosis Code
Range: N/A
Max Length (Type): 8 (String)
AIS Score

Name: AIS_01 – AIS_27
Definition: Valid AIS score for each injury
Calculated/Entered: Calculated, but can be manually overridden to improve accuracy.
Code: 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
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-6, 9
Max Length (Type): 1 (Integer)

ISS Body Region

Name: ISSBR_01 – ISSBR_27
Definition: ISS body region codes for each injury
Calculated/Entered: Calculated, but can be manually overridden to improve accuracy.
Code: 1 = Head or neck
2 = Face
3 = Chest
4 = Abdominal or pelvic contents
5 = Extremities or pelvic girdle
6 = External
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-6
Max Length (Type): 1 (Integer)

AAAM (PREDOT) Code for each Injury

Name: PREDOT_01 – PREDOT_27
Definition: AAAM codes for injuries requiring treatment at this trauma care facility. Is the 6 digits preceding the decimal point in an associated AIS code.
Calculated/Entered: Calculated, but can be manually overridden to improve accuracy.
Code: Valid AAAM Injury Diagnosis Code.
Range: 000000-999999
Max Length (Type): 6 (String)

TRISS

Name: TRISS
Definition: Indicates patient probability of survival
Calculated/Entered: Calculated
Code: N/A
Range: 0.001-1.000
Max Length (Type): 5 (String)
**Note:** Components used to derive probability of survival score include, RTS (initial “At-this-facility” vitals; GCS, SBP, and RR), injury type (blunt or penetrating), ISS, and age.

### Injury Severity Score (ISS)

<table>
<thead>
<tr>
<th>Name</th>
<th>ISS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Indicates Injury Severity Score (ISS) determined on this trauma patient.</td>
</tr>
<tr>
<td>Calculated/Entered</td>
<td>Calculated</td>
</tr>
<tr>
<td>Code</td>
<td>N/A</td>
</tr>
<tr>
<td>Range</td>
<td>1-75, NA, NK/NR</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>2 (Integer)</td>
</tr>
</tbody>
</table>

### Revised Trauma Score (RTS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Revised Trauma Score (RTS) determined on this trauma patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculated/Entered</td>
<td>Calculated</td>
</tr>
<tr>
<td>Code</td>
<td>N/A</td>
</tr>
<tr>
<td>Range</td>
<td>0-7.84, NA, NK/NR</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>4 (String)</td>
</tr>
</tbody>
</table>
**Anatomical Diagnoses - Burns**

Name: Lund-Browder Chart  
Definition: Describes a burn injury by extent and depth  
Calculated/Entered: Both

<table>
<thead>
<tr>
<th>Area</th>
<th>Max</th>
<th>% 2nd</th>
<th>% 3rd</th>
<th>Total</th>
<th>% 2nd</th>
<th>% 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior trunk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posterior trunk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right buttock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left buttock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right upper arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left upper arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right lower arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left lower arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*International Classification of Diseases Ninth Revision (ICD-9-CM codes)*

**Anatomical Diagnoses - Burns**

<table>
<thead>
<tr>
<th>Area</th>
<th>Max</th>
<th>% 2nd</th>
<th>% 3rd</th>
<th>Total</th>
<th>% 2nd</th>
<th>% 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right hand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left hand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right thigh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left thigh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right leg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left leg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total BSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td>3rd</td>
<td>2nd + 3rd</td>
<td>BSA ICD Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn P(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Co-Morbidities

Name: COMORB_01 – COMORB_15
Definition: Pre-existing co-morbid factors present before patient arrival at this facility (Refer to Appendix I).
Calculated/Entered: Entered
Code: ICD-9 N-Codes and V-Codes or ICD-10-CM codes
Range: N/A
Max Length (Type): 6 (String)

Examples:
Alcoholism
Ascites within 30 days
Bleeding disorder
Currently receiving chemotherapy for cancer
Congenital anomalies
Congestive heart failure
Current smoker
Chronic renal failure
CVA/residual neurological deficit
Diabetes mellitus
Disseminated cancer
Advanced directive limiting care
Esophageal varices
Functionally dependent health status
History of angina within 30 days
History of myocardial infarction
History of PVD
Hypertension requiring medication
Prematurity
Obesity
Respiratory disease
Steroid use
Cirrhosis
Dementia
Major psychiatric illness
Drug abuse or dependence
Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider
Pregnancy
Other
Discharge Date

Name: DIS_DATE
Definition: Indicates date discharged from trauma care facility (Leave blank if discharged from TCF ED).
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Discharge Time

Name: DIS_TIME
Definition: Indicates discharge time from this trauma care facility.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Discharge Status

Name: DIS_STATUS
Definition: Indicates discharged status from trauma care facility.
Calculated/Entered: Entered
Code: 1= Alive
2= Dead
Range: 1-2
Max Length (Type): 1 (Integer)

Discharge to

Name: DIS_TO
Definition: Indicates disposition on discharge from this reporting trauma care facility.
Calculated/Entered: Entered
Code: 1 = Discharged/Transferred to a short-term general hospital for inpatient care
2 = Discharged/Transferred to an Intermediate Care Facility (ICF)
3 = Discharged/Transferred to home under care of organized home health service
4 = Left against medical advice or discontinued care
5 = Expired
6 = Discharged home with no home services
7 = Discharged/Transferred to Skilled Nursing Facility
8 = Discharged/Transferred to hospice care
9 = Discharged/Transferred to another type of rehabilitation or long-term care facility (Retired 2014)
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
NA = Not Applicable
NK/NR = Not known/Not recorded

Additional considerations:
- Field value = 6 (Home) refers to the patient’s current place of residence (e.g., prison, child protective services, etc.)
- Field 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 coded as 14
- Could have some terms in a glossary
- If ED Discharge Disposition = 5 (Died) then Hospital Discharge Disposition should be ‘NA’
- If ED Discharge Disposition = 4, 6, 9, 10, or 11 then Hospital Disposition must be ‘NA’

Range: 01-12
Max Length (Type): 2 (Integer)

**Discharge to – Other, List**

Name: DIS_TO_O
Definition: Narrative description to be used when ‘Other’ is chosen answer for ‘Discharge to’ variable
Calculated/Entered: Entered
Code: Narrative up to 50 characters.
Range: N/A
Max Length (Type): 50 (String)

**Discharge to – Facility**

Name: DIS_TO_F
Definition: Indicates facility number, including inpatient transfer and outpatient referral.
Calculated/Entered: Entered
Code: State Specific Identifier
Range: N/A
Max Length (Type): 6 (String)

**Discharge to – Facility, Other, List**

Name: DIS_TO_F_O
Definition: Narrative description to be used when certain options are chosen answer for Discharge To –Facility variable
Calculated/Entered: Entered
Code: Narrative up to 50 characters.
Range: N/A
Max Length (Type): 50 (String)
DISABILITY RATING SCALE:
Disability Rating Scale ratings to be completed at discharge.

A. EYE OPENING [DRS_EO]:
   (0) Spontaneous
   0-SPONTANEOUS: eyes open with sleep/wake rhythms indicating active arousal mechanisms, does not assume awareness.
   1-TO SPEECH AND/OR SENSORY STIMULATION: a response to any verbal approach, whether spoken or shouted, not necessarily the command to open the eyes; also, response to touch, mild pressure.
   2-TO PAIN: tested by a painful stimulus.
   3-NONE: no eye opening even to painful stimulation.
   (1) To Speech
   (2) To Pain
   (3) None

B. COMMUNICATION ABILITY [DRS_VR]:
   (0) Oriented
   0-ORIENTED: implies awareness of self and the environment; patient able to tell you a) who he is; b) where he is; c) why he is there; d) year; e) season; f) month; g) day; h) time of day.
   1-CONFUSED: attention can be held and patient responds to questions but responses are delayed and/or indicate varying degrees of disorientation and confusion.
   2-INAPPROPRIATE: intelligible articulation but speech is used only in an exclamatory or random way (such as shouting and swearing); no sustained communication exchange is possible.
   3-INCOMPREHENSIBLE: moaning, groaning or sounds without recognizable words, no consistent communication signs.
   4-NONE: no sounds or communications signs from patient.
   (1) Confused
   (2) Inappropriate
   (3) Incomprehensible
   (4) None

C. MOTOR RESPONSE [DRS_MR]:
   0-OBEYING: obeying command to move finger on best side; if no response or not suitable try another command such as “move lips,” “blink eyes,” etc; do not include grasp or other reflex responses.
   1-LOCALIZING: a painful stimulus at more than one site causes limb to move (even slightly) in an attempt to remove it; is a deliberate motor act to move away from or remove the source of noxious stimulation; if there is doubt as to whether withdrawal or localization has occurred after 3 or 4 painful stimulations, rate as localization.
   2-WITHDRAWING: any generalized movement away from a noxious stimulus that is more than a simple reflex response.
   3-FLEXING: painful stimulation results in either flexion at the elbow, rapid withdrawal with abduction of the shoulder or a slow withdrawal with adduction of the shoulder; if there is confusion between flexing and withdrawing, then use pinprick on hands.
   4-EXTENDING: painful stimulation results in extension of the limb.
5-NONE: no response can be elicited Usually associated with hypotonia Exclude spinal transection as an explanation of lack of response; be satisfied that an adequate stimulus has been applied.

(0) Obeying
(1) Localizing
(2) Withdrawing
(3) Flexing
(4) Extending
(5) None

D. FEEDING (COGNITIVE ABILITY ONLY; DRS_F)

(0.0) Complete
(1.0) Partial
(2.0) Minimal
(3.0) None

Does the patient show awareness of how and when to perform this activity? Ignore motor disabilities that interfere with carrying out this function (This is rated under Level of Functioning described below.)

0-COMPLETE: continuously shows awareness that he knows how to feed and can convey unambiguous information that he knows when this activity should occur.

1-PARTIAL: intermittently shows awareness that he knows how to feed and/or can intermittently convey reasonably clearly information that he knows when the activity should occur.

2-MINIMAL: shows questionable or infrequent awareness that he knows in a primitive way how to feed and/or shows infrequently by certain signs, sounds, or activities that he is vaguely aware when the activity should occur.

3-NONE: shows virtually no awareness at any time that he knows how to feed and cannot convey information by signs, sounds, or activity that he knows when the activity should occur.

E. TOILETING (COGNITIVE ABILITY ONLY; DRS_T)

Does the patient show awareness of how and when to perform this activity? Ignore motor disabilities that interfere with carrying out this function (This is rated under Level of Functioning described below.) Rate best response for toileting based on bowel and bladder behavior

0-COMPLETE: continuously shows awareness that he knows how to toilet and can convey unambiguous information that he knows when this activity should occur.

1-PARTIAL: intermittently shows awareness that he knows how to toilet and/or can intermittently convey reasonably clearly information that he knows when the activity should occur.

2-MINIMAL: shows questionable or infrequent awareness that he knows in a primitive way how to toilet and/or shows infrequently by certain signs, sounds, or activities that he is vaguely aware when the activity should occur.

3-NONE: shows virtually no awareness at any time that he knows how to toilet and cannot convey information by signs, sounds, or activity that he knows when the activity should occur.

(0.0) Complete
(1.0) Partial
(2.0) Minimal
(3.0) None

F. GROOMING (COGNITIVE ABILITY ONLY; DRS_G)

Does the patient show awareness of how and when to perform this activity? Ignore motor disabilities that interfere with carrying out this function (This is rated under Level
Grooming refers to bathing, washing, brushing of teeth, shaving, combing or brushing of hair and dressing.

0-COMPLETE: continuously shows awareness that he knows how to groom self and can convey unambiguous information that he knows when this activity should occur.

1-PARTIAL: intermittently shows awareness that he knows how to groom self and/or can intermittently convey reasonably clearly information that he knows when the activity should occur.

2-MINIMAL: shows questionable or infrequent awareness that he knows in a primitive way how to groom self and/or shows infrequently by certain signs, sounds, or activities that he is vaguely aware when the activity should occur.

3-NONE: shows virtually no awareness at any time that he knows how to groom self and cannot convey information by signs, sounds, or activity that he knows when the activity should occur.

(0.0) Complete
(1.0) Partial
(2.0) Minimal
(3.0) None

G. LEVEL OF FUNCTIONING (PHYSICAL, MENTAL, EMOTIONAL OR SOCIAL FUNCTION; DRS_LF)

0-COMpletely INDEPENDENT: able to live as he wishes, requiring no restriction due to physical, mental, emotional or social problems.

1-INDEPENDENT IN SPECIAL ENVIRONMENT: capable of functioning independently when needed requirements are met (mechanical aids)

2-MILDLY DEPENDENT: able to care for most of own needs but requires limited assistance due to physical, cognitive and/or emotional problems (e.g., needs non-resident helper).

3-MODERATELY DEPENDENT: able to care for self partially but needs another person at all times (person in home)

4-MARKEDLY DEPENDENT: needs help with all major activities and the assistance of another person at all times.

5-TOTALLY DEPENDENT: not able to assist in own care and requires 24-hour nursing care.

(0.0) Completely Independent
(1.0) Independent in special environment
(2.0) Mildly Dependent-Limited assistance (non-resid - helper)
(3.0) Moderately Dependent-moderate assist (person in home)
(4.0) Markedly Dependent-assist all major activities, all times
(5.0) Totally Dependent-24 hour nursing care.

H."EMPLOYABILITY"(AS A FULL TIME WORKER, HOMEMAKER, OR STUDENT; DRS_E)

0-NOT RESTRICTED: can compete in the open market for a relatively wide range of jobs commensurate with existing skills; or can initiate, plan execute and assume responsibilities associated with homemaking; or can understand and carry out most age relevant school assignments.

1-SELECTED JOBS, COMPETITIVE: can compete in a limited job market for a relatively narrow range of jobs because of limitations of the type described above and/or because of some physical limitations; or can initiate, plan, execute and assume many but not all responsibilities associated with homemaking; or can understand and carry out many but not all school assignments.

2-SHELTERED WORKSHOP, NON-COMPETITIVE: cannot compete successfully in a job market because of limitations described above and/or because of moderate or
severe physical limitations; or cannot without major assistance initiate, plan, execute and assume responsibilities for homemaking; or cannot understand and carry out even relatively simple school assignments without assistance.

3-NOT EMPLOYABLE: completely unemployable because of extreme psychosocial limitations of the type described above, or completely unable to initiate, plan, execute and assume any responsibilities associated with homemaking; or cannot understand or carry out any school assignments.

(0.0) Not Restricted
(1.0) Selected jobs, competitive
(2.0) Sheltered workshop, Non-competitive
(3.0) Not Employable

The psychosocial adaptability or “employability” item takes into account overall cognitive and physical ability to be an employee, homemaker or student. This determination should take into account considerations such as the following:

1. Able to understand, remember and follow instructions.
2. Can plan and carry out tasks at least at the level of an office clerk or in simple routine, repetitive industrial situation or can do school assignments.
3. Ability to remain oriented, relevant and appropriate in work and other psychosocial situations.
4. Ability to get to and from work or shopping centers using private or public transportation effectively.
5. Ability to deal with number concepts.
6. Ability to make purchases and handle simple money exchange problems.
7. Ability to keep track of time and appointments.

OR

Injury Impairment Scale (IIS)

Overview: The Injury Impairment Scale (IIS) and Injury Disability Scale (IDS) was developed to evaluate the impact of traumatic injury on a patient. The Injury Disability Scale can be estimated from the IIS based on the person's available resources and underlying conditions. The authors are from Rochester General Hospital (New York) and the General Motors Research Laboratories.

IIS parameters:
(1) mobility and dexterity [IIS_MD]
(2) cognitive and psychological [IIS_CP]
(3) cosmetic disfigurement [IIS_CD]
(4) sensory [IIS_S]
(5) pain [IIS_P]
(6) sexual and reproduction [IIS_SR]

Injury Disability Scale (IDS)

IDS Scale
0=no disability (able to be fully employed and pursue full recreational activities)
1=minor (self support with reduced recreational activities)
2=moderate (self support with no recreational activity)
3=serious (independent living; may or may not require some assistance with activities of daily living; may be able to work part-time)
4=severe (living at home with assistance of an aid less than 4 hours per day or requires some assistance with shopping meal preparation or medications)
5 = very severe (full care at home with assistance more than 4 hours a day or institutional care providing some assistance with activities of daily living)

6 = extreme (requires institutional care with an external life support system)

Organs/Tissue Donation Requested

Name: ORG_REQ_YN
Definition: Indicates whether organ donation was requested.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 2 (Integer)

Organs/Tissue Donation Request Granted

Name: ORG_APP_YN
Definition: Indicates whether organ/tissue donation request was granted.
Calculated/Entered: Entered
Code:
1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 2 (Integer)

Name: ORG_01 – ORG_10
Definition: Indicates permission was granted to donate tissue/organs vs actual organs harvested?
Calculated/Entered: Entered
Code:
0 = None
1 = All
2 = Multiple – NOS
3 = Adrenal glands -?
4 = Bone
5 = Bone marrow -?
6 = Cartilage -?
7 = Cornea
8 = Dura mater -?
9 = Fascialata---? needed
10 = Heart
11 = Lungs
12 = Valves
13 = Kidneys
14 = Liver
15 = Nerves -?
16 = Pancreas
17 = Skin
18 = Tendons -?
19 = Ineligible to Donate
Iowa Department of Public Health, Bureau of EMS

Iowa Trauma Registry Manual

20= Other
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 0-20
Max Length (Type): 2 (Integer)

**Autopsy Performed?**

Name: AUTOP_YN
Definition: Indicates whether autopsy was performed.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-2
Max Length (Type): 1 (Integer)

**Autopsy Report Number**

Name: AUTOP_NUM
Definition: Indicates site and identification number of autopsy.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 15 (String)

**Payer Sources (Primary and Secondary)**

Name: PAY_01 – PAY_05
Definition: Indicates primary source of payment to this trauma care facility for this visit.
Calculated/Entered: Entered
Code: 1 = Medicaid
2 = Not Billed (for any reason)
3 = Self Pay
4 = Private/Commercial Insurance
5 = No Fault Automobile
6 = Medicare
7 = Other Government
8 = Workers Compensation
9 = Blue Cross/Blue Shield
10 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: 1-10
Max Length (Type): 2 (Integer)

**Payer – If Other**

Name: PAY_O
Definition: Indicates source of payment to this trauma care facility for this visit, if other.
Calculated/Entered: Entered
Code: Up to 50 characters.
Range: N/A
Max Length (Type): 50 (String)

Total Hospital Charges

Name: H_CHRG
Definition: Indicates total charges by this trauma care facility for this visit.
Calculated/Entered: Entered
Range: N/A
Max Length (Type): 9 (Integer)

Hospital Complications

Name: H_COMP_01-H_COMP_25
Definition: Any medical complication that occurred during the patient’s stay at your hospital.
Calculated/Entered: Entered
Code:
1 = Other
4 = Acute kidney injury
5 = Acute lung injury/Acute respiratory distress syndrome (ARDS)
8 = Cardiac arrest with resuscitative efforts by healthcare provider
11 = Decubitus ulcer
12 = Deep surgical site infection
13 = Drug or alcohol withdrawal syndrome
14 = Deep Vein Thrombosis (DVT) / thrombophlebitis
15 = Extremity compartment syndrome
16 = Graft/prosthesis/flap failure
18 = Myocardial infarction
19 = Organ/space surgical site infection
20 = Pneumonia
21 = Pulmonary embolism
22 = Stroke / CVA
23 = Superficial surgical site infection
25 = Unplanned intubation
27 = Urinary tract infection
28 = Catheter-related blood stream infection
29 = Osteomyelitis
30 = Unplanned return to the OR
31 = Unplanned return to the ICU
32 = Severe sepsis
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-32
Max length: 2 (Integer)
### Highest GCS Total

<table>
<thead>
<tr>
<th>Name:</th>
<th>HIGH_GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Highest total GCS within 24 hours of ED/Hospital Arrival on patients with at least one injury in AIS head region.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Range:</td>
<td>3-15, NA, NK/NR</td>
</tr>
<tr>
<td>Max Length:</td>
<td>2 (Integer)</td>
</tr>
<tr>
<td>Code:</td>
<td></td>
</tr>
</tbody>
</table>

- a. Refers to highest total GCS within 24 hours after ED Hospital/Arrival to index hospital, where index hospital is the hospital abstracting the data.
- b. Requires review of all data sources to obtain the highest GCS total. In many cases, the highest.
- c. GCS may occur after ED discharge.
- d. If patient is intubated then the GCS Verbal score is equal to 1.
- e. Best obtained when sedatives or paralytics are withheld as part of sedation holiday.
- f. If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as “AAOx3,” “awake alert and oriented,” or “patient with normal mental status,” interpret this as GCS of 15 IF there is not other contradicting documentation.

### Highest GCS Motor

<table>
<thead>
<tr>
<th>Name:</th>
<th>HIGH_GCS_MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Highest motor GCS within 24 hours of ED/Hospital Arrival on patients with at least one injury in AIS head region.</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Range:</td>
<td>1-6, NA, NK/NR</td>
</tr>
<tr>
<td>Max Length:</td>
<td>2 (Integer)</td>
</tr>
<tr>
<td>Code:</td>
<td></td>
</tr>
</tbody>
</table>

- a. Refers to highest GCS motor within 24 hours after ED Hospital/Arrival to index hospital, where index hospital is the hospital abstracting the data.
b. Requires review of all data sources to obtain the highest GCS motor score. In many cases, the highest GCS may occur after ED discharge.

c. Best obtained when sedatives or paralytics are withheld as part of sedation holiday.

d. If a patient does not have a numeric GCS recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: “patient withdraws from a painful stimulus,” a Motor GCS of 4 my be recorded, IF there is no other contradicting documentation.

**GCS Assessment Qualifier Component of Highest GCS**

**Total**

<table>
<thead>
<tr>
<th>Name:</th>
<th>HIGH_GCS_Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Documentation of factors potentially affecting the highest GCS within 24 hours of ED/Hospital arrival (CHECK ALL THAT APPLY)</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td></td>
</tr>
<tr>
<td>1 = Patient Chemically Sedated or Paralyzed</td>
<td></td>
</tr>
<tr>
<td>2 = Obstruction to the Patient’s Eye</td>
<td></td>
</tr>
<tr>
<td>3 = Patient Intubated</td>
<td></td>
</tr>
<tr>
<td>4 = Valid GCS: Patient was not sedate, not intubated, and did not have obstruction to the eye</td>
<td></td>
</tr>
<tr>
<td>NA = Not Applicable</td>
<td></td>
</tr>
<tr>
<td>NK/NR = Not known/Not recorded</td>
<td></td>
</tr>
<tr>
<td>Range:</td>
<td>1-4</td>
</tr>
<tr>
<td>Max Length (Type):</td>
<td>1 (Integer)</td>
</tr>
</tbody>
</table>

Refers to highest GCS assessment qualifier score after arrival to definitive hospital.

Requires review of all data sources to obtain the highest GCS motor score which might occur after the ED phase of care.

Identifies medical treatments given to the patient that may affect the best assessment of GCS. This field does not apply to self-medication the patient may have administered (i.e. ETOH, prescriptions, etc.). Must be the assessment qualifier of the Highest GCS Total.

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 selected.

Neuromuscular blockade is typically induced following the administration of agents like succinylcholine, rocuronium, (cis)atracurium, vecuronium, or pancuronium. See Appendix for examples of agents and sedatives typically seen.

Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given.

**Cerebral Monitor**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ICP_MONITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Indicate all cerebral monitors that were placed, including any of the</td>
</tr>
</tbody>
</table>
following: ventriculostomy, subarachnoid bolt, camino bolt, external ventricular drain (EVD), licox monitor, jugular venous bulb. (CHECK ALL THAT APPLY)

Calculated/Entered: Entered
Code: 
1 = Intraventricular drain/catheter (e.g. ventriculostomy, external ventricular drain)
2 = Intraparenchymal pressure monitor (e.g. Camino bolt, subarachnoid bolt, intraparenchymal catheter)
3 = Intraparenchymal oxygen monitor (e.g. Licox)
4 = Jugular venous bulb
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: N/A
Max Length: 1 (Integer)

Cerebral Monitor Date

Name: ICPM_DATE
Definition: Date of first cerebral monitor placement.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Cerebral Monitor Time

Name: ICPM_TIME
Definition: Time of first cerebral monitor placement.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Venous Thromboembolism Prophylaxis Type

Name: VTE_TYPE
Definition: Type of first dose of VTE prophylaxis administered to patient
Calculated/Entered: Entered
Code: 
1 = Heparin
6 = LMWH (Dalteparin, Enoxaparin, etc.)
7 = Direct Thrombin Inhibitor (Dabigatran, etc.)
8 = Oral Xa Inhibitor (Rivaroxaban, etc.)
9 = Coumadin
5 = None
10 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded

Range: N/A
Max Length: 2 (Integer)
Venous Thromboembolism Prophylaxis Date

Name: VTE_DATE
Definition: Date of administration to patient of first prophylactic dose of heparin or other anticoagulants.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length: 10 (Date)

Venous Thromboembolism Prophylaxis Time

Name: VTE_TIME
Definition: Time of administration to patient of first prophylactic dose of heparin or other anticoagulants.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Blood Product Transfusions within first 4 hours after ED/Hospital arrival

Name: BLOODTRANSFUSION_4HRS
Definition: Volume of packed red blood cells transfused (units or CCs) within first 4 hours after ED/hospital arrival.
Calculated/Entered: Entered
Range: 0-40000, NA, NK/NR
Max Length: 5 (Integer)

Blood Product Transfusions within first 24 hours after ED/Hospital arrival

Name: BLOODTRANSFUSION_24HRS
Definition: Volume of packed red blood cells transfused (units or CCs) within first 24 hours after ED/hospital arrival.
Calculated/Entered: Entered
Range: 0-40000, NA, NK/NR
Max Length: 5 (Integer)

Transfusion Blood Measurement

Name: BLOODTRANSFUSION_MEASURE
Definition: The measurement used to document the patient’s blood transfusion (units, CCs [mls]
Calculated/Entered: Entered
Code: 1 = Units
2 = CCs (MLs)
Range: 1-2, NA, NK/NR
Max Length: 2 (Integer)

Transfusion Blood Conversion

Name: BLOODTRANSFUSION_CONVERSION
Definition: The quantity of CCs [MLs] constituting a ‘unit’ for blood transfusions at your hospital
Transfusion Plasma within first 4 hours after ED/Hospital arrival

Name: PLASMATRANSFUSION_4HRS
Definition: Volume of fresh frozen or thawed plasma (units or CCs) transfused within first 4 hours after ED/hospital arrival.

Transfusion Plasma 24 hours after ED/Hospital arrival

Name: PLASMATRANSFUSION_24HRS
Definition: Volume of fresh or thawed plasma (units or CCs) transfused within first 24 hours after ED/hospital arrival.

Transfusion Plasma Measurement

Name: PLASMATRANSFUSION_MEASURE
Definition: The measurement used to document the patient’s plasma transfusion (units, CCs [mls]

Transfusion Plasma Conversion

Name: PLASMATRANSFUSION_CONVERSION
Definition: The quantity of CCs [MLs] constituting a ‘unit’ for plasma transfusions at your hospital

Transfusion Platelets within first 4 hours after ED/Hospital arrival

Name: PLATELETTRANSFUSION_4HRS
Definition: Volume of platelets (units or CCs) transfused within first 4 hours after ED/hospital arrival.
**Transfusion Platelets 24 hours after ED/Hospital arrival**

Name: PLATELETTRANSFUSION_24HRS  
Definition: Volume of platelets (units or CCs) transfused within first 24 hours after ED/hospital arrival.  
Calculated/Entered: Entered  
Range: 0-60000, NA, NK/NR  
Max Length: 5 (Integer)

**Transfusion Platelets Measurement**

Name: PLATELETTRANSFUSION_MEASURE  
Definition: The measurement used to document the patient’s platelets transfusion (units, CCs [mls])  
Calculated/Entered: Entered  
Code: 1 = Units  
2 = CCs (MLs)  
Range: 1-2, NA, NK/NR  
Max Length: 2 (Integer)

**Transfusion Platelets Conversion**

Name: PLATELETTRANSFUSION_CONVERSION  
Definition: The quantity of CCs [MLs] constituting a ‘unit’ for platelet transfusions at your hospital  
Calculated/Entered: Entered  
Range: 0-1000, NA, NK/NR  
Max Length: 5 (Integer)

**Transfusion Cryoprecipitate within first 4 hours after ED/Hospital arrival**

Name: CRYOPRECIPITATE_4HRS  
Definition: Volume of solution enriched with clotting factors (units or CCs) transfused within first 4 hours after ED/hospital arrival.  
Calculated/Entered: Entered  
Range: 0-40000, NA, NK/NR  
Max Length: 5 (Integer)

**Transfusion Cryoprecipitate 24 hours after ED/Hospital arrival**

Name: CRYOPRECIPITATE_24HRS  
Definition: Volume of solution enriched with clotting factors (units or CCs) transfused within first 24 hours after ED/hospital arrival.  
Calculated/Entered: Entered  
Range: 0-60000, NA, NK/NR  
Max Length: 5 (Integer)

**Transfusion Cryoprecipitate Measurement**

Name: CRYOPRECIPITATE_MEASURE  
Definition: The measurement used to document the patient’s cryoprecipitate transfusion (units, CCs [mls])  
Calculated/Entered: Entered  
Code: 1 = Units
### Transfusion Cryoprecipitate Conversion

<table>
<thead>
<tr>
<th>Name:</th>
<th>CRYOPRECIPITATE_CONVERSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>The quantity of CCs [MLs] constituting a 'unit' for cryoprecipitate transfusions at your hospital</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Range:</td>
<td>0-1000, NA, NK/NR</td>
</tr>
<tr>
<td>Max Length:</td>
<td>5 (Integer)</td>
</tr>
</tbody>
</table>

### Lowest ED SBP

<table>
<thead>
<tr>
<th>Name:</th>
<th>E1_SBP_LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Lowest sustained (&gt;5 min) systolic blood pressure measured within the first hour of ED/Hospital arrival</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>0-300, NA, NK/NR</td>
</tr>
<tr>
<td>Range:</td>
<td>0-300</td>
</tr>
<tr>
<td>Max Length:</td>
<td>3 (Integer)</td>
</tr>
</tbody>
</table>

### Angiography

<table>
<thead>
<tr>
<th>Name:</th>
<th>ANGIOGRAPHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>First interventional angiogram with or without embolization within first 48 hours of ED/Hospital arrival</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>1 = None</td>
</tr>
<tr>
<td></td>
<td>2 = Angiogram only</td>
</tr>
<tr>
<td></td>
<td>3 = Angiogram with embolization</td>
</tr>
<tr>
<td></td>
<td>NA = Not Applicable</td>
</tr>
<tr>
<td></td>
<td>NK/NR = Not known/Not recorded</td>
</tr>
<tr>
<td>Range:</td>
<td>1-3</td>
</tr>
<tr>
<td>Max Length:</td>
<td>1 (Integer)</td>
</tr>
</tbody>
</table>

**Note:** Excludes CTA

### Embolization Site

<table>
<thead>
<tr>
<th>Name:</th>
<th>EMBOLIZATION_SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition:</td>
<td>Organ / site of embolization for hemorrhage control (CHECK ALL THAT APPLY).</td>
</tr>
<tr>
<td>Calculated/Entered:</td>
<td>Entered</td>
</tr>
<tr>
<td>Code:</td>
<td>1 = Liver</td>
</tr>
<tr>
<td></td>
<td>2 = Spleen</td>
</tr>
<tr>
<td></td>
<td>3 = Kidneys</td>
</tr>
<tr>
<td></td>
<td>4 = Pelvic (iliac, gluteal, obturator)</td>
</tr>
<tr>
<td></td>
<td>5 = Retroperitoneum (lumbar, sacral)</td>
</tr>
<tr>
<td></td>
<td>6 = Peripheral vascular (neck, extremities)</td>
</tr>
<tr>
<td></td>
<td>7 = Aorta (thoracic or abdominal)</td>
</tr>
<tr>
<td></td>
<td>8 = Other</td>
</tr>
<tr>
<td></td>
<td>NA = Not Applicable</td>
</tr>
<tr>
<td></td>
<td>NK/NR = Not known/Not recorded</td>
</tr>
<tr>
<td>Range:</td>
<td>1-3</td>
</tr>
</tbody>
</table>
Max Length: 1 (Integer)

Angiography Date

Name: ANGIOGRAPHY_DATE
Definition: Date of first angiogram with or without embolization.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Angiography Time

Name: ANGIOGRAPHY_TIME
Definition: Time of first angiogram with or without embolization.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
Range: N/A
Max Length: 5 (Time)

Surgery For Hemorrhage Control Type

Name: HEMCTRLSURG_TYPE
Definition: First type of surgery for hemorrhage control within the first 24 hours of ED/hospital arrival.
Calculated/Entered: Entered
Code: 1 = None
2 = Laparotomy
3 = Thoracotomy
4 = Sternotomy
5 = Extremity (peripheral vascular)
6 = Neck
7 = Mangled extremity/traumatic amputation
8 = Other
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-3
Max Length: 1 (Integer)

Hemorrhage Control Surgery Date

Name: HEMCTRLSURG_DATE
Definition: Date of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival.
Calculated/Entered: Entered
Code: YYYY-MM-DD
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Hemorrhage Control Surgery Time

Name: HEMCTRLSURG_TIME
Definition: Time of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival.
Withdrawal of Care

Name: WDRL_YN
Definition: Care was withdrawn based on a decision to either remove or withhold further life sustaining intervention. This decision must be documented in the medical record and is often, but not always, associated with a discussion with the legal next of kin.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length (Type): 1 (Integer)

Withdrawal of Care Date

Name: WDRL_Date
Definition: The date care was withdrawn.
Calculated/Entered: Entered
Code: YYYY-MM-DD
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1990-01-01 to 2030-01-01
Max Length (Type): 10 (Date)

Withdrawal of Care Time

Name: WDRL_Time
Definition: The time care was withdrawn.
Calculated/Entered: Entered
Code: HH:MM (Military Time)
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: N/A
Max Length (Type): 5 (Time)
New filter variables option

Abdominal Penetrating Wound Treated Non-operatively

Name: FILTER_1
Definition: Was a penetrating abdominal wound treated non-operatively.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       NA = Not Applicable
       NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Cervical Spine Injury not Indicated on Admission

Name: FILTER_2
Definition: Was a cervical spine injury not indicated on admission.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       NA = Not Applicable
       NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Experienced Cardiopulmonary Arrest

Name: FILTER_3
Definition: Did patient experience cardiopulmonary arrest.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       NA = Not Applicable
       NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Platelets Given with < 8 Units of Blood in First 24 Hours

Name: FILTER_4
Definition: Were platelets given with < 8 units of blood in first 24 hours.
Calculated/Entered: Entered
Code: 1 = Yes
       2 = No
       NA = Not Applicable
Readmitted Following Emergency Department Discharge

Name: FILTER_5
Definition: Was patient readmitted following emergency department discharge.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Reintubated within 48 Hours of Intentional Extubation

Name: FILTER_6
Definition: Was patient reintubated within 48 hours of intentional extubation.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Unplanned Return to Operating Room for Same Procedure

Name: FILTER_7
Definition: Unplanned return to operating room for same procedure.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Unanticipated/Unplanned Operation Performed

Name: FILTER_8
Definition: Unanticipated/Unplanned operation performed.
Calculated/Entered: Entered
Code: 1 = Yes
Transferred from Floor to Intensive Care or Step Down

Name: FILTER_9
Definition: Was patient transferred from floor to intensive care or step down.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Transported but not Identified as Trauma Pt by Prehosp Prov

Name: FILTER_10
Definition: Was patient transported but not identified as trauma patient by prehospital provider.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Open Joint Laceration Treat 8 Hours After Arrival

Name: FILTER_11
Definition: Did patient have an open joint laceration treated 8 hours after arrival.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
**MD Documentation Deficiency**

Name: FILTER_12  
Definition: Was there an MD documentation deficiency.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Laparotomy Performed More Than 2 Hours After Arrival**

Name: FILTER_13  
Definition: Was a laparotomy performed more than 2 hours after arrival.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Failure to Call Trauma Activation**

Name: FILTER_14  
Definition: Failure to Call Trauma Activation.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Inadequate Fluid Resuscitation**

Name: FILTER_15  
Definition: Inadequate Fluid Resuscitation.  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)
Absence of Serial Neurological Doc for CNS patient?

Name: FILTER_16
Definition: Absence of Serial Neurological Doc for CNS patient?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Absence of Hourly Vital Signs Doc in ED?

Name: FILTER_17
Definition: Absence of Hourly Vital Signs Doc in ED?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Abdominal Surgery >24 Hour After Arrival

Name: FILTER_18
Definition: Abdominal Surgery >24 Hour After Arrival.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Thoracic Surgery >24 Hour After Arrival

Name: FILTER_19
Definition: Thoracic Surgery >24 Hour After Arrival.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
**Vascular Surgery >24 Hour After Arrival**

- **Name:** FILTER_20
- **Definition:** Vascular Surgery >24 Hour After Arrival.
- **Calculated/Entered:** Entered
- **Code:**
  - 1 = Yes
  - 2 = No
  - NA = Not Applicable
  - NK/NR = Not known/Not recorded
- **Range:** 1-2
- **Max Length:** 1 (Integer)

**Cranial Surgery >24 Hour After Arrival**

- **Name:** FILTER_21
- **Definition:** Cranial Surgery >24 Hour After Arrival.
- **Calculated/Entered:** Entered
- **Code:**
  - 1 = Yes
  - 2 = No
  - NA = Not Applicable
  - NK/NR = Not known/Not recorded
- **Range:** 1-2
- **Max Length:** 1 (Integer)

**Question Raised on Focused Chart Review**

- **Name:** FILTER_22
- **Definition:** Question Raised on Focused Chart Review.
- **Calculated/Entered:** Entered
- **Code:**
  - 1 = Yes
  - 2 = No
  - NA = Not Applicable
  - NK/NR = Not known/Not recorded
- **Range:** 1-2
- **Max Length:** 1 (Integer)

**Incident Reported to Risk Management**

- **Name:** FILTER_23
- **Definition:** Incident Reported to Risk Management.
- **Calculated/Entered:** Entered
- **Code:**
  - 1 = Yes
  - 2 = No
  - NA = Not Applicable
  - NK/NR = Not known/Not recorded
- **Range:** 1-2
- **Max Length:** 1 (Integer)
Patient Complaint

Name: FILTER_24
Definition: Patient Complaint.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Provider Complaint

Name: FILTER_25
Definition: Provider Complaint.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Admitted to Service Other Than Trauma

Name: FILTER_26
Definition: Admitted to Service Other Than Trauma.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Radiology, Arrival/Response Times Missing

Name: FILTER_27
Definition: Radiology, Arrival/Response Times Missing.
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
CT Study, Delay in Arrival/Response >= 2 hours

Name: FILTER_28
Definition: CT Study, Delay in Arrival/Response >= 2 hours.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

CT Study, Arrival/Response Times Missing

Name: FILTER_29
Definition: CT Study, Arrival/Response Times Missing.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Assisting Surgeon, Delay in Arrival/Response

Name: FILTER_30
Definition: Assisting Surgeon, Delay in Arrival/Response.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Assisting Surgeon, Arrival/Response Times Missing

Name: FILTER_31
Definition: Assisting Surgeon, Arrival/Response Times Missing.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Consulting Physician, Delay in Arrival/Response

Name: FILTER_32
Definition: Consulting Physician, Delay in Arrival/Response.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Consulting Physician, Arrival/Response Times Missing

Name: FILTER_33
Definition: Consulting Physician, Arrival/Response Times Missing.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Airway Status not Documented

Name: FILTER_34
Definition: Airway Status not Documented.
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Comatose Patient Arrived in ED without Airway Management Done?

Name: FILTER_35
Definition: Comatose Patient Arrived in ED without Airway Management Done?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Comatose Patient Leave ED without Airway Management Done?

Name: FILTER_36
Definition: Comatose Patient Leave ED without Airway Management Done?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Admitted 120 Minutes After Arrival

Name: FILTER_37
Definition: Admitted 120 Minutes After Arrival?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Delay in Discharge

Name: FILTER_38
Definition: Delay in Discharge?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Anesthesiologist, Delay in Arrival/Response

Name: FILTER_39
Definition: Anesthesiologist, Delay in Arrival/Response?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Anesthesiologist, Arrival/Response Times Missing

Name: FILTER_40
Definition: Anesthesiologist, Arrival/Response Times Missing?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Neurosurgeon, Delay in Arrival/Response

Name: FILTER_41
Definition: Neurosurgeon, Delay in Arrival/Response?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Neurosurgeon, Arrival/Response Times Missing

Name: FILTER_42
Definition: Neurosurgeon, Arrival/Response Times Missing?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Trauma Surgeon, Delay in Arrival/Response

Name: FILTER_43
Definition: Trauma Surgeon, Delay in Arrival/Response?
Calculated/Entered: Entered
Code: 1 = Yes
      2 = No
      NA = Not Applicable
      NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Trauma Surgeon, Arrival/Response Times Missing

Name: FILTER_44
Definition: Trauma Surgeon, Arrival/Response Times Missing?
Calculated/Entered:Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Discharged with Moderate to Severe New Disability

Name: FILTER_45
Definition: Discharged with Moderate to Severe New Disability?
Calculated/Entered:Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Glasgow Coma Scale not Documented

Name: FILTER_46
Definition: Glasgow Coma Scale not Documented?
Calculated/Entered:Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Systolic Pressure not Documented

Name: FILTER_47
Definition: Glasgow Coma Scale not Documented?
Calculated/Entered:Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Respiratory Rate not Documented

Name: FILTER_48
Definition: Respiratory Rate not Documented?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Serum Alcohol not Documented

Name: FILTER_49
Definition: Serum Alcohol not Documented?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Drug Screen not Documented

Name: FILTER_50
Definition: Drug Screen not Documented?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Emergency Department Time not Documented

Name: FILTER_51
Definition: Emergency Department Time not Documented?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
**Trauma Response not Documented**

Name: FILTER_52  
Definition: Trauma Response not Documented?  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Survival Probability not Assigned**

Name: FILTER_53  
Definition: Survival Probability not Assigned?  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Intracranial Hematoma Operated 4 Hours After Arrival**

Name: FILTER_54  
Definition: Intracranial Hematoma Operated 4 Hours After Arrival?  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)

**Open Long-bone Fracture Treated 8 Hours After Arrival**

Name: FILTER_55  
Definition: Open Long-bone Fracture Treated 8 Hours After Arrival?  
Calculated/Entered: Entered  
Code:  
1 = Yes  
2 = No  
NA = Not Applicable  
NK/NR = Not known/Not recorded  
Range: 1-2  
Max Length: 1 (Integer)
Femoral Diaphyseal Fracture Treated without Fixation

Name: FILTER_56
Definition: Femoral Diaphyseal Fracture Treated without Fixation?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Transfused with More Than 10 Units of Blood Products

Name: FILTER_57
Definition: Transfused with More Than 10 Units of Blood Products?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Died Prior to or During Hospitalization

Name: FILTER_58
Definition: Died Prior to or During Hospitalization?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Hospitalized >= 14 Days

Name: FILTER_59
Definition: Hospitalized >= 14 Days?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Remained in ICU >= 7 Days

Name: FILTER_60
Definition: Remained in ICU >= 7 Days?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Waited at Scene More Than XX Minutes

Name: FILTER_61
Definition: Waited at Scene More Than XX Minutes
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Treated at Scene More Than 20 Minutes

Name: FILTER_62
Definition: Treated at Scene More Than 20 Minutes?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Total Prehospital Transport From Scene More Than 30 minutes

Name: FILTER_63
Definition: Total Prehospital Transport From Scene More Than 30 minutes?
Calculated/Entered: Entered
Code: 1 = Yes
2 = No
NA = Not Applicable
NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Prehospital Report not in Medical Record

Name: FILTER_64
Definition: Prehospital Report not in Medical Record?
Calculated/Entered: Entered
Code: 
   1 = Yes
   2 = No
   NA = Not Applicable
   NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Transferred to This Hosp After More Than 6 Hrs at Another Hosp

Name: FILTER_65
Definition: Transferred to This Hosp After More Than 6 Hrs at Another Hosp?
Calculated/Entered: Entered
Code: 
   1 = Yes
   2 = No
   NA = Not Applicable
   NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)

Transferred to Another Hosp After More Than 6 Hrs at This Hosp

Name: FILTER_66
Definition: Transferred to Another Hosp After More Than 6 Hrs at This Hosp?
Calculated/Entered: Entered
Code: 
   1 = Yes
   2 = No
   NA = Not Applicable
   NK/NR = Not known/Not recorded
Range: 1-2
Max Length: 1 (Integer)
Appendix A

Patient Care Transfer Reporting Form
This form or data elements contained within this form shall:

1 accompany all trauma patients transferred from one trauma care facility to another, or shall be submitted to the receiving trauma care facility within 24 hours after the transfer.
2 be mailed or faxed to the Bureau of EMS for all trauma patients who die at an Area or Community trauma care facility or transferred to an acute care facility out of state. The mailing address and fax number are as follows:

Iowa Department of Public Health, Bureau of EMS
Lucas State Office Building
321 E 12th Street
Des Moines, Iowa 50319

<table>
<thead>
<tr>
<th>TTCF Name</th>
<th>TTCF Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma ID #</td>
<td>MedRec#</td>
</tr>
<tr>
<td>Date Arrived</td>
<td>/</td>
</tr>
<tr>
<td>Patient Name</td>
<td>Patient Age</td>
</tr>
<tr>
<td>Inter-Trauma Care Facility Triage and Transfer Criteria Used</td>
<td>Not Used</td>
</tr>
<tr>
<td>Primary Survey &amp; Vitals</td>
<td>Anatomical Injury High Energy Event/Risk for Severe Injury</td>
</tr>
<tr>
<td>Chief Complaint</td>
<td></td>
</tr>
<tr>
<td>Injury Narrative</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INITIAL VITALS</th>
<th>ADMISSION/SURGERY AT THIS FACILITY</th>
<th>DISCHARGE DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RespRate</td>
<td>NA</td>
<td>transferred to acute care facility</td>
</tr>
<tr>
<td>Systolic BP</td>
<td>admitted without operation</td>
<td>name of acute care facility transferred to</td>
</tr>
<tr>
<td>GCS Total</td>
<td>admitted with operation</td>
<td></td>
</tr>
<tr>
<td>RTS</td>
<td>operation without admission</td>
<td></td>
</tr>
</tbody>
</table>

**TRANSFERRING TRAUMA CARE FACILITY (TCF) (Data Element Definitions)**

**TRAUMA CARE FACILITY NUMBER**
Indicates unique number that identifies the trauma care facility reporting data.

**TRAUMA ID NUMBER**
Indicates unique number assigned to this patient by the Iowa Department of Public Health, Bureau of EMS.

**MEDICAL RECORD NUMBER**
Indicates unique number assigned by medical records clerk for each trauma patient on each trauma care facility visit.

**DATE ARRIVED AT TRANSFERRING TRAUMA CARE FACILITY**
Indicates date arrived at transferring trauma care facility.

**TIME ARRIVED AT TRANSFERRING TRAUMA CARE FACILITY**
Indicates time arrived at transferring trauma care facility.

**PATIENT AGE**
Indicates designated trauma patient age.

**CHIEF COMPLAINT**
Statement of problem by patient or other person.

**INJURY NARRATIVE**
Indicates principal injury etiology to include position of patient in vehicle, chief complaint, and general arrival condition of patient.

**INTER-TRAUMA CARE FACILITY TRIAGE AND TRANSFER CRITERIA**
Indicates inter-trauma care facility triage and transfer protocol was used to determine designated trauma patient arrival at this facility.

**GLASGOW COMA SCALE TOTAL AT TRANSFERRING TCF**
Indicates initial total Glasgow Coma Scale at transferring trauma care facility.

**SYSTOLIC PRESSURE AT TRANSFERRING TCF**
Indicates initial systolic pressure at transferring trauma care facility.

**RESPIRATORY RATE AT TRANSFERRING TCF**
Indicates initial, unassisted out of hospital respiratory rate.

**ADMISSION/SURGERY AT TRANSFERRING TCF**
Indicates admission/surgery at transferring trauma care facility.

**REVISED TRAUMA SCORE AT TRANSFERRING TCF**
Indicates initial Revised Trauma Score at transferring trauma care facility.

**REVISED TRAUMA SCORE AT TCF (PEDIATRIC)**
Indicates initial Pediatric Revised Trauma Score at transferring trauma care facility.

**TRANSFERRED FROM FACILITY NO.**
Indicates transferring service number.

**DATE DISCHARGED FROM TRANSFERRING TCF**
Indicates date discharged from transferring trauma care facility.

**TIME DISCHARGED FROM TRANSFERRING TCF**
Indicates time discharged from transferring trauma care facility.

**DISCHARGE DISPOSITION FROM THE TCF**
Indicates disposition on discharge from this trauma care facility.
## Trauma Care Facility List [CORRECT ANY NAME CHANGES??]

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>000001</td>
<td>Adair County Memorial Hospital, Greenfield</td>
</tr>
<tr>
<td>000002</td>
<td>Alegend CreightonHealth Community Memorial Hospital, Missouri Valley</td>
</tr>
<tr>
<td>000003</td>
<td>Alegend Creighton Health Mercy Hospital, Council Bluffs</td>
</tr>
<tr>
<td>000004</td>
<td>Alegend Creighton Health Mercy Hospital, Corning</td>
</tr>
<tr>
<td>000005</td>
<td>Allen Health System, Waterloo</td>
</tr>
<tr>
<td>000006</td>
<td>Audubon County Memorial Hospital, Audubon</td>
</tr>
<tr>
<td>000007</td>
<td>Avera Holy Family Health, Estherville</td>
</tr>
<tr>
<td>000008</td>
<td>Baum-Harmon Mercy Hospital, Primghar</td>
</tr>
<tr>
<td>000009</td>
<td>Belmond Medical Center, Belmond (DBA Iowa Specialty Hospital of Belmond)</td>
</tr>
<tr>
<td>000010</td>
<td>Boone County Hospital, Boone</td>
</tr>
<tr>
<td>000011</td>
<td>Broadlawns Medical Center, Des Moines</td>
</tr>
<tr>
<td>000012</td>
<td>Buena Vista Regional Medical Center, Storm Lake</td>
</tr>
<tr>
<td>000013</td>
<td>Burgess Health Center, Onawa</td>
</tr>
<tr>
<td>000014</td>
<td>Cass County Memorial Hospital, Atlantic</td>
</tr>
<tr>
<td>000015</td>
<td>Central Community Hospital, Elkader</td>
</tr>
<tr>
<td>000016</td>
<td>Clarinda Regional Health Center, Clarinda</td>
</tr>
<tr>
<td>000017</td>
<td>Clarke County Hospital, Osceola</td>
</tr>
<tr>
<td>000018</td>
<td>Wright Medical Center, Clarion (DBA Iowa Specialty Hospital-Clarion)</td>
</tr>
<tr>
<td>000019</td>
<td>Community Memorial Hospital, Sumner</td>
</tr>
<tr>
<td>000020</td>
<td>Covenant Medical Center, Waterloo</td>
</tr>
<tr>
<td>000021</td>
<td>Crawford County Memorial Hospital, Denison</td>
</tr>
<tr>
<td>000022</td>
<td>Dallas County Hospital, Perry</td>
</tr>
<tr>
<td>000023</td>
<td>Davis County Hospital, Bloomfield</td>
</tr>
<tr>
<td>000024</td>
<td>Decatur County Hospital, Leon</td>
</tr>
<tr>
<td>000025</td>
<td>Genesis Medical Center, Dewitt</td>
</tr>
<tr>
<td>000026</td>
<td>Lakes Regional Healthcare Spirit Lake</td>
</tr>
<tr>
<td>000027</td>
<td>Ellsworth Municipal Hospital, Iowa Falls</td>
</tr>
<tr>
<td>000028</td>
<td>Floyd County Medical Center, Charles City</td>
</tr>
<tr>
<td>000029</td>
<td>Floyd Valley Hospital, Le Mars</td>
</tr>
<tr>
<td>000030</td>
<td>Fort Madison Community Hospital, Fort Madison</td>
</tr>
<tr>
<td>000031</td>
<td>Franklin General Hospital, Hampton</td>
</tr>
<tr>
<td>000032</td>
<td>Genesis Medical Center, Davenport</td>
</tr>
<tr>
<td>000033</td>
<td>George CGrace Community Hospital, Hamburg</td>
</tr>
<tr>
<td>000034</td>
<td>Great River Medical Center, West Burlington</td>
</tr>
<tr>
<td>000035</td>
<td>Greater Regional Medical Center, Creston</td>
</tr>
<tr>
<td>000036</td>
<td>Greene County Medical Center, Jefferson</td>
</tr>
<tr>
<td>000037</td>
<td>Grinnell Regional Medical Center, Grinnell</td>
</tr>
<tr>
<td>000038</td>
<td>Grundy County Memorial Hospital, Grundy Center</td>
</tr>
<tr>
<td>000039</td>
<td>Guthrie County Hospital, Guthrie Center</td>
</tr>
<tr>
<td>000040</td>
<td>Guttenberg Municipal Hospital, Guttenberg</td>
</tr>
<tr>
<td>000041</td>
<td>Hamilton Hospital, Webster City</td>
</tr>
<tr>
<td>000042</td>
<td>Hancock County Memorial Hospital, Britt</td>
</tr>
<tr>
<td>000043</td>
<td>Hawarden Regional Healthcare , Hawarden</td>
</tr>
<tr>
<td>000044</td>
<td>Heggie Memorial Health Center, Rock Valley</td>
</tr>
<tr>
<td>000045</td>
<td>Henry County Health Center, Mount Pleasant</td>
</tr>
<tr>
<td>000046</td>
<td>Horn Memorial Hospital, Ida Grove</td>
</tr>
<tr>
<td>Code</td>
<td>Facility Name</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>000047</td>
<td>Humboldt County Memorial Hospital, Humboldt</td>
</tr>
<tr>
<td>000048</td>
<td>Iowa Lutheran Hospital, Des Moines</td>
</tr>
<tr>
<td>000049</td>
<td>Iowa Methodist Medical Center, Des Moines</td>
</tr>
<tr>
<td>000050</td>
<td>Jackson County Regional Health Center, Maquoketa</td>
</tr>
<tr>
<td>000051</td>
<td>Jefferson County Health Center, Fairfield</td>
</tr>
<tr>
<td>000052</td>
<td>Jennie Edmundson Hospital, Council Bluffs</td>
</tr>
<tr>
<td>000053</td>
<td>Jones Regional Medical Center, Anamosa</td>
</tr>
<tr>
<td>000054</td>
<td>Keokuk Area Hospital, Keokuk</td>
</tr>
<tr>
<td>000055</td>
<td>Keokuk County Health Center, Sigourney</td>
</tr>
<tr>
<td>000056</td>
<td>Knoxville Hospital &amp; Clinics, Knoxville</td>
</tr>
<tr>
<td>000057</td>
<td>Kossuth Regional Health Center, Algona</td>
</tr>
<tr>
<td>000058</td>
<td>Loring Hospital, Sac City</td>
</tr>
<tr>
<td>000059</td>
<td>Lucas County Health Center, Chariton</td>
</tr>
<tr>
<td>000060</td>
<td>Madison County Health Care System, Winterset</td>
</tr>
<tr>
<td>000061</td>
<td>Mahaska Health Partnership, Oskaloosa</td>
</tr>
<tr>
<td>000062</td>
<td>Manning Regional Healthcare Center, Manning</td>
</tr>
<tr>
<td>000063</td>
<td>Marengo Memorial Hospital, Marengo</td>
</tr>
<tr>
<td>000064</td>
<td>Marshalltown Medical &amp; Surgical Center, Marshalltown</td>
</tr>
<tr>
<td>000065</td>
<td>Mary Greeley Medical Center, Ames</td>
</tr>
<tr>
<td>000066</td>
<td>Mercy Hospital of Franciscan Sisters, Oelwein</td>
</tr>
<tr>
<td>000067</td>
<td>Mercy Iowa City, Iowa City</td>
</tr>
<tr>
<td>000068</td>
<td>Mercy Medical Center - Cedar Rapids, Cedar Rapids</td>
</tr>
<tr>
<td>000069</td>
<td>Mercy Medical Center - Centerville, Centerville</td>
</tr>
<tr>
<td>000070</td>
<td>Mercy Medical Center - Clinton, Clinton</td>
</tr>
<tr>
<td>000071</td>
<td>Mercy Medical Center - Des Moines, Des Moines</td>
</tr>
<tr>
<td>000072</td>
<td>Mercy Medical Center - Dubuque, Dubuque</td>
</tr>
<tr>
<td>000073</td>
<td>Mercy Medical Center - Dyersville, Dyersville</td>
</tr>
<tr>
<td>000074</td>
<td>Mercy Medical Center - New Hampton, New Hampton</td>
</tr>
<tr>
<td>000075</td>
<td>Mercy Medical Center - North Iowa, Mason City</td>
</tr>
<tr>
<td>000076</td>
<td>Mercy Medical Center - Sioux City, Sioux City</td>
</tr>
<tr>
<td>000077</td>
<td>Sanford Hospital, Rock Rapids</td>
</tr>
<tr>
<td>000078</td>
<td>Mercy Medical Center-West Lakes, West Des Moines</td>
</tr>
<tr>
<td>000079</td>
<td>Mitchell County Regional Health Center, Osage</td>
</tr>
<tr>
<td>000080</td>
<td>Monroe County Hospital, Albia</td>
</tr>
<tr>
<td>000081</td>
<td>Montgomery County Memorial Hospital, Red Oak</td>
</tr>
<tr>
<td>000082</td>
<td>Myrtue Medical Center, Harlan</td>
</tr>
<tr>
<td>000083</td>
<td>Sanford Medical Center, Sheldon</td>
</tr>
<tr>
<td>000084</td>
<td>Orange City Area Health System, Orange City</td>
</tr>
<tr>
<td>000085</td>
<td>Osceola Community Hospital, Inc., Sibley</td>
</tr>
<tr>
<td>000086</td>
<td>Ottumwa Regional Health Center, Ottumwa</td>
</tr>
<tr>
<td>000087</td>
<td>Palmer Lutheran Health Center, Inc., West Union</td>
</tr>
<tr>
<td>000088</td>
<td>Palo Alto County Health System, Emmetsburg</td>
</tr>
<tr>
<td>000089</td>
<td>Pella Regional Health Center, Pella</td>
</tr>
<tr>
<td>000090</td>
<td>People's Memorial Hospital of Buchanan County, Independence</td>
</tr>
<tr>
<td>000091</td>
<td>Pocahontas Community Hospital, Pocahontas</td>
</tr>
<tr>
<td>000092</td>
<td>Regional Medical Center, Manchester</td>
</tr>
<tr>
<td>000093</td>
<td>Regional Health Services of Howard County, Cresco</td>
</tr>
<tr>
<td>000094</td>
<td>Ringgold County Hospital, Mount Ayr</td>
</tr>
<tr>
<td>000095</td>
<td>Sartori Memorial Hospital, Inc., Cedar Falls</td>
</tr>
<tr>
<td>000096</td>
<td>Shenandoah Medical Center, Shenandoah</td>
</tr>
<tr>
<td>000097</td>
<td>Sioux Center Community Hospital/Health Center, Sioux Center</td>
</tr>
<tr>
<td>000098</td>
<td>Cherokee Regional Medical Center, Cherokee</td>
</tr>
<tr>
<td>000099</td>
<td>Skiff Medical Center, Newton</td>
</tr>
<tr>
<td>001000</td>
<td>Spencer Hospital, Spencer</td>
</tr>
<tr>
<td>Code</td>
<td>Hospital Name</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>000101</td>
<td>St. Anthony Regional Hospital, Carroll</td>
</tr>
<tr>
<td>000102</td>
<td>St. Luke's Health System, Inc, Sioux City</td>
</tr>
<tr>
<td>000103</td>
<td>St. Luke's Hospital, Cedar Rapids</td>
</tr>
<tr>
<td>000104</td>
<td>Stewart Memorial Community Hospital, Lake City</td>
</tr>
<tr>
<td>000105</td>
<td>Story County Medical Center, Nevada</td>
</tr>
<tr>
<td>000106</td>
<td>The Finley Hospital, Dubuque</td>
</tr>
<tr>
<td>000107</td>
<td>Trinity Bettendorf, Bettendorf</td>
</tr>
<tr>
<td>000108</td>
<td>Trinity Regional Hospital, Fort Dodge</td>
</tr>
<tr>
<td>000109</td>
<td>Unity HealthCare, Muscatine</td>
</tr>
<tr>
<td>000110</td>
<td>University of Iowa Hospitals &amp; Clinics, Iowa City</td>
</tr>
<tr>
<td>000111</td>
<td>Van Buren County Hospital, Keosauqua</td>
</tr>
<tr>
<td>000112</td>
<td>Veterans Memorial Hospital, Waukon</td>
</tr>
<tr>
<td>000113</td>
<td>Virginia Gay Hospital, Vinton</td>
</tr>
<tr>
<td>000114</td>
<td>Washington County Hospital &amp; Clinics, Washington</td>
</tr>
<tr>
<td>000115</td>
<td>Waverly Municipal Hospital, Waverly</td>
</tr>
<tr>
<td>000116</td>
<td>Wayne County Hospital, Corydon</td>
</tr>
<tr>
<td>000117</td>
<td>Winnebake Medical Center, Decorah</td>
</tr>
<tr>
<td>000118</td>
<td>Methodist West, West Des Moines</td>
</tr>
<tr>
<td>700000</td>
<td>Abbot Northwestern, Minneapolis, MN</td>
</tr>
<tr>
<td>700001</td>
<td>Canton Hospital, Canton, SD</td>
</tr>
<tr>
<td>700002</td>
<td>Clarkson, Omaha, NE</td>
</tr>
<tr>
<td>700003</td>
<td>Creighton Medical Center, Omaha, NE</td>
</tr>
<tr>
<td>700004</td>
<td>Franciscan Skemp Healthcare, La Crosse, WI</td>
</tr>
<tr>
<td>700005</td>
<td>Gunderson Lutheran, La Crosse, WI</td>
</tr>
<tr>
<td>700006</td>
<td>Immanuel, Omaha, NE</td>
</tr>
<tr>
<td>700007</td>
<td>McKennan Hospital, Sioux Falls, SD</td>
</tr>
<tr>
<td>700008</td>
<td>Prairie du Chien, Memorial Hospital, Prairie du Chien, WI</td>
</tr>
<tr>
<td>700009</td>
<td>Sioux Valley Hospital, Sioux Falls, SD</td>
</tr>
<tr>
<td>700010</td>
<td>St. Mary's, Rochester, MN</td>
</tr>
<tr>
<td>700011</td>
<td>University of Minnesota Hospital, Minneapolis, MN</td>
</tr>
<tr>
<td>700012</td>
<td>University of Nebraska Medical Center, Omaha, NE</td>
</tr>
<tr>
<td>700013</td>
<td>University of Wisconsin Hospitals, Madison, WI</td>
</tr>
<tr>
<td>700014</td>
<td>VA Medical Center, Madison, WI</td>
</tr>
<tr>
<td>700015</td>
<td>Trinity, Rock Island, IL</td>
</tr>
<tr>
<td>700016</td>
<td>Bergan Mercy, Omaha, NE</td>
</tr>
<tr>
<td>700017</td>
<td>Children's Hospital, Omaha, NE</td>
</tr>
<tr>
<td>700018</td>
<td>St. Elizabeth Hospital, Lincoln, NE</td>
</tr>
<tr>
<td>700019</td>
<td>Mc Donough District Hospital, Macomb, IL</td>
</tr>
<tr>
<td>700020</td>
<td>Blessing Hospital, Quincy, IL</td>
</tr>
<tr>
<td>700021</td>
<td>St. Francis Hospital, Peoria, IL</td>
</tr>
<tr>
<td>700022</td>
<td>St. John's Hospital, Springfield, IL</td>
</tr>
<tr>
<td>700023</td>
<td>Columbia Regional Hospital, Columbia, MO</td>
</tr>
<tr>
<td>700024</td>
<td>Boone County Hospital, Columbia, MO</td>
</tr>
<tr>
<td>700025</td>
<td>Barnes Jewish Hospital, St. Louis, MO</td>
</tr>
<tr>
<td>700026</td>
<td>Hannibal Regional Hospital, Hannibal, MO</td>
</tr>
<tr>
<td>700027</td>
<td>Kirksville Regional Medical Center, Kirksville, MO</td>
</tr>
<tr>
<td>700028</td>
<td>VA Medical Center, Columbia, MO</td>
</tr>
<tr>
<td>700029</td>
<td>Rockford Memorial Hospital, Rockford, IL</td>
</tr>
<tr>
<td>700030</td>
<td>St. Anthony's Medical Center, Rockford, IL</td>
</tr>
<tr>
<td>700031</td>
<td>Methodist Hospital, Omaha, NE</td>
</tr>
<tr>
<td>700032</td>
<td>St. Joseph's Hospital/Barrows Neuro Inst., Phoenix, AZ</td>
</tr>
<tr>
<td>700033</td>
<td>UNK-Out of State Rehab Facility</td>
</tr>
<tr>
<td>700034</td>
<td>Katherine Shaw Bethea Hospital, Dixon, IL</td>
</tr>
<tr>
<td>700035</td>
<td>Illini Hospital, Silvis, IL</td>
</tr>
<tr>
<td>Code</td>
<td>Facility Name</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>700036</td>
<td>Hammond-Henry Hospital</td>
</tr>
<tr>
<td>700037</td>
<td>Trinity-7th Street Campus</td>
</tr>
<tr>
<td>700038</td>
<td>StJoseph’s Medical Center</td>
</tr>
<tr>
<td>700039</td>
<td>Sioux Valley Hospital</td>
</tr>
<tr>
<td>700040</td>
<td>Inwood, Canton</td>
</tr>
<tr>
<td>700041</td>
<td>Carl TMacy Hospital</td>
</tr>
<tr>
<td>700042</td>
<td>U.S. Public Health Service</td>
</tr>
<tr>
<td>700043</td>
<td>Niobara Valley Hospital</td>
</tr>
<tr>
<td>700044</td>
<td>Faith Regional Medical Center</td>
</tr>
<tr>
<td>700045</td>
<td>Osmond Community Hospital</td>
</tr>
<tr>
<td>700046</td>
<td>Providence Medical Center</td>
</tr>
<tr>
<td>700047</td>
<td>Oakland Memorial Hospital</td>
</tr>
<tr>
<td>700048</td>
<td>StAnthony’s Medical Center</td>
</tr>
<tr>
<td>700049</td>
<td>StFrancis Hospital</td>
</tr>
<tr>
<td>700050</td>
<td>Lundberg Memorial Hospital</td>
</tr>
<tr>
<td>700051</td>
<td>Madonna, Rehab Center</td>
</tr>
<tr>
<td>700052</td>
<td>Memorial Hospital</td>
</tr>
<tr>
<td>700053</td>
<td>Plainview Public Hospital</td>
</tr>
<tr>
<td>700054</td>
<td>Craig Rehabilitation Center</td>
</tr>
<tr>
<td>700055</td>
<td>Hennipen County Hospital</td>
</tr>
<tr>
<td>700056</td>
<td>Worthington Regional Hospital</td>
</tr>
<tr>
<td>700057</td>
<td>Gillette Children’s Rehab</td>
</tr>
<tr>
<td>700058</td>
<td>Immanual StJoseph Hospital</td>
</tr>
<tr>
<td>700059</td>
<td>Galesburg Cottage Hospital</td>
</tr>
<tr>
<td>700060</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>700061</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>700062</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>700063</td>
<td>Remsen Rehab</td>
</tr>
<tr>
<td>700064</td>
<td>Pioneer Memorial Hospital</td>
</tr>
<tr>
<td>000400</td>
<td>Other Inpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>000401</td>
<td>Covenant Medical Center</td>
</tr>
<tr>
<td>000402</td>
<td>Genesis Medical Center</td>
</tr>
<tr>
<td>000403</td>
<td>Great River Medical Center</td>
</tr>
<tr>
<td>000404</td>
<td>Mary Greeley Medical Center</td>
</tr>
<tr>
<td>000405</td>
<td>Mercy Medical Center - Des Moines</td>
</tr>
<tr>
<td>000406</td>
<td>Mercy Medical Center - Dubuque</td>
</tr>
<tr>
<td>000407</td>
<td>Mercy Medical Center - Sioux City</td>
</tr>
<tr>
<td>000408</td>
<td>StLuke’s Hospital</td>
</tr>
<tr>
<td>000409</td>
<td>Younkers Rehabilitation Center</td>
</tr>
<tr>
<td>000500</td>
<td>Other Outpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>000600</td>
<td>Other Skilled Nursing Facility</td>
</tr>
<tr>
<td>000700</td>
<td>Other Intermediate Care Facility</td>
</tr>
<tr>
<td>000800</td>
<td>Other Residential Care Facility</td>
</tr>
<tr>
<td>000900</td>
<td>Other</td>
</tr>
<tr>
<td>917999</td>
<td>Other Illinois Facility</td>
</tr>
<tr>
<td>920999</td>
<td>Other Kansas Facility</td>
</tr>
<tr>
<td>927999</td>
<td>Other Minnesota Facility</td>
</tr>
<tr>
<td>929999</td>
<td>Other Missouri Facility</td>
</tr>
<tr>
<td>931999</td>
<td>Other Nebraska Facility</td>
</tr>
<tr>
<td>946999</td>
<td>Other South Dakota Facility</td>
</tr>
<tr>
<td>955999</td>
<td>Other Wisconsin Facility</td>
</tr>
<tr>
<td>999999</td>
<td>Other Out-of-State Facility</td>
</tr>
</tbody>
</table>
*Please contact the Bureau of EMS Data Coordinator before adding any new facilities to the list. The list will be distributed periodically to assure uniform assignment of numbers to facilities.
### Iowa FIPS Codes

<table>
<thead>
<tr>
<th>FIPS Code</th>
<th>Name</th>
<th>FIPS Code</th>
<th>Name</th>
<th>FIPS Code</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>19001</td>
<td>Adair</td>
<td>19067</td>
<td>Floyd</td>
<td>19133</td>
<td>Monona</td>
</tr>
<tr>
<td>19003</td>
<td>Adams</td>
<td>19069</td>
<td>Franklin</td>
<td>19135</td>
<td>Monroe</td>
</tr>
<tr>
<td>19005</td>
<td>Allamakee</td>
<td>19071</td>
<td>Fremont</td>
<td>19137</td>
<td>Montgomery</td>
</tr>
<tr>
<td>19007</td>
<td>Appanoose</td>
<td>19073</td>
<td>Greene</td>
<td>19139</td>
<td>Muscatine</td>
</tr>
<tr>
<td>19009</td>
<td>Audubon</td>
<td>19075</td>
<td>Grundy</td>
<td>19141</td>
<td>O'Brien</td>
</tr>
<tr>
<td>19011</td>
<td>Benton</td>
<td>19077</td>
<td>Guthrie</td>
<td>19143</td>
<td>Osceola</td>
</tr>
<tr>
<td>19013</td>
<td>Black Hawk</td>
<td>19079</td>
<td>Hamilton</td>
<td>19145</td>
<td>Page</td>
</tr>
<tr>
<td>19015</td>
<td>Boone</td>
<td>19081</td>
<td>Hancock</td>
<td>19147</td>
<td>Palo Alto</td>
</tr>
<tr>
<td>19017</td>
<td>Bremer</td>
<td>19083</td>
<td>Hardin</td>
<td>19149</td>
<td>Plymouth</td>
</tr>
<tr>
<td>19019</td>
<td>Buchanan</td>
<td>19085</td>
<td>Harrison</td>
<td>19151</td>
<td>Pocahontas</td>
</tr>
<tr>
<td>19021</td>
<td>Buena Vista</td>
<td>19087</td>
<td>Henry</td>
<td>19153</td>
<td>Polk</td>
</tr>
<tr>
<td>19023</td>
<td>Butler</td>
<td>19089</td>
<td>Howard</td>
<td>19155</td>
<td>Pottawattamie</td>
</tr>
<tr>
<td>19025</td>
<td>Calhoun</td>
<td>19091</td>
<td>Humboldt</td>
<td>19157</td>
<td>Poweshiek</td>
</tr>
<tr>
<td>19027</td>
<td>Carroll</td>
<td>19093</td>
<td>Ida</td>
<td>19159</td>
<td>Ringgold</td>
</tr>
<tr>
<td>19029</td>
<td>Cass</td>
<td>19095</td>
<td>Iowa</td>
<td>19161</td>
<td>Sac</td>
</tr>
<tr>
<td>19031</td>
<td>Cedar</td>
<td>19097</td>
<td>Jackson</td>
<td>19163</td>
<td>Scott</td>
</tr>
<tr>
<td>19033</td>
<td>Cerro Gordo</td>
<td>19099</td>
<td>Jasper</td>
<td>19165</td>
<td>Shelby</td>
</tr>
<tr>
<td>19035</td>
<td>Cherokee</td>
<td>19101</td>
<td>Jefferson</td>
<td>19167</td>
<td>Sioux</td>
</tr>
<tr>
<td>19037</td>
<td>Chickasaw</td>
<td>19103</td>
<td>Johnson</td>
<td>19169</td>
<td>Story</td>
</tr>
<tr>
<td>19039</td>
<td>Clarke</td>
<td>19105</td>
<td>Jones</td>
<td>19171</td>
<td>Tama</td>
</tr>
<tr>
<td>19041</td>
<td>Clay</td>
<td>19107</td>
<td>Keokuk</td>
<td>19173</td>
<td>Taylor</td>
</tr>
<tr>
<td>19043</td>
<td>Clayton</td>
<td>19109</td>
<td>Kossuth</td>
<td>19175</td>
<td>Union</td>
</tr>
<tr>
<td>19045</td>
<td>Clinton</td>
<td>19111</td>
<td>Lee</td>
<td>19177</td>
<td>Van Buren</td>
</tr>
<tr>
<td>19047</td>
<td>Crawford</td>
<td>19113</td>
<td>Linn</td>
<td>19179</td>
<td>Wapello</td>
</tr>
<tr>
<td>19049</td>
<td>Dallas</td>
<td>19115</td>
<td>Louisa</td>
<td>19181</td>
<td>Warren</td>
</tr>
<tr>
<td>19051</td>
<td>Davis</td>
<td>19117</td>
<td>Lucas</td>
<td>19183</td>
<td>Washington</td>
</tr>
<tr>
<td>19053</td>
<td>Decatur</td>
<td>19119</td>
<td>Lyon</td>
<td>19185</td>
<td>Wayne</td>
</tr>
<tr>
<td>19055</td>
<td>Delaware</td>
<td>19121</td>
<td>Madison</td>
<td>19187</td>
<td>Webster</td>
</tr>
<tr>
<td>19057</td>
<td>Des Moines</td>
<td>19123</td>
<td>Mahaska</td>
<td>19189</td>
<td>Winnebago</td>
</tr>
<tr>
<td>19059</td>
<td>Dickinson</td>
<td>19125</td>
<td>Marion</td>
<td>19191</td>
<td>Winnesieki</td>
</tr>
<tr>
<td>19061</td>
<td>Dubuque</td>
<td>19127</td>
<td>Marshall</td>
<td>19193</td>
<td>Woodbury</td>
</tr>
<tr>
<td>19063</td>
<td>Emmet</td>
<td>19129</td>
<td>Mills</td>
<td>19195</td>
<td>Worth</td>
</tr>
<tr>
<td>19065</td>
<td>Fayette</td>
<td>19131</td>
<td>Mitchell</td>
<td>19197</td>
<td>Wright</td>
</tr>
</tbody>
</table>
# Appendix D

## State Codes

<table>
<thead>
<tr>
<th>State Abbr.</th>
<th>State Fips</th>
<th>State Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>1</td>
<td>Alabama</td>
</tr>
<tr>
<td>AK</td>
<td>2</td>
<td>Alaska</td>
</tr>
<tr>
<td>AZ</td>
<td>4</td>
<td>Arizona</td>
</tr>
<tr>
<td>AR</td>
<td>5</td>
<td>Arkansas</td>
</tr>
<tr>
<td>CA</td>
<td>6</td>
<td>California</td>
</tr>
<tr>
<td>CO</td>
<td>8</td>
<td>Colorado</td>
</tr>
<tr>
<td>CT</td>
<td>9</td>
<td>Connecticut</td>
</tr>
<tr>
<td>DE</td>
<td>10</td>
<td>Delaware</td>
</tr>
<tr>
<td>DC</td>
<td>11</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>FL</td>
<td>12</td>
<td>Florida</td>
</tr>
<tr>
<td>GA</td>
<td>13</td>
<td>Georgia</td>
</tr>
<tr>
<td>HI</td>
<td>15</td>
<td>Hawaii</td>
</tr>
<tr>
<td>ID</td>
<td>16</td>
<td>Idaho</td>
</tr>
<tr>
<td>IL</td>
<td>17</td>
<td>Illinois</td>
</tr>
<tr>
<td>IN</td>
<td>18</td>
<td>Indiana</td>
</tr>
<tr>
<td>IA</td>
<td>19</td>
<td>Iowa</td>
</tr>
<tr>
<td>KS</td>
<td>20</td>
<td>Kansas</td>
</tr>
<tr>
<td>KY</td>
<td>21</td>
<td>Kentucky</td>
</tr>
<tr>
<td>LA</td>
<td>22</td>
<td>Louisiana</td>
</tr>
<tr>
<td>ME</td>
<td>23</td>
<td>Maine</td>
</tr>
<tr>
<td>MD</td>
<td>24</td>
<td>Maryland</td>
</tr>
<tr>
<td>MA</td>
<td>25</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>MI</td>
<td>26</td>
<td>Michigan</td>
</tr>
<tr>
<td>MN</td>
<td>27</td>
<td>Minnesota</td>
</tr>
<tr>
<td>MS</td>
<td>28</td>
<td>Mississippi</td>
</tr>
<tr>
<td>MO</td>
<td>29</td>
<td>Missouri</td>
</tr>
<tr>
<td>MT</td>
<td>30</td>
<td>Montana</td>
</tr>
<tr>
<td>NE</td>
<td>31</td>
<td>Nebraska</td>
</tr>
<tr>
<td>NV</td>
<td>32</td>
<td>Nevada</td>
</tr>
<tr>
<td>NH</td>
<td>33</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>NJ</td>
<td>34</td>
<td>New Jersey</td>
</tr>
<tr>
<td>NM</td>
<td>35</td>
<td>New Mexico</td>
</tr>
<tr>
<td>NY</td>
<td>36</td>
<td>New York</td>
</tr>
<tr>
<td>NC</td>
<td>37</td>
<td>North Carolina</td>
</tr>
<tr>
<td>ND</td>
<td>38</td>
<td>North Dakota</td>
</tr>
<tr>
<td>OH</td>
<td>39</td>
<td>Ohio</td>
</tr>
<tr>
<td>OK</td>
<td>40</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>OR</td>
<td>41</td>
<td>Oregon</td>
</tr>
<tr>
<td>PA</td>
<td>42</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>RI</td>
<td>44</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>SC</td>
<td>45</td>
<td>South Carolina</td>
</tr>
<tr>
<td>SD</td>
<td>46</td>
<td>South Dakota</td>
</tr>
<tr>
<td>TN</td>
<td>47</td>
<td>Tennessee</td>
</tr>
<tr>
<td>TX</td>
<td>48</td>
<td>Texas</td>
</tr>
<tr>
<td>UT</td>
<td>49</td>
<td>Utah</td>
</tr>
<tr>
<td>VT</td>
<td>50</td>
<td>Vermont</td>
</tr>
<tr>
<td>State Abbr.</td>
<td>State Fips</td>
<td>State Name</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>VA</td>
<td>51</td>
<td>Virginia</td>
</tr>
<tr>
<td>WA</td>
<td>53</td>
<td>Washington</td>
</tr>
<tr>
<td>WV</td>
<td>54</td>
<td>West Virginia</td>
</tr>
<tr>
<td>WI</td>
<td>55</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>WY</td>
<td>56</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>
Appendix E

Mechanism of Injury/Injury Type Examples

A MTOS definitions

1. Transportation-related injuries
   - All transportation-related injuries are blunt if they are caused by contact with any internal or external part of the vehicle. So, for injuries resulting from vehicle crashes, you would code the mechanism of injury as blunt if someone receives:
     - Deep lacerations with openings to the outside from a blunt force that originates with any part of the vehicle(s) involved in the crash.
     - Deep lacerations from a piece of the vehicle that penetrates tissue from the outside of the body of the injured person.
   - If someone is thrown from their vehicle and impaled on a post, the impalement injury is a penetrating injury, because it was caused by a post which is separate from any internal or external part of the crashing vehicle(s).

2. Amputations
   - Amputations which are caused by sharp objects such as blades, knives, etc. are considered to have a penetrating cause of injury.
   - Amputations caused by blunt mechanisms such as being pinned between two cars or deceleration in an MVA are considered to have blunt causes of injuries.

3. Lacerations
   - All lacerations are penetrating injuries. However, tissue which is sheared, torn, broken (including open fractures), etc., by a blunt force would be considered to have been caused by a blunt injury.

4. Open Wounds
   - If the cause of the injury is a blade, or other sharp or piercing object, then it’s a penetrating injury.
   - An open wound caused by a sledgehammer does not have a sharp edge so it would be a blunt mechanism.
   - Injuries caused by a bottle which is thrown are blunt. However, injuries caused by a broken bottle used to stab a person are penetrating.

5. Burns
   - Burns are neither blunt nor penetrating, but thermal injuries.

6. Hypothermia/Frozen Tissue
   - Code frozen tissue as thermal injuries.

7. Contusions
   - Contusions are blunt injuries.

8. Pellet/BB/Gunshot
   - All bullet/gunshot wounds, including BB and pellet wounds are penetrating/piercing injuries, depth of projectile does not matter.
9. Machinery injuries

- Again, if a blade or sharp object caused the injury, it would be penetrating
- But if someone is crushed by machinery, the injury mechanism is blunt
- Degloving and avulsion injuries are usually caused by blunt mechanisms of injury

**B ICECI (International Classification of External Causes of Injuries) definitions**

1. **Blunt force:**
   - Contact w/blunt force:
     - i. Contacting moving object (e.g., hit by sports equipment, cudgel)
     - ii. Contacting static object: (e.g., walking into wall)
     - iii. Striking thrown or falling object
     - iv. Striking moving object
     - v. Contacting animal (except bitten, stung, clawed, scratched)
     - vi. Other contact with blunt force
   - Application by bodily force:
     - i. Hit, struck, kicked, shaken, scratched, butted, twisted by another person
     - ii. Sexual assault by bodily force
     - iii. Other contact with a person
   - Crushing
     - i. Pinching, crushing, between objects
     - ii. Crushing between persons
     - iii. Other crushing
   - Falling, stumbling, jumping:
     - i. Same level from tripping
     - ii. Same level from slipping
     - iii. Other, same level
     - iv. Fall, <1 meter
     - v. Fall >1 meter
     - vi. Fall height unspecified
     - vii. Fall stairs, steps
     - viii. Other
   - Abrading, rubbing
     - i. Caused by contact with machinery
     - ii. Other

2. **Penetrating force:**
   - Cutting, tearing:
     - i. scratched by person, animal
     - ii. Cut, slice, slash with knife, etc.
     - iii. Tear, rip, saw (excludes by machinery, or from overexertion)
   - Puncturing, stabbing:
     - i. (e.g., firearm, explosions; excludes medical care)
     - ii. Stabbed (skin cut, deep penetration)
iii. Firearm shot, BB, pellet, other shot projective, arrow
iv. Other

- Other specified/unspecified cutting, piercing, penetrating force
## Appendix F

### EMS Agency List

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001000</td>
<td>Trinity Ambulance Service, Rock Island</td>
</tr>
<tr>
<td>2001100</td>
<td>Rural /Metro Ambulance-Omaha, Omaha</td>
</tr>
<tr>
<td>2001200</td>
<td>American Ambulance Service, Omaha</td>
</tr>
<tr>
<td>2001300</td>
<td>Omaha Ambulance Service, Omaha</td>
</tr>
<tr>
<td>remove</td>
<td>Interstate EMS of PDC Inc, Prairie du Chien closed</td>
</tr>
<tr>
<td>2010100</td>
<td>Adair Fire Department, Adair</td>
</tr>
<tr>
<td>2010200</td>
<td>Fontanelle Fire And Rescue, Fontanelle</td>
</tr>
<tr>
<td>2010300</td>
<td>Greenfield Fire &amp; Rescue, Greenfield</td>
</tr>
<tr>
<td>2010400</td>
<td>Adair County Ambulance, Greenfield</td>
</tr>
<tr>
<td>2010500</td>
<td>Bridgewater Fire Dept&amp; EMS, Bridgewater</td>
</tr>
<tr>
<td>2020200</td>
<td>Adams County Ambulance, Corning</td>
</tr>
<tr>
<td>2030100</td>
<td>Harpers Ferry Rescue, Harpers Ferry</td>
</tr>
<tr>
<td>2030200</td>
<td>New Albin Vol Fire Dept, New Albin</td>
</tr>
<tr>
<td>2030300</td>
<td>Area Ambulance.Postville, Postville</td>
</tr>
<tr>
<td>2030500</td>
<td>Lansing EMS, Lansing</td>
</tr>
<tr>
<td>2030800</td>
<td>Waterville Rescue Squad, Waterville</td>
</tr>
<tr>
<td>2031000</td>
<td>Veterans Mem.Hosp.Ambulance, Waukon</td>
</tr>
<tr>
<td>2040400</td>
<td>Mercy Medical Ambulance, Centerville</td>
</tr>
<tr>
<td>2040500</td>
<td>Moulton Vol Ambulance Service, Moulton</td>
</tr>
<tr>
<td>2050100</td>
<td>Audubon Fire and Rescue, Audubon</td>
</tr>
<tr>
<td>2050200</td>
<td>Exira Fire Department, Exira</td>
</tr>
<tr>
<td>2060500</td>
<td>North Benton Ambulance, Vinton</td>
</tr>
<tr>
<td>2060800</td>
<td>Belle Plaine Area Amb Service, Belle Plaine</td>
</tr>
<tr>
<td>2069900</td>
<td>Blairstown Fire and Rescue, Blairstown</td>
</tr>
<tr>
<td>2066100</td>
<td>Newhall Fire Department, Newhall</td>
</tr>
<tr>
<td>2066300</td>
<td>Keystone First Responders, Keystone</td>
</tr>
<tr>
<td>2066400</td>
<td>Cedar/MtAuburn 1st Responders, Mt Auburn</td>
</tr>
<tr>
<td>2070200</td>
<td>Sartori Paramedic Services, Cedar Falls</td>
</tr>
<tr>
<td>2070400</td>
<td>Evansdale Fire Department, Evansdale</td>
</tr>
<tr>
<td>2070500</td>
<td>Hudson Vol Fire Ambulance, Hudson</td>
</tr>
<tr>
<td>2070600</td>
<td>La Porte City Fire Department, La Porte City</td>
</tr>
<tr>
<td>2070900</td>
<td>Waterloo Fire Rescue, Waterloo</td>
</tr>
<tr>
<td>2070901</td>
<td>Waterloo Fire Rescue/Sta.#4, Waterloo (satellite)</td>
</tr>
<tr>
<td>2070902</td>
<td>Waterloo Fire Rescue/Sta.#6, Waterloo (satellite)</td>
</tr>
<tr>
<td>2070903</td>
<td>Waterloo Fire Rescue/Sta#.8, Waterloo (satellite)</td>
</tr>
<tr>
<td>2071100</td>
<td>Dunkerton Ambulance Service, Dunkerton</td>
</tr>
<tr>
<td>2071300</td>
<td>Covenant Paramedic Service, Waterloo</td>
</tr>
<tr>
<td>2080100</td>
<td>Boone County Hospital, Boone</td>
</tr>
<tr>
<td>8078400</td>
<td>Air &amp; Mobile Critical Care-new</td>
</tr>
<tr>
<td>2090100</td>
<td>Tripoli Ambulance Service, Tripoli</td>
</tr>
<tr>
<td>2090200</td>
<td>Waverly Municipal Ambulance, Waverly</td>
</tr>
<tr>
<td>2090300</td>
<td>Sumner Emerg Medical Services, Sumner</td>
</tr>
<tr>
<td>2090400</td>
<td>Readlyn EMS Association, Readlyn – new</td>
</tr>
<tr>
<td>2090700</td>
<td>Denver Ambulance Service, Denver</td>
</tr>
<tr>
<td>Code</td>
<td>Service Name</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2100100</td>
<td>Area Ambulance Service of Buchanan County, Independence</td>
</tr>
<tr>
<td>2100200</td>
<td>Jesup Ambulance Service, Jesup</td>
</tr>
<tr>
<td>2100400</td>
<td>Fairbank Fire Department, Fairbank</td>
</tr>
<tr>
<td>2110100</td>
<td>BVCH Ambulance/Storm Lake, Storm Lake</td>
</tr>
<tr>
<td>2110500</td>
<td>BV County Amb/Sioux Rapids, Sioux Rapids</td>
</tr>
<tr>
<td>2110600</td>
<td>BV County Amb/Albert City, Albert City</td>
</tr>
<tr>
<td>2110800</td>
<td>Newell Ambulance Service, Newell</td>
</tr>
<tr>
<td>2120100</td>
<td>Allison Bristow Ambulance, Allison</td>
</tr>
<tr>
<td>2120200</td>
<td>Aplington Ambulance Service, Aplington</td>
</tr>
<tr>
<td>2120300</td>
<td>Clarksville VolAmbService, Clarksville</td>
</tr>
<tr>
<td>2120400</td>
<td>New Hartford Ambulance, New Hartford</td>
</tr>
<tr>
<td>2120500</td>
<td>Parkersburg Ambulance Service, Parkersburg</td>
</tr>
<tr>
<td>2120700</td>
<td>Greene Vol Ambulance Service, Greene</td>
</tr>
<tr>
<td>2120800</td>
<td>Dumont Vol Ambulance Service, Dumont</td>
</tr>
<tr>
<td>2130200</td>
<td>Ron's Ambulance Service, Farnhamville</td>
</tr>
<tr>
<td>2130300</td>
<td>Lake City Ambulance Department, Lake City</td>
</tr>
<tr>
<td>2130400</td>
<td>Lohrville Ambulance Service, Lohrville</td>
</tr>
<tr>
<td>2130500</td>
<td>Manson Ambulance Service, Manson</td>
</tr>
<tr>
<td>2130600</td>
<td>Pomeroy Fire and Ambulance, Pomeroy</td>
</tr>
<tr>
<td>2130700</td>
<td>Rockwell City Ambulance, Rockwell City</td>
</tr>
<tr>
<td>2130800</td>
<td>Farnhamville EMS, Farnhamville</td>
</tr>
<tr>
<td>2140100</td>
<td>Carroll Co Ambulance Service, Carroll</td>
</tr>
<tr>
<td>2140200</td>
<td>Carroll Co Ambulance Service, Carroll</td>
</tr>
<tr>
<td>2140300</td>
<td>Carroll Co Ambulance Service, Carroll</td>
</tr>
<tr>
<td>2140400</td>
<td>Carroll CoAmbulance, Carroll</td>
</tr>
<tr>
<td>2140500</td>
<td>Templeton First Response Unit, Templeton</td>
</tr>
<tr>
<td>2150100</td>
<td>Anita Volunteer Fire &amp; Rescue, Anita</td>
</tr>
<tr>
<td>2150200</td>
<td>Cumberland Vol Fire Dept, Cumberland</td>
</tr>
<tr>
<td>2150300</td>
<td>Griswold Fire &amp; Rescue, Griswold</td>
</tr>
<tr>
<td>2150400</td>
<td>Massena Fire &amp; Rescue, Massena</td>
</tr>
<tr>
<td>2150700</td>
<td>Atlantic Medivac Amb Serv, Harlan</td>
</tr>
<tr>
<td>2160100</td>
<td>Mechanicsville Ambulance, Mechanicsville</td>
</tr>
<tr>
<td>2160200</td>
<td>Stanwood Ambulance Service, Stanwood</td>
</tr>
<tr>
<td>2160300</td>
<td>Tipton Ambulance Service, Tipton</td>
</tr>
<tr>
<td>2160500</td>
<td>Bennett Ambulance Service, Bennett</td>
</tr>
<tr>
<td>2160600</td>
<td>Durant Volunteer Amb Inc., Durant</td>
</tr>
<tr>
<td>2160700</td>
<td>Clarence Ambulance Service, Clarence</td>
</tr>
<tr>
<td>2170200</td>
<td>Mason City Fire Department Ambulance, Mason City-new</td>
</tr>
<tr>
<td>2170400</td>
<td>Clear Lake Fire Department, Clear Lake-new</td>
</tr>
<tr>
<td>8170800</td>
<td>Med Trans Corporation, DBA Mercy Air Med., Mason City-new</td>
</tr>
<tr>
<td>2180500</td>
<td>Sioux Valley Prehospital Care, Cherokee</td>
</tr>
<tr>
<td>2180600</td>
<td>Marcus Fire Dept Ambulance, Marcus</td>
</tr>
<tr>
<td>2190500</td>
<td>Chickasaw Ambulance NH, New Hampton-new address</td>
</tr>
<tr>
<td>2200100</td>
<td>Clarke Co Ambulance Service, Osceola</td>
</tr>
<tr>
<td>2210100</td>
<td>Spencer Municipal Hospital Amb, Spencer</td>
</tr>
<tr>
<td>2210200</td>
<td>Peterson CRU, Peterson</td>
</tr>
<tr>
<td>2210400</td>
<td>Everly Fire and Rescue, Everly</td>
</tr>
<tr>
<td>2220100</td>
<td>Central Ambulance Service, Elkader</td>
</tr>
<tr>
<td>2220200</td>
<td>Guttenberg Ambulance Service, Guttenberg</td>
</tr>
<tr>
<td>2220300</td>
<td>MarMac Emergency Squad, McGregor</td>
</tr>
<tr>
<td>2220500</td>
<td>Strawberry Point Ambulance, Strawberry Pt</td>
</tr>
<tr>
<td>2221000</td>
<td>MFL Ambulance Service Inc, Monona</td>
</tr>
<tr>
<td>2230100</td>
<td>Andover Ambulance Service, Andover</td>
</tr>
<tr>
<td>2230200</td>
<td>Camanche Fire Department, Camanche</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>2230300</td>
<td>Clinton Fire Dept - Ambulance, Clinton</td>
</tr>
<tr>
<td>2230400</td>
<td>DeWitt Ambulance Service, DeWitt</td>
</tr>
<tr>
<td>2230500</td>
<td>Medic EMS - Clinton, Davenport</td>
</tr>
<tr>
<td>2230900</td>
<td>Wheatland EMS Ambulance, Wheatland</td>
</tr>
<tr>
<td>2236300</td>
<td>Delmar Volunteer Fire Dept, Delmar</td>
</tr>
<tr>
<td>2240100</td>
<td>Dow City Arion Fire &amp; Rescue, Dow City</td>
</tr>
<tr>
<td>2240200</td>
<td>Crawford County Ambulance, Denison</td>
</tr>
<tr>
<td>2240300</td>
<td>Manilla Ambulance, Manilla</td>
</tr>
<tr>
<td>2250200</td>
<td>Dallas Co EMS, Adel</td>
</tr>
<tr>
<td>2250400</td>
<td>Dallas Co EMS, Perry</td>
</tr>
<tr>
<td>2250500</td>
<td>Granger Community Ambulance, Granger</td>
</tr>
<tr>
<td>2258300</td>
<td>Waukee Fire Rescue, Waukee</td>
</tr>
<tr>
<td>2260200</td>
<td>Davis County Hospital - EMS, Bloomfield</td>
</tr>
<tr>
<td>2270100</td>
<td>Decatur Co Hospital Ambulance, Leon</td>
</tr>
<tr>
<td>2280500</td>
<td>Colesburg Ambulance Department, Colesburg</td>
</tr>
<tr>
<td>2280600</td>
<td>Regional Medical Center of NE, Manchester</td>
</tr>
<tr>
<td>2280900</td>
<td>Earville Fire Department, Earville</td>
</tr>
<tr>
<td>2281200</td>
<td>Edgewood Ambulance Service, Edgewood</td>
</tr>
<tr>
<td>2286000</td>
<td>Greeley Fire Department, Greeley-new</td>
</tr>
<tr>
<td>2286400</td>
<td>Delhi First Responders, Delhi</td>
</tr>
<tr>
<td>2290100</td>
<td>Burlington Fire/Ambulance, Burlington</td>
</tr>
<tr>
<td>2290300</td>
<td>IA Army Ammunition Plant-Amb, Middletown</td>
</tr>
<tr>
<td>2290400</td>
<td>Mediapolis Community Ambulance, Mediapolis</td>
</tr>
<tr>
<td>2290600</td>
<td>Superior Ambulance Service, West Burlington</td>
</tr>
<tr>
<td>2300100</td>
<td>DCMH-MICS, Spirit Lake</td>
</tr>
<tr>
<td>2300200</td>
<td>Lake Park Rescue, Lake Park</td>
</tr>
<tr>
<td>2300300</td>
<td>Terril First Responders, Terril</td>
</tr>
<tr>
<td>2310400</td>
<td>Bi-County Ambulance Inc, Dyersville</td>
</tr>
<tr>
<td>2310600</td>
<td>Dubuque Fire Department, Dubuque</td>
</tr>
<tr>
<td>2310603</td>
<td>Dubuque Fire Department, Dubuque (Satellite)</td>
</tr>
<tr>
<td>2310700</td>
<td>Epworth Community Volunteer Fire Department, Epworth</td>
</tr>
<tr>
<td>2310800</td>
<td>Farley Emergency Medical Services, Inc.Farley</td>
</tr>
<tr>
<td>2310900</td>
<td>Holy Cross Volunteer Fire Dept, Holy Cross</td>
</tr>
<tr>
<td>2311000</td>
<td>Asbury Fire Department, Dubuque</td>
</tr>
<tr>
<td>2311100</td>
<td>Paramount Ambulance Service-new</td>
</tr>
<tr>
<td>2311600</td>
<td>Bernard Fire and Rescue, Bernard</td>
</tr>
<tr>
<td>2316100</td>
<td>Centralia/Peosta Emergency Services, Peosta-new</td>
</tr>
<tr>
<td>2316400</td>
<td>Key West Fire and EMS, Key West-new</td>
</tr>
<tr>
<td>2316000</td>
<td>Sherrill Fire &amp; Rescue Dept., Sherrill</td>
</tr>
<tr>
<td>2317300</td>
<td>Cascade Emergency Medical Services, Cascade-new</td>
</tr>
<tr>
<td>2320100</td>
<td>Estherville Ambulance Service, Estherville</td>
</tr>
<tr>
<td>2320200</td>
<td>Ringsted Benifited Fire Dept, Ringsted</td>
</tr>
<tr>
<td>2320300</td>
<td>Armstrong EMS Service, Armstrong</td>
</tr>
<tr>
<td>2330200</td>
<td>Fayette Ambulance Service, Fayette</td>
</tr>
<tr>
<td>2330300</td>
<td>Mercy OelweinAmbulance, Oelwein</td>
</tr>
<tr>
<td>2330700</td>
<td>Area Ambulance Clermont, Postville</td>
</tr>
<tr>
<td>2330900</td>
<td>Arlington Area Ambulance, Arlington</td>
</tr>
<tr>
<td>2331000</td>
<td>Tri-State Regional Ambulance, West Union-new</td>
</tr>
<tr>
<td>2340200</td>
<td>American Medical Response(AMR), Charles City</td>
</tr>
<tr>
<td>2340300</td>
<td>Nora Springs Vol Ambulance, Nora Springs</td>
</tr>
<tr>
<td>2350300</td>
<td>Franklin General Hospital Amb., Hampton</td>
</tr>
<tr>
<td>2360100</td>
<td>Hamburg Vol Fire Dept Rescue, Hamburg</td>
</tr>
<tr>
<td>2360200</td>
<td>Riverton Fire &amp; Rescue, Riverton</td>
</tr>
<tr>
<td>2360300</td>
<td>Sidney Fire and Rescue, Sidney</td>
</tr>
<tr>
<td>Phone</td>
<td>Ambulance Service, City</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>2360400</td>
<td>Tabor Vol Ambulance, Tabor</td>
</tr>
<tr>
<td>2360500</td>
<td>Thurman Rescue, Thurman</td>
</tr>
<tr>
<td>2360600</td>
<td>Percival Fire &amp; Rescue, Percival</td>
</tr>
<tr>
<td>2360700</td>
<td>Farragut Fire &amp; Rescue, Farragut</td>
</tr>
<tr>
<td>2360800</td>
<td>Randolph Rescue, Randolph</td>
</tr>
<tr>
<td>2370100</td>
<td>Greene County EMS Inc, Jefferson</td>
</tr>
<tr>
<td>2370200</td>
<td>Grand Junction Rescue Unit, Grand Junction</td>
</tr>
<tr>
<td>2370300</td>
<td>Churdan Fire/Rescue, Churdan</td>
</tr>
<tr>
<td>2370500</td>
<td>Scranton Fire Rescue Unit, Scranton</td>
</tr>
<tr>
<td>2380100</td>
<td>Dike Vol Fire and Ambulance, Dike</td>
</tr>
<tr>
<td>2380200</td>
<td>Reinbeck Fire &amp; Rescue Dept, Reinbeck</td>
</tr>
<tr>
<td>2380400</td>
<td>Wellsburg FD Ambulance, Wellsburg</td>
</tr>
<tr>
<td>2380600</td>
<td>City of Grundy Center Amb, Grundy Center</td>
</tr>
<tr>
<td>2390100</td>
<td>Bagley Community Ambulance, Bagley</td>
</tr>
<tr>
<td>2390300</td>
<td>Guthrie Center Fire &amp; Rescue, Guthrie Center</td>
</tr>
<tr>
<td>2390400</td>
<td>Panora Rescue Squad, Panora</td>
</tr>
<tr>
<td>2390500</td>
<td>Stuart Rescue Unit, Stuart</td>
</tr>
<tr>
<td>2390700</td>
<td>Bayard Ambulance Service, Bayard</td>
</tr>
<tr>
<td>2390800</td>
<td>Menlo Fire and Rescue, Menlo</td>
</tr>
<tr>
<td>2400100</td>
<td>Jewell Fire &amp; Rescue, Jewell</td>
</tr>
<tr>
<td>2400200</td>
<td>Kamrar Fire &amp; Rescue, Kamrar</td>
</tr>
<tr>
<td>2400300</td>
<td>Stratford Rescue Unit, Stratford</td>
</tr>
<tr>
<td>2400400</td>
<td>Hamilton Hospital AmbService, Webster City</td>
</tr>
<tr>
<td>2400600</td>
<td>Williams Rescue and Ambulance, Williams</td>
</tr>
<tr>
<td>2406200</td>
<td>Ellsworth First Responders, Ellsworth</td>
</tr>
<tr>
<td>2410400</td>
<td>Garner Vol Ambulance Service, Garner</td>
</tr>
<tr>
<td>2410500</td>
<td>West Hancock Ambulance Service, Britt</td>
</tr>
<tr>
<td>2420100</td>
<td>Ackley Vol Ambulance Service, Ackley</td>
</tr>
<tr>
<td>2420200</td>
<td>Eldora Emergency Med Service, Eldora</td>
</tr>
<tr>
<td>2420300</td>
<td>American Medical Response, Iowa Falls</td>
</tr>
<tr>
<td>2420500</td>
<td>Union Emergency Service, Union</td>
</tr>
<tr>
<td>2420600</td>
<td>Radcliffe Ambulance Service, Radcliffe</td>
</tr>
<tr>
<td>2420700</td>
<td>Hubbard Ambulance Service, Hubbard</td>
</tr>
<tr>
<td>2430100</td>
<td>Dunlap Fire &amp; Rescue, Dunlap</td>
</tr>
<tr>
<td>2430200</td>
<td>Logan Fire Rescue Association, Logan</td>
</tr>
<tr>
<td>2430300</td>
<td>Missouri Valley Fire &amp; Rescue, Missouri Valley</td>
</tr>
<tr>
<td>2430400</td>
<td>Mondamin Fire &amp; Rescue Inc, Mondamin</td>
</tr>
<tr>
<td>2430500</td>
<td>Persia Fire &amp; Rescue, Persia</td>
</tr>
<tr>
<td>2430700</td>
<td>Woodbine Rescue, Woodbine</td>
</tr>
<tr>
<td>2430800</td>
<td>Outward Mobility Med Transport, Dunlap</td>
</tr>
<tr>
<td>2440400</td>
<td>HCHC Paramedic Ambulance Serv, Mt Pleasant</td>
</tr>
<tr>
<td>2450300</td>
<td>Reg.Health Services/Howard Co., Cresco</td>
</tr>
<tr>
<td>2460100</td>
<td>Gilmore City Ambulance, Gilmore City</td>
</tr>
<tr>
<td>2460200</td>
<td>Humboldt Ambulance Service, Humboldt</td>
</tr>
<tr>
<td>2460300</td>
<td>Renwick Ambulance Service, Renwick</td>
</tr>
<tr>
<td>2470100</td>
<td>Battle Creek Comm Amb Serv, Battle Creek</td>
</tr>
<tr>
<td>2470200</td>
<td>Holstein Fire Department, Holstein</td>
</tr>
<tr>
<td>2470300</td>
<td>Community Ambulance Service, Ida Grove</td>
</tr>
<tr>
<td>2480400</td>
<td>Iowa Co Ambulance-Williamsburg, Williamsburg</td>
</tr>
<tr>
<td>2480500</td>
<td>Iowa County Ambulance Service, Marengo</td>
</tr>
<tr>
<td>2490100</td>
<td>Bellevue Ambulance Service, Bellevue</td>
</tr>
<tr>
<td>2490400</td>
<td>Sabula Ambulance Service, Sabula</td>
</tr>
<tr>
<td>2490500</td>
<td>Jackson Co Ambulance Service, Maquoketa</td>
</tr>
<tr>
<td>2490600</td>
<td>Community Ambulance Preston, Preston</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>2490700</td>
<td>Community Ambulance Miles, Preston</td>
</tr>
<tr>
<td>2496400</td>
<td>Springbrook Fire and EMS, Springbrook</td>
</tr>
<tr>
<td>2500100</td>
<td>Baxter Rescue Unit, Baxter</td>
</tr>
<tr>
<td>2500200</td>
<td>Colfax Fire Department, Colfax</td>
</tr>
<tr>
<td>2500300</td>
<td>Kellogg Fire &amp; Ambulance Dept, Kellogg</td>
</tr>
<tr>
<td>2500400</td>
<td>Newton Fire Department, Newton</td>
</tr>
<tr>
<td>2500500</td>
<td>Prairie City Ambulance, Prairie City</td>
</tr>
<tr>
<td>2500600</td>
<td>Reasnor Fire &amp; Ambulance, Reasnor</td>
</tr>
<tr>
<td>2500700</td>
<td>Sully Rural Fire &amp; Ambulance, Sully</td>
</tr>
<tr>
<td>2500800</td>
<td>Monroe Fire Department, Monroe</td>
</tr>
<tr>
<td>2510100</td>
<td>Jefferson County Ambulance, Fairfield</td>
</tr>
<tr>
<td>2520300</td>
<td>Johnson County Ambulance, Iowa City</td>
</tr>
<tr>
<td>2520400</td>
<td>SE Iowa Ambulance Service Inc, Iowa City</td>
</tr>
<tr>
<td>2530100</td>
<td>Anamosa Area Ambulance Service, Anamosa</td>
</tr>
<tr>
<td>2530200</td>
<td>Monticello Ambulance Service, Monticello</td>
</tr>
<tr>
<td>2530300</td>
<td>Oxford Junction Fire Dept, Oxford Junction</td>
</tr>
<tr>
<td>2530400</td>
<td>Midland Community Ambulance, Wyoming</td>
</tr>
<tr>
<td>2530500</td>
<td>Olin Ambulance Service, Olin</td>
</tr>
<tr>
<td>2536000</td>
<td>Morley First Responders, Morley</td>
</tr>
<tr>
<td>2540500</td>
<td>Keokuk Cty Ambulance Service, Sigourney</td>
</tr>
<tr>
<td>2550100</td>
<td>Algona Ambulance Service, Algona</td>
</tr>
<tr>
<td>2550400</td>
<td>Swea City Fire Dept Ambulance, Swea City</td>
</tr>
<tr>
<td>2550500</td>
<td>Titonka Ambulance Service, Titonka</td>
</tr>
<tr>
<td>2550600</td>
<td>Central Area Ambulance Service, Fenton</td>
</tr>
<tr>
<td>2550800</td>
<td>Bancroft Ambulance Service, Bancroft</td>
</tr>
<tr>
<td>2550900</td>
<td>Whittemore Ambulance Service, Whittemore</td>
</tr>
<tr>
<td>2551000</td>
<td>Lakota Ambulance Service, Lakota</td>
</tr>
<tr>
<td>2560100</td>
<td>Lee County EMS Ambulance, Donnellson</td>
</tr>
<tr>
<td>2560200</td>
<td>Lee Co EMS Ambulance-Ft Madison, Fort Madison</td>
</tr>
<tr>
<td>2560300</td>
<td>Lee Co EMS Ambulance - Keokuk, Keokuk</td>
</tr>
<tr>
<td>2570200</td>
<td>Area Ambulance Service, Cedar Rapids</td>
</tr>
<tr>
<td>2570300</td>
<td>Center Point Ambulance Service, Center Point</td>
</tr>
<tr>
<td>2570400</td>
<td>Northeast Linn Ambulance Serv, Central City</td>
</tr>
<tr>
<td>2570700</td>
<td>Lisbon Mt Vernon Ambulance, Mt Vernon</td>
</tr>
<tr>
<td>2578100</td>
<td>Marion Fire Department, Marion</td>
</tr>
<tr>
<td>2578800</td>
<td>Hiawatha Fire Department, Hiawatha-new</td>
</tr>
<tr>
<td>8571040</td>
<td>Lifeguard Air Ambulance, Cedar Rapids-new</td>
</tr>
<tr>
<td>2580100</td>
<td>Louisa Co Responders-Ambulance, Columbus Jct</td>
</tr>
<tr>
<td>2580200</td>
<td>Morning Sun Comm Ambulance, Morning Sun</td>
</tr>
<tr>
<td>2580300</td>
<td>Wapello Community Ambulance, Wapello</td>
</tr>
<tr>
<td>2580400</td>
<td>Louisa County Responders-Letts, Columbus Jct</td>
</tr>
<tr>
<td>2590100</td>
<td>Lucas County Health Center Amb, Chariton</td>
</tr>
<tr>
<td>2600100</td>
<td>Lyon County Ambulance, Rock Rapids</td>
</tr>
<tr>
<td>2600200</td>
<td>Little Rock EMS, Little Rock</td>
</tr>
<tr>
<td>2600300</td>
<td>Inwood Rescue, Inwood</td>
</tr>
<tr>
<td>2610200</td>
<td>Madison County Ambulance, Winterset</td>
</tr>
<tr>
<td>2620100</td>
<td>Mahaska Hospital Ambulance, Oskaloosa</td>
</tr>
<tr>
<td>2620200</td>
<td>New Sharon Vol Fire Department, New Sharon</td>
</tr>
<tr>
<td>2620500</td>
<td>Fremont Ambulance Unit, Fremont</td>
</tr>
<tr>
<td>2622000</td>
<td>Eddyville Raceway Park / EMS, Oskaloosa</td>
</tr>
<tr>
<td>2630400</td>
<td>Melcher Dallas Fire &amp; Rescue, Melcher Dallas</td>
</tr>
<tr>
<td>2630500</td>
<td>Knoxville Raceway Ambulance, Knoxville</td>
</tr>
<tr>
<td>2630700</td>
<td>Pleasantville EMS, Pleasantville</td>
</tr>
<tr>
<td>2630800</td>
<td>Knoxville Fire and Rescue, Knoxville</td>
</tr>
<tr>
<td>Area Code</td>
<td>Service Name</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>2630900</td>
<td>Pella Community Ambulance, Pella</td>
</tr>
<tr>
<td>2631200</td>
<td>American Ambulance-Knoxville, Knoxville</td>
</tr>
<tr>
<td>2636100</td>
<td>Clay Township Fire Rescue, Tracy</td>
</tr>
<tr>
<td>2640100</td>
<td>Marshalltown Paramedic Service, Marshalltown</td>
</tr>
<tr>
<td>2646000</td>
<td>State Center First Responder, State Center</td>
</tr>
<tr>
<td>2650200</td>
<td>Malvern Volunteer Rescue Inc, Malvern</td>
</tr>
<tr>
<td>2650300</td>
<td>Silver City Ambulance Service, Silver City</td>
</tr>
<tr>
<td>2650400</td>
<td>Pacific Jct Vol Ambulance, Pacific Jct</td>
</tr>
<tr>
<td>2650600</td>
<td>Medivac Ambulance Glenwood, Harlan</td>
</tr>
<tr>
<td>2650700</td>
<td>Glenwood Vol Fire Dept, Glenwood</td>
</tr>
<tr>
<td>2650800</td>
<td>Emerson Rescue, Emerson</td>
</tr>
<tr>
<td>2650900</td>
<td>Mitchell Co Ambulance Service, Osage</td>
</tr>
<tr>
<td>2660300</td>
<td>Riceville Amb Service Inc, Riceville</td>
</tr>
<tr>
<td>2670200</td>
<td>Burgess Hospital Ambulance, Onawa</td>
</tr>
<tr>
<td>2670400</td>
<td>Moorhead Rescue, Moorhead</td>
</tr>
<tr>
<td>2670500</td>
<td>Mapleton Ambulance Service, Mapleton</td>
</tr>
<tr>
<td>2670800</td>
<td>Ute Ambulance Service, Ute</td>
</tr>
<tr>
<td>2680100</td>
<td>Monroe Co Ambulance, Albia</td>
</tr>
<tr>
<td>2690200</td>
<td>Red Oak Fire Department, Red Oak</td>
</tr>
<tr>
<td>2690400</td>
<td>Stanton Fire &amp; Rescue, Stanton</td>
</tr>
<tr>
<td>2690500</td>
<td>Villisca Ambulance Service, Villisca</td>
</tr>
<tr>
<td>2690600</td>
<td>Elliott First Response Team, Elliott</td>
</tr>
<tr>
<td>2700200</td>
<td>Muscatine Fire Department, Muscatine</td>
</tr>
<tr>
<td>2700700</td>
<td>West Liberty Vol Fire Dept, West Liberty</td>
</tr>
<tr>
<td>2710200</td>
<td>Hartley Ambulance (HEART), Hartley</td>
</tr>
<tr>
<td>2710300</td>
<td>Paullina Ambulance Service, Paullina</td>
</tr>
<tr>
<td>2710400</td>
<td>Primghar Ambulance, Primghar</td>
</tr>
<tr>
<td>2710500</td>
<td>Sanborn Ambulance Service, Sanborn</td>
</tr>
<tr>
<td>2710600</td>
<td>Sutherland Fire/Rescue/Amb, Sutherland</td>
</tr>
<tr>
<td>2710700</td>
<td>Sheldon Comm Ambulance Team, Sheldon</td>
</tr>
<tr>
<td>2710900</td>
<td>Archer Ambulance Service, Archer</td>
</tr>
<tr>
<td>2720200</td>
<td>OCAS/Sibley Division, Sibley</td>
</tr>
<tr>
<td>2720300</td>
<td>OCAS/Melvin Division, Melvin</td>
</tr>
<tr>
<td>2720400</td>
<td>OCAS/Ocheyedan Division, Ocheyedan</td>
</tr>
<tr>
<td>2726100</td>
<td>Ashton Comm Emergency Serv, Ashton</td>
</tr>
<tr>
<td>2730200</td>
<td>Coin Fire &amp; Rescue, Coin</td>
</tr>
<tr>
<td>2730300</td>
<td>College Springs Vol Fire Dept, College Springs</td>
</tr>
<tr>
<td>2730600</td>
<td>Braddyville Rescue, Braddyville</td>
</tr>
<tr>
<td>2730700</td>
<td>Shenandoah Emergency Ambulance, Shenandoah</td>
</tr>
<tr>
<td>2730800</td>
<td>Shenandoah Ambulance Service, Shenandoah</td>
</tr>
<tr>
<td>2730900</td>
<td>C M H Emergency Med Serv, Clarinda</td>
</tr>
<tr>
<td>2731000</td>
<td>Essex Fire and Rescue Dept, Essex</td>
</tr>
<tr>
<td>2740100</td>
<td>PACH Ambulance, Emmetsburg</td>
</tr>
<tr>
<td>2740200</td>
<td>PACA/West Bend, West Bend</td>
</tr>
<tr>
<td>2740300</td>
<td>PACA/Graettinger, Graettinger</td>
</tr>
<tr>
<td>2740400</td>
<td>PACA/Ruthven, Ruthven</td>
</tr>
<tr>
<td>2750100</td>
<td>Siouxland Paramedics/Akron, Akron</td>
</tr>
<tr>
<td>2750200</td>
<td>Hinton Ambulance, Hinton</td>
</tr>
<tr>
<td>2750300</td>
<td>Kingsley Ambulance Service, Kingsley</td>
</tr>
<tr>
<td>2750400</td>
<td>LeMars Fire Rescue, Le Mars</td>
</tr>
<tr>
<td>2750700</td>
<td>Oyens Volunteer Fire Rescue, Oyens</td>
</tr>
<tr>
<td>2750800</td>
<td>Remsen Ambulance Service, Remsen</td>
</tr>
<tr>
<td>2750900</td>
<td>LeMars Ambulance Service, LeMars</td>
</tr>
<tr>
<td>Code</td>
<td>Name</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>275100</td>
<td>Merrill Ambulance Service, LeMars</td>
</tr>
<tr>
<td>2760100</td>
<td>Fonda Ambulance Service, Fonda</td>
</tr>
<tr>
<td>2760200</td>
<td>Pocahontas Ambulance Service, Pocahontas</td>
</tr>
<tr>
<td>2760300</td>
<td>Rolfe Area Ambulance, Rolfe</td>
</tr>
<tr>
<td>2761000</td>
<td>Laurens Ambulance Service, Laurens</td>
</tr>
<tr>
<td>2770100</td>
<td>Altoona Fire Department, Altoona</td>
</tr>
<tr>
<td>2770200</td>
<td>Ankeny Fire Department, Ankeny</td>
</tr>
<tr>
<td>2770300</td>
<td>Clive Fire Department, Clive</td>
</tr>
<tr>
<td>2770600</td>
<td>Windsor Heights Fire Dept, Windsor Heights</td>
</tr>
<tr>
<td>2770700</td>
<td>Pleasant Hill Fire Dept, Pleasant Hill</td>
</tr>
<tr>
<td>2770800</td>
<td>Johnston Fire &amp; Rescue, Johnston</td>
</tr>
<tr>
<td>2770900</td>
<td>American Ambulance, Clive</td>
</tr>
<tr>
<td>2771000</td>
<td>Polk City Vol Fire &amp; Rescue, Polk City</td>
</tr>
<tr>
<td>2771100</td>
<td>Runnells Fire Department, Runnells</td>
</tr>
<tr>
<td>2771200</td>
<td>Urbandale Fire Department, Urbandale</td>
</tr>
<tr>
<td>2771300</td>
<td>West Des Moines EMS, West Des Moines</td>
</tr>
<tr>
<td>2771403</td>
<td>Des Moines Fire Department #3, Des Moines</td>
</tr>
<tr>
<td>2771404</td>
<td>Des Moines Fire Department #4, Des Moines</td>
</tr>
<tr>
<td>2771405</td>
<td>Des Moines Fire Department #5, Des Moines</td>
</tr>
<tr>
<td>2771406</td>
<td>Des Moines Fire Department #6, Des Moines</td>
</tr>
<tr>
<td>2771408</td>
<td>Des Moines Fire Department #8, Des Moines</td>
</tr>
<tr>
<td>2771409</td>
<td>Des Moines Fire Department #9, Des Moines</td>
</tr>
<tr>
<td>2771410</td>
<td>Des Moines Fire Department #10, Des Moines</td>
</tr>
<tr>
<td>2771500</td>
<td>Grimes Fire &amp; Rescue Dept, Grimes</td>
</tr>
<tr>
<td>2771600</td>
<td>Saylor Township Fire Dept, Des Moines</td>
</tr>
<tr>
<td>2771800</td>
<td>Bondurant Emergency Services, Bondurant</td>
</tr>
<tr>
<td>2772000</td>
<td>Midwest Amb Service of Ia Inc, Des Moines</td>
</tr>
<tr>
<td>2772100</td>
<td>LIFEline Ambulance Service Inc, Des Moines</td>
</tr>
<tr>
<td>2772300</td>
<td>Fraser Ambulance, Des Moines</td>
</tr>
<tr>
<td>2772600</td>
<td>Northern Warren Fire Department, Des Moines</td>
</tr>
<tr>
<td>2772700</td>
<td>Mitchellville Fire Department, Mitchellville</td>
</tr>
<tr>
<td>2773200</td>
<td>Mercy Medical Center-DSM, Des Moines</td>
</tr>
<tr>
<td>2780100</td>
<td>Avoca Vol Rescue &amp; Fire, Avoca</td>
</tr>
<tr>
<td>2780200</td>
<td>Council Bluffs Fire Dept, Council Bluffs</td>
</tr>
<tr>
<td>2780201</td>
<td>Council Bluffs Fire Dept, Council Bluffs</td>
</tr>
<tr>
<td>2780202</td>
<td>Council Bluffs Fire Dept, Council Bluffs</td>
</tr>
<tr>
<td>2780203</td>
<td>Council Bluffs Fire Dept, Council Bluffs</td>
</tr>
<tr>
<td>2780300</td>
<td>Macedonia Vol Fire Department, Macedonia</td>
</tr>
<tr>
<td>2780400</td>
<td>Minden Vol Fire &amp; Rescue, Minden</td>
</tr>
<tr>
<td>2780500</td>
<td>Neola Vol Fire Dept, Neola</td>
</tr>
<tr>
<td>2780600</td>
<td>Oakland Vol Fire &amp; Rescue, Oakland</td>
</tr>
<tr>
<td>2780700</td>
<td>Treynor Ambulance Service, Treynor</td>
</tr>
<tr>
<td>2780800</td>
<td>Walnut Fire Department, Walnut</td>
</tr>
<tr>
<td>2780900</td>
<td>Underwood Rescue, Underwood</td>
</tr>
<tr>
<td>2781000</td>
<td>Carter Lake Fire &amp; Rescue, Carter Lake</td>
</tr>
<tr>
<td>2781100</td>
<td>Rural/Metro Amb.-Council Bluffs, Council Bluffs</td>
</tr>
<tr>
<td>2781200</td>
<td>Crescent Rescue, Crescent</td>
</tr>
<tr>
<td>2790300</td>
<td>Montezuma Fire Department, Montezuma</td>
</tr>
<tr>
<td>2790600</td>
<td>East Poweshiek Ambulance, Brooklyn</td>
</tr>
<tr>
<td>2790700</td>
<td>Midwest Ambulance Serv of Iowa, Grinnell</td>
</tr>
<tr>
<td>2800300</td>
<td>Ringgold County Ambulance, Mount Ayr</td>
</tr>
<tr>
<td>2810300</td>
<td>Sac County Ambulance/Sac City, Sac City</td>
</tr>
<tr>
<td>2810400</td>
<td>Sac County Ambulance/Schaller, Schaller</td>
</tr>
<tr>
<td>2810500</td>
<td>Sac County Ambulance/Lake View, Lake View</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Ambulance Service Name, Location</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>2810600</td>
<td>Sac County Ambulance/Odebolt, Odebolt</td>
</tr>
<tr>
<td>2820200</td>
<td>Le Claire Ambulance Service, LeClaire</td>
</tr>
<tr>
<td>2820800</td>
<td>Buffalo Ambulance, Buffalo</td>
</tr>
<tr>
<td>2821000</td>
<td>MEDIC, Davenport</td>
</tr>
<tr>
<td>2821001</td>
<td>MEDIC, Davenport</td>
</tr>
<tr>
<td>2821002</td>
<td>MEDIC, Davenport</td>
</tr>
<tr>
<td>2821003</td>
<td>MEDIC, Davenport</td>
</tr>
<tr>
<td>2821100</td>
<td>MEDIC - Eldridge, Eldridge</td>
</tr>
<tr>
<td>2821200</td>
<td>MEDIC - Bettendorf, Bettendorf</td>
</tr>
<tr>
<td>2821500</td>
<td>MEDIC EMS - LeClaire, LeClaire</td>
</tr>
<tr>
<td>2830400</td>
<td>Irwin Volunteer Rescue Squad, Irwin</td>
</tr>
<tr>
<td>2830600</td>
<td>Earling Fire and Rescue, Earling</td>
</tr>
<tr>
<td>2830700</td>
<td>Medivac Ambulance Rescue Corp, Harlan</td>
</tr>
<tr>
<td>2830800</td>
<td>Shelby Fire and Rescue, Shelby</td>
</tr>
<tr>
<td>2830900</td>
<td>Elk Horn Fire and Rescue, Elk Horn</td>
</tr>
<tr>
<td>2840100</td>
<td>Rock Valley Ambulance Assoc., Rock Valley</td>
</tr>
<tr>
<td>2840200</td>
<td>Hawarden Ambulance Association, Hawarden</td>
</tr>
<tr>
<td>2840300</td>
<td>Hull Ambulance and Rescue, Hull</td>
</tr>
<tr>
<td>2840400</td>
<td>Sioux Center Ambulance, Sioux Center</td>
</tr>
<tr>
<td>2840500</td>
<td>Orange City Comm Amb Service, Orange City</td>
</tr>
<tr>
<td>2840600</td>
<td>Hospers Ambulance Service, Hospers</td>
</tr>
<tr>
<td>2840700</td>
<td>Ireton Rescue Squad, Ireton</td>
</tr>
<tr>
<td>2840800</td>
<td>Granville Fire &amp; Rescue, Granville</td>
</tr>
<tr>
<td>2840900</td>
<td>Boyden Ambulance, Boyden</td>
</tr>
<tr>
<td>2841000</td>
<td>Alton Ambulance, Alton</td>
</tr>
<tr>
<td>2850100</td>
<td>Mobile Intensive Care Service, Ames</td>
</tr>
<tr>
<td>2850200</td>
<td>Story County Medical Center, Nevada</td>
</tr>
<tr>
<td>2850300</td>
<td>Story City Ambulance Service, Story City</td>
</tr>
<tr>
<td>2856500</td>
<td>Colo Fire and Rescue, Colo</td>
</tr>
<tr>
<td>2860100</td>
<td>Dysart Ambulance Service, Dysart</td>
</tr>
<tr>
<td>2860200</td>
<td>Elberon Volunteer Fire Rescue, Elberon</td>
</tr>
<tr>
<td>2860300</td>
<td>Garwin Ambulance Service, Garwin</td>
</tr>
<tr>
<td>2860400</td>
<td>Gladbrook Lincoln Ambulance, Gladbrook</td>
</tr>
<tr>
<td>2860500</td>
<td>Tama Ambulance Service, Tama</td>
</tr>
<tr>
<td>2860600</td>
<td>Toledo Fire Dept Emerg Serv, Toledo</td>
</tr>
<tr>
<td>2860700</td>
<td>Traer Ambulance Service, Traer</td>
</tr>
<tr>
<td>28700100</td>
<td>Bedford Ambulance Service, Bedford</td>
</tr>
<tr>
<td>2870200</td>
<td>Blockton Ambulance Service, Blockton</td>
</tr>
<tr>
<td>2870400</td>
<td>New Market Vol Fire Dept, New Market</td>
</tr>
<tr>
<td>2870600</td>
<td>Lenox Ambulance Service, Lenox</td>
</tr>
<tr>
<td>2880200</td>
<td>Greater Comm Hosp Ambulance, Creston</td>
</tr>
<tr>
<td>2890900</td>
<td>Farmington EMS, Farmington</td>
</tr>
<tr>
<td>2891000</td>
<td>Van Buren County Ambulance, Keosauqua</td>
</tr>
<tr>
<td>2900100</td>
<td>Eldon Fire &amp; Rescue Inc., Eldon</td>
</tr>
<tr>
<td>2900700</td>
<td>Eddyville Volunteer Fire Dept, Eddyville</td>
</tr>
<tr>
<td>2900800</td>
<td>Ottumwa Regional MICS, Ottumwa</td>
</tr>
<tr>
<td>2900900</td>
<td>Blakesburg First Responders, Blakesburg</td>
</tr>
<tr>
<td>2910100</td>
<td>Carlisle Fire Rescue, Carlisle</td>
</tr>
<tr>
<td>2910200</td>
<td>Milo Fire Rescue, Milo</td>
</tr>
<tr>
<td>2910300</td>
<td>Norwalk Fire Department, Norwalk</td>
</tr>
<tr>
<td>2910500</td>
<td>Lacona Fire Rescue, Lacona</td>
</tr>
<tr>
<td>2910600</td>
<td>Virginia Twp Fire Rescue, New Virginia</td>
</tr>
<tr>
<td>2910700</td>
<td>Indianola Fire Department, Indianola</td>
</tr>
<tr>
<td>2910800</td>
<td>Martensdale Fire Rescue, Martensdale</td>
</tr>
<tr>
<td>Code</td>
<td>Provider Name</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>2911100</td>
<td>Hartford Vol Fire &amp; Rescue, Hartford</td>
</tr>
<tr>
<td>2920100</td>
<td>Washington Co Ambulance, Washington</td>
</tr>
<tr>
<td>2920500</td>
<td>Wellman Volunteer Ambulance, Wellman</td>
</tr>
<tr>
<td>2930100</td>
<td>Wayne County Ambulance Service, Corydon</td>
</tr>
<tr>
<td>2940100</td>
<td>Trinity Regional Amb Service, Fort Dodge</td>
</tr>
<tr>
<td>2940200</td>
<td>Vincent Vol Ambulance Service, Vincent</td>
</tr>
<tr>
<td>2940300</td>
<td>Dayton Rescue Squad Inc, Dayton</td>
</tr>
<tr>
<td>2940400</td>
<td>SW Webster Ambulance Service, Gowrie</td>
</tr>
<tr>
<td>2940500</td>
<td>Clare Rescue, Clare</td>
</tr>
<tr>
<td>2950100</td>
<td>Buffalo Ct Vol Amb Service, Buffalo Center</td>
</tr>
<tr>
<td>2950200</td>
<td>Forest City Ambulance Service, Forest City</td>
</tr>
<tr>
<td>2950300</td>
<td>Thompson Rescue Unit, Thompson</td>
</tr>
<tr>
<td>2950400</td>
<td>Lake Mills Ambulance Service, Lake Mills</td>
</tr>
<tr>
<td>2950500</td>
<td>Winnebago Industries Ambulance, Forest City</td>
</tr>
<tr>
<td>2960100</td>
<td>Winneshiek Medical Center Paramedic Service, Decorah</td>
</tr>
<tr>
<td>2960200</td>
<td>Ossian Ambulance Service, Ossian</td>
</tr>
<tr>
<td>2966200</td>
<td>Frankville FD First Responders-new</td>
</tr>
<tr>
<td>2970100</td>
<td>Anthon Rescue Squad, Anthon</td>
</tr>
<tr>
<td>2970300</td>
<td>Correctionville Fire &amp; Rescue, Correctionville</td>
</tr>
<tr>
<td>2970400</td>
<td>Cushing Fire Department, Cushing</td>
</tr>
<tr>
<td>2970500</td>
<td>Siouxland Paramedics Inc, Sioux City</td>
</tr>
<tr>
<td>2970600</td>
<td>Moville Ambulance Rescue Squad, Moville</td>
</tr>
<tr>
<td>2970700</td>
<td>Pierson Ambulance, Pierson</td>
</tr>
<tr>
<td>2970800</td>
<td>Salix Fire and Rescue, Salix</td>
</tr>
<tr>
<td>2971200</td>
<td>Sloan Fire &amp; Rescue, Sloan</td>
</tr>
<tr>
<td>2971700</td>
<td>Bronson Community Ambulance, Bronson</td>
</tr>
<tr>
<td>2971800</td>
<td>Danbury Community Ambulance, Danbury</td>
</tr>
<tr>
<td>2972100</td>
<td>Oto Community Ambulance Serv, Oto</td>
</tr>
<tr>
<td>2972300</td>
<td>Sergeant Bluff Fire &amp; Rescue, Sergeant Bluff</td>
</tr>
<tr>
<td>2972400</td>
<td>Lawton Ambulance, Lawton</td>
</tr>
<tr>
<td>2990100</td>
<td>Belmond Vol Ambulance Service, Belmond</td>
</tr>
<tr>
<td>2990200</td>
<td>Clarion Ambulance Service, Clarion</td>
</tr>
<tr>
<td>2990300</td>
<td>Eagle Grove Department of EMS, Eagle Grove</td>
</tr>
<tr>
<td>8078400</td>
<td>Air &amp; Mobile Critical Care-new</td>
</tr>
</tbody>
</table>

91799999 | Other Illinois Provider                            |
92099999 | Other Kansas Provider                              |
92799999 | Other Minnesota Provider                           |
92999999 | Other Missouri Provider                            |
93199999 | Other Nebraska Provider                            |
94699999 | Other South Dakota Provider                        |
95599999 | Other Wisconsin Provider                           |
99999999 | Other Out-of-State Provider                        |
Appendix G

Neuromuscular Blockers/Sedatives/Anesthetics in Common Use

<table>
<thead>
<tr>
<th>Trade name</th>
<th>Generic name</th>
<th>Duration of Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amidate</td>
<td>Etomidate</td>
<td>3-12 minutes</td>
</tr>
<tr>
<td>Ativan</td>
<td>Lorazepam</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Anectine</td>
<td>Succinylcholine</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>Diprivan</td>
<td>Propofol</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>Ketalar</td>
<td>Ketamine</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Nimbex</td>
<td>Cisatracurium</td>
<td>25-60 minutes</td>
</tr>
<tr>
<td>Norcuron</td>
<td>Vecuronium Bromide</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>Pavulon</td>
<td>Pancuronium Bromide</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Tracrium</td>
<td>Atracurium Besylate</td>
<td>20-45 minutes</td>
</tr>
<tr>
<td>Versed</td>
<td>Midazolam</td>
<td>30-60 minutes</td>
</tr>
<tr>
<td>Zemuron</td>
<td>Rocuronium Bromide</td>
<td>15-30 minutes</td>
</tr>
</tbody>
</table>
## Appendix H

### Comorbidity List

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>493.9</td>
<td>J45.20–J45.22, J45.30–J45.32, J45.40–J45.42, J45.50–J45.52, J45.90–J45.92, J45.901, J45.902, J45.909, J45.990, J45.991, J45.996</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>V10.51, 188 (.0–.9)</td>
<td>C67 (.0–.9)</td>
</tr>
<tr>
<td>Bone</td>
<td>V10.81, 170 (.0–.9)</td>
<td>C40.0–C40.3 (x0–x2), C40.8 (x0–x2), C40.9 (x0–x2), C41 (.0–.9)</td>
</tr>
<tr>
<td>Brain</td>
<td>V10.85, 191 (.0–.9)</td>
<td>C71 (.0–.9)</td>
</tr>
<tr>
<td>Breast</td>
<td>V10.3, 174 (.0–.9)</td>
<td>C50 (.0–.6, 8, 9, C50.x (x1, x2), C50.xx (x01, x02, x05)</td>
</tr>
<tr>
<td>Colon</td>
<td>V10.05, 153 (.0–.9)</td>
<td>C18 (.0–.9)</td>
</tr>
<tr>
<td>Kidney</td>
<td>V10.52, 189 (.0–.9)</td>
<td>C64 (1.2, .9)</td>
</tr>
<tr>
<td>Lung</td>
<td>V10.11, 162 (.2–.5, .8, .9)</td>
<td>C34 (.3–.8, 9), C34.x (x0–x2)</td>
</tr>
<tr>
<td>Ovarian</td>
<td>V10.43, 183 (.0–.2–.5, .8, 9)</td>
<td>C56 (1.2, .9)</td>
</tr>
<tr>
<td>Prostate</td>
<td>V10.46, 185</td>
<td>C61</td>
</tr>
<tr>
<td>Uterine</td>
<td>V10.41, 179, 180 (.0–.1, .8, 9), 182 (.0–.1, 8)</td>
<td>C53 (1.8, .9)</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With chronic complication</td>
<td>250 (.4–.7)</td>
<td>E10 (.0, 1, 6, 8, 9), E11 (.0, 1, 6, 8, 9), E12 (.0, 1, 6, 8, 9), E13 (.0, 1, 6, 8, 9), E14 (.0, 1, 6, 8, 9)</td>
</tr>
<tr>
<td>Without chronic complication</td>
<td>250 (.0–.3, .8, 9)</td>
<td>E10 (2–.5, 7), E11 (2–.5, 7), E12 (2–.5, 7), E13 (2–.5, 7), E14 (2–.5, 7)</td>
</tr>
<tr>
<td>Dementia</td>
<td>290 (.0–.4, .8, 9), 294.1, 331.2</td>
<td>F01.5, F01.5 (.x0, .x1), F02.8, F02.x (x0, x1), F03.9, F03.x (x0, x1), F05, G30 (.0–.1, .8, 9), G31 (.0, .09), G31.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complicated</td>
<td>402–405 (.0–.1, 9)</td>
<td>I11–I12 (.0, .9), I13 (.0–.1, 2), I13.1 (.0–.1), I15 (.0–.2, .8, 9)</td>
</tr>
<tr>
<td>Uncomplicated</td>
<td>401 (.0–.1, 9)</td>
<td>I10</td>
</tr>
<tr>
<td>CVA/Stroke</td>
<td>430, 431, 433 (.0–.3, .8, 9), 434 (.0–.1, 9, 436</td>
<td>I67.89</td>
</tr>
<tr>
<td>History of stroke w/o residual</td>
<td>V12.59</td>
<td>I60–I69 (x, xx, xxx; excl. I69: .051–.054, .059; .151–.154, .159; .251–.254, .259; .351–.354, .359, .451–.454, .459; &amp; .551–.554, .559)</td>
</tr>
<tr>
<td>History of stroke with hemiparesis still present</td>
<td>438.2</td>
<td>I69 (.051–.054, .059, .151–.154, .159; .251–.254, .259; .351–.354, .359, .451–.454, .459; &amp; .551–.554, .559)</td>
</tr>
<tr>
<td>Psychiatric problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>311</td>
<td>F31.3–F31.5 (.0–.3), F32 (.0–.9), F33 (.0–.3, .8, 9), F33.4 (.0–.2), F34.1, F43.21, F43.23</td>
</tr>
<tr>
<td>COPD</td>
<td>496</td>
<td>J44 (.0–.1, 9)</td>
</tr>
<tr>
<td>Seizure disorder</td>
<td>780.39</td>
<td>G40 (.0–.5, .8, 9, A, B), G40.xx (.00, .10, .20, .30, .A0, .B0, .40, .50, .80, .90), G40.xxx (.xx1–.xx4, .xx9)</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>492.8</td>
<td>J43 (.0–.2, .8, 9), J98 (.2, .3)</td>
</tr>
<tr>
<td>Emphysema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transient cerebral ischemia</td>
<td>435 (.0–.3, .8, 9)</td>
<td>G45 (.0–.2, .8, 9), G46 (.0–.2)</td>
</tr>
<tr>
<td>History of transient cerebral ischemia</td>
<td>V12.59</td>
<td>Z86.73</td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary artery disease (CAD)</td>
<td>414.01</td>
<td>I25 (x, xx, xxx)</td>
</tr>
<tr>
<td>History of congestive heart failure (CHF)</td>
<td>428</td>
<td>I09.9, I11.0, I13.0, I13.2, I25.5, I42.0, I42.5–I42.9, I43.x, I50.x, P29.0</td>
</tr>
<tr>
<td>Chronic renal failure</td>
<td>585 (.1–.6, .9)</td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>V22.2</td>
<td>Z33 (.1, 2)</td>
</tr>
<tr>
<td>Obesity</td>
<td>278 (.0–.4, .8, .00–.03)</td>
<td>E56 (x, xx)</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute alcohol intoxication</td>
<td>303.0</td>
<td>F10.12 (.xxx)</td>
</tr>
<tr>
<td>Chronic alcoholism</td>
<td>303 (.00–.03)</td>
<td>F10.2 (.xx, xxx)</td>
</tr>
<tr>
<td>Nondependent drug abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>305 (.00–.03)</td>
<td>F10 (.x, xx, xxx)</td>
</tr>
<tr>
<td>Marijuana abuse</td>
<td>305 (.20–.23)</td>
<td>F12 (.x, xx, xxx)</td>
</tr>
<tr>
<td>Cocaine abuse</td>
<td>305 (.60–.63)</td>
<td>F14 (.x, xx, xxx)</td>
</tr>
<tr>
<td>Amphetamine or related acting sympathomimetic abuse</td>
<td>305 (.70–.73)</td>
<td>F15 (.x, xx, xxx)</td>
</tr>
<tr>
<td>Other, mixed, or unspecified drug abuse</td>
<td>305 (.90–.93)</td>
<td>F19 (.x, xx, xxx)</td>
</tr>
</tbody>
</table>