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**State of New Hampshire**

**Trauma Medical Review Committee**

**New Hampshire Trauma Data Standard:**

**Data Dictionary | 2024**

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Dictionary Overview:

Introduction:

The New Hampshire Trauma Data Standard (NHTDS) represents the culmination of many years of work by the all-volunteer Trauma Medical Review Committee (TMRC). Together with the New Hampshire Division of Fire Standards and Training & Emergency Medical Services (the Division), the TMRC is responsible for the administration of the State of New Hampshire Trauma System. The NHTDS and the New Hampshire Trauma Registry (NHTR) are the hallmarks of the collaborative trauma system improvement and high patient care standards for which the TMRC stands. This Data Dictionary is designed to be a resource for trauma registrars and trauma program managers who submit data to the NHTR directly or by digital upload. The 2024 edition of the NHTDS includes better definition of the NTDB required and NH required fields, as well as a section for State required PI Audits.

The NHTDS and this Data Dictionary are designed as a companion to the National Trauma Data Standard (NTDS) which is published by the American College of Surgeons. The NHTDS collects all of the required elements listed in the National Trauma Data Bank (NTDB) plus many additional items which the TMRC believes are necessary to Trauma System Improvement in the State of New Hampshire. NTDS standards and data dictionary can be found at: <https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/>.

Field Values:

All required fields must be non-blank. This can be accomplished by either entering a Common Null Value (CNV) or a Real Value (RV). Some required fields accept “Not Known/Not Reported” but do not accept “Not Applicable (N/A)”. Optional fields for direct data entry agencies *may* allow a “blank” however; all effort should be made to enter a RV or CNV in these fields.

Required Fields:

In the NHTDS, required fields are those fields which are required by the NTDS and/or those fields which the TMRC deemed necessary for statewide trauma system improvement. Failure to complete these fields will result in a validation score less than 100% for those organizations that directly enter data into the NHTR, and record rejection from the NTDB. NH Required Fields are highlighted in purple while NTDB Required Fields are highlighted in blue on each individual data element page. Fields that are not designated as required are not collected from all agencies but remain active for those agencies that directly enter data into the NHTR as their only trauma registry.

Suggested Data Sources:

With the exception of EMS specific fields, The New Hampshire Bureau of EMS and TMRC recommend the following Data Sources, suggested for consistency with the NTDB Data Source Hierarchy Guide:

* Face Sheet/Billing Sheet
* Admission Form
* Triage/Trauma/Hospital/ICU Flow Sheet
* History and Physical
* Progress/Transfer Notes
* Nursing/Physician Notes & Orders
* Respiratory Therapy Notes
* Pharmacy Records
* Lab Results
* Facility/Transfer Records
* Radiology Reports
* Anesthesiology Notes
* AIS Coding Manual
* EMS Run Reports

Reporting Requirements:

Reporting Overview:

All designated trauma hospitals within the New Hampshire Trauma System are required to submit data to the NHTR. This can be accomplished in two ways:

1. Direct Data entry into the NHTR by trauma registrars
2. Digital Upload (data dumping) by hospital registry software into the NHTR

The NHTR is built by ImageTrend and maintained by Division staff. All questions or issues regarding NHTR access and data entry should be directed to: **Walter Trachim**, Trauma Coordinator: 603-223-4272 | [walter.r.trachim@dos.nh.gov](mailto:walter.r.trachim@dos.nh.gov).

Patient & Reporting Agency Confidentiality:

The TMRC and the Division recognize the concerns for patient confidentiality that Hospital administrators and risk managers have, particularly regarding the reporting of patient names and dates of birth. The collection of this data by the Bureau of EMS and the maintenance of patient confidentiality are addressed in New Hampshire State Law.

**RSA 21-P:12-b(g) - Regarding Bureau of EMS Authority:**

“Establish a data collection and analysis capability that provides for the evaluation of the emergency medical and trauma services system and for modifications to the system based on identified gaps and shortfalls in the delivery of emergency medical and trauma services. The data and resulting analysis shall be provided to the bodies established under this chapter, provided that such use does not violate the confidentiality of recipients of emergency medical care. The provisions of RSA 126 shall be followed with regard to other uses of this data for research and evaluation purposes, and for protecting the confidentiality of data in those uses. All analyses shall be public documents, provided that the identity of the recipients of emergency medical care are protected from disclosure either directly or indirectly”.

**RSA 126:24-b,c,d - Regarding Collection, Use, & Protection of Confidential Patient Data:**

“The bureau of health statistics and data management within the department is designated the health statistics center of New Hampshire in accordance with Public Law 95-623 section V(c)(1). The bureau is authorized to coordinate and disseminate health-related information for the purposes of protecting public health while adhering to privacy requirements. In carrying out its duties, the department shall use the minimum amount of information that is reasonably necessary to protect the health of the public. The department shall have a direct and tangible interest in vital records data including personal identifiers. The secretary of state shall provide continuous electronic access to the department of the entire contents of the data files on a 24-hour, 7-day per week basis. If a means of electronic access becomes possible that will allow access at a faster rate, the department may utilize such new means of access, provided that it assumes the full cost of implementing the new means of access. Such access shall be provided in standard database format that establishes a remote electronic link from the secretary of state's office to the department that would not restrict the ability of the department to transfer data. However, under no circumstance shall any information relative to any adoption or any restricted record as determined by a court of law be provided to the department. All protected health information possessed by the department shall be considered confidential, except that the commissioner shall be authorized to provide vital record information to institutions and individuals both within and outside of the department who demonstrate a need for such information for the purpose of conducting health-related research. Any such release shall be conditioned upon the understanding that once the health-related research is complete that all information provided will be returned to the department or destroyed. All releases of information shall be consistent with the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and regulations promulgated thereunder by the United States Department of Health and Human Services (45 C.F.R. Part 160 and Part 164). This shall include the requirement that all proposed releases of vital records information to institutions and individuals both within and outside the department for the purposes of health-related research be reviewed and approved by the board, under RSA 126:24-e, before the requested information is released”.

**RSA 153-A:4 II, VI, & VII - Regarding the TMRC’s Authority:**

“Routinely assess the delivery of emergency medical services, based on information and data provided by the department and from other sources the board deems appropriate, with particular attention to the quality and availability of care. Approve statewide trauma policies, procedures, and protocols of the statewide trauma system and the establishment of minimum standards for system performance and patient care proposed by the commissioner prior to their adoption under RSA 541-A. Coordinate interstate cooperation and delivery of emergency medical and trauma services”.

The TMRC and New Hampshire Bureau of EMS also recognize the additional concerns of those facilities that enter data into the NHTR as their only trauma registry regarding the confidentiality of their Process Improvement, Peer Review, and TQIP data. Unless given permission from a Reporting Agency when requesting assistance for technical support, State NHTR administrators do not have access to view or utilize this data in any way. Additionally, none of the reports that State NHTR administrators can run include this data. The interests of the TMRC and the Bureau of EMS lie in the collection of data for statewide Trauma System Improvement, not for auditing reporting agency performance.

Inclusion Criteria:

Table

Description automatically generated with medium confidenceTo ensure the consistency of data submitted from hospitals across the State of New Hampshire, patients that meet the following parameters shall be considered a “trauma patient” and therefore included in the NHTR:

(Included under Fair Use guidelines described in Title 17 U.S.C., Section 107)

**Graphical user interface, diagram, text, chat or text message

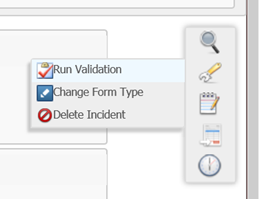
Description automatically generated**

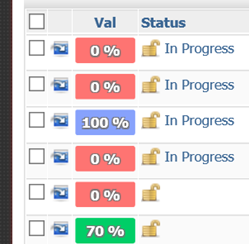
(Included under Fair Use guidelines described in Title 17 U.S.C., Section 107)

Data Submission Details:

Data Submission Timeframe:

The TMRC and New Hampshire Bureau of EMS have no formal timeframe for the submission of data to the NHTR. However, it is recommended that data be submitted at least quarterly as utilized by ACS for data submission to NTDB.

Data Verification for Agencies that directly enter data to the NHTR:

From within the Incident Report Form: Validation scores can be found under the wrench icon in the tool bar on the far right of the screen. Within this screen Registrars can see a description of the validation error messages (See photo left)

From the main “Incidents” tab screen: Validation scores are found in the far-left column for each report (See photo right)

Data Verification for Agencies that digitally upload data to the NHTR:

It is the expectation of the TMRC and the New Hampshire Bureau of EMS that agencies that choose to maintain their own trauma patient registries shall ensure data accuracy and completeness prior to submission to the NHTR.

NHTR Incident Report Form Types:

* Trauma Incident Form (ICD-10): The standard trauma incident form satisfies all NTDB requirements and is ideal for any non-TQIP facility. This Data Dictionary follows the layout of this form.
* Trauma + TQIP (ICD-10): The Trauma + TQIP form is the standard form for any Level I or II facility and any facility who wishes to closely monitor process improvement.
* Trauma Short Form (ICD-10): The short form is the standard form for use in any Level IV facility. The short form has six tabs as opposed to ten for the standard or Trauma +TQIP forms

Useful Terms & Definitions:

American College of Surgeons (ACS): A scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. Through its Committee on Trauma, works to improve the care of injured and critically ill patients–before, en route to, and during hospitalization. Works to encourage hospitals to upgrade their trauma care capabilities and maintains a voluntary verification/consultation program for trauma centers.

Common Null Value (CNV): A place holder used to signify missing or unknown values (e.g., Not Applicable (N/A) or Not Known/Not Recorded)

Data Dictionary: A document which describes the process of data entry into a data registry. Also, a document which collects and defines a registry’s Data Elements

Data Element: Any unit of data defined for processing. (E.g., Patient Name, Injury Type, Diagnosis ICD-10 Code)

**Data Entry:** The way in which Real Values (RV) are entered into a data element field (e.g., Multi Select, Single Select, Yes/No, Date, Time, Date/Time, Free Text)

**Data Format:** The specific type of Real Value (RV) that the field requires (e.g., String (text), Integer (numbers), Date, Time)

**Field Constraints:** Limitations or Restrictions placed on a field (e.g., Invalid data format, too many or too few characters in a text field, assessment score does not equal appropriate range)

**Field Values:** The expected values for a given field (e.g., the date of a procedure in the correct format or other specific values as outlined in NTDS)

**National Trauma Data Bank (NTDB):** The nationwide, standardized registry of all trauma patients cared for at certified trauma centers in the United States. Administered and maintained by the American College of Surgeons (ACS).

National Trauma Data Standard (NTDS): A collection of all data elements and values which are required for inclusion into the National Trauma Data Bank (NTDB).

New Hampshire Bureau of Emergency Medical Services:A Branch of the Division of Fire Standards and Training and Emergency Medical Services; The agency responsible for the administration of the State of New Hampshire’s Emergency Medical Services System. Authority granted under RSA 21-P:12-b

New Hampshire Trauma Data Standard (NHTDS): A collection of all data elements and values which are required for inclusion into the New Hampshire Trauma Registry (NHTR). The minimum NHTDS elements are required by the National Trauma Data Standard (NTDS) and/or the New Hampshire Trauma Medical Review Committee.

**New Hampshire Trauma Medical Review Committee (TMRC):** An all-volunteer State committee which is responsible for the administration of the State’s Trauma System. Authority granted under RSA 153-A:8

**New Hampshire Trauma Registry (NHTR):** A standardized databank for all trauma patients cared for at certified trauma centers in New Hampshire

Real Value (RV): The information that the data element is looking for (e.g., date, weight, GCS score, ICD-10 Code, Patient Name). Any data that is *not* a CNV

**Record Occurrence:** Describes if a field must be filled in, and how many times in which it may be filled in. Expressed as a ratio where the first number denotes if the field is mandatory, and the second number denotes if the field may be completed more than once. (E.g., 0:1 = not mandatory & may be filled out only once. 1: Many = mandatory and may be filled out many times)

Data Elements:

Sample Data Element Page

|  |  |
| --- | --- |
| **The NHTDS Element Name and Number will appear here** | |
| **NTDS Name/Number:** | The NTDS Name/Number will appear here |
| **NTDS Required:** | Yes | No |
| **NHTDS Required:** | Yes | No |
| **Data Format:** | Format of RV accepted |
| **Record Occurrence:** | If the field must and how many times field can be completed |
| **Data Entry:** | How RV is entered in the field |
| **Accepts CNV:** | Yes | No |
| **Accepts “Blank”:** | Yes | No |
| **Field Values:** | Expected RV for field, Specific values may be broken out below |
| **Field Constraints:** | Limits to RVs accepted |

**Notes:**

References to NTDB source pages will be located in this area, as appropriate. References to tab locations in NHTR Registry forms will also be included, as appropriate

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Demographic Information

Patient First Name

|  |  |
| --- | --- |
| **TR1\_8 Patient’s First Name** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Text of patient’s first name |
| **Field Constraints:** | Max 25 Characters |

**Notes:**

This is a data element which can be entered at the discretion of the institution. For sites performing digital exporting into the registry, this data point may not be uploaded due to the constraints on creation upload files by the sending registry platform.

Patient Last Name

|  |  |
| --- | --- |
| **TR1\_9 Patient’s Last Name** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Text of patient’s last name |
| **Field Constraints:** | Max 50 Characters |

**Notes:**

This is a data element which can be entered at the discretion of the institution. For sites performing digital exporting into the registry, this data point may not be uploaded due to the constraints on creation upload files by the sending registry platform.

Date of Birth

|  |  |
| --- | --- |
| **TR1\_7 Date of Birth** | |
| **NTDS Name/Number:** | D\_07 Date of Birth |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Patient Date of Birth |
| **Field Constraints:** | Date out of range | DOB is later than: EMS dispatch date, EMS arrival date, EMS departure date, injury date, ED discharge date or hospital discharge date | DOB + 120 years must be less than injury date | Field cannot be N/A |

**Notes:**

* Field used to calculate patient age in minutes, hours, days, months or years
* If date of birth “Not Known/Recorded” you must manually complete the Age and Age Units fields
* If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 7

Age

|  |  |
| --- | --- |
| **TR1\_12 Age** | |
| **NTDS Name/Number:** | D\_08 Age |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Patient age at time of injury |
| **Field Constraints:** | Age out of valid range 0-120 | Field cannot be blank | Age is greater than expected for the age units specified. Age should not exceed 60 minutes, 30 days, 24 months, or 120 years | Field must be N/A when Age Units is N/A | Field must be Not Known/Recorded when Age Units is Not Known/Recorded |

**Notes:**

* Field used to calculate patient age in minutes, hours, days, months or years
* If date of birth “Not Know/Recorded” you must manually complete the Age and Age Units fields
* If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth
* If age completed manually, age units must also be completed manually

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 8

Age Units

|  |  |
| --- | --- |
| **TR1\_14 Age Units** | |
| **NTDS Name/Number:** | D\_09 Age Units |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Specific Values Below |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A when Age is N/A | Field must be Not Known/Reported when age is Not known/Reported |

**Field Values:**

1. Hours
2. Days
3. Months
4. Years
5. Minutes
6. Weeks

**Notes:**

* Field used to calculate patient age in minutes, hours, days, months or years
* If date of birth “Not Know/Recorded” you must manually complete the Age and Age Units fields
* If date of birth equals injury date, you must manually complete the Age and age units fields as date and time of injury likely occurs before birth
* If age units completed manually, Age must also be completed manually

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 9

Race

|  |  |
| --- | --- |
| **TR1\_16 Race** | |
| **NTDS Name/Number:** | D\_10 Race |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Specific Values Below | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | For US residents the field cannot be N/A | For non-US residents the field must be N/A |

**Field Values:**

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

**Notes:**

* Completion of this field is based on self-reporting or as identified by family member
* Field values based on the 2010 US Census Bureau

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 10

Ethnicity

|  |  |
| --- | --- |
| **TR1\_17 Ethnicity** | |
| **NTDS Name/Number:** | D\_11 Ethnicity |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Specific Values Below |
| **Field Constraints:** | Value entered is not a valid menu option | For US residents the field cannot be N/A | For non-US residents the field must be N/A |

**Field Values:**

1. Hispanic or Latino
2. Not Hispanic or Latino

**Notes:**

* Completion of this field is based on self-reporting or as identified by family member
* Field values based on the 2010 US Census Bureau

**NHTR Tab Location**: Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 11

Gender

|  |  |
| --- | --- |
| **TR1\_15 Gender** | |
| **NTDS Name/Number:** | D\_12 Sex |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single-Select |
| **Accepts CNV:** | No |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Specific Values Below |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Male 2. Female
2. Non-Binary

**Notes:**

* Patients who have undergone surgical and/or hormonal gender reassignment are coded using their current assignment

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 12

Patient Home Address

|  |  |
| --- | --- |
| **TR1\_18 Patient Primary Address** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Example Below |
| **Field Constraints:** | Max 100 Characters |

**Field Values:**

* 123 Fake Street (Avenue, Boulevard, Circle, Drive, Place, Terrace, Way) Apartment (Building, Suite, Unit ) 4

**Notes:**

* Street address of the patient’s Primary Residence
* This is a data element which can be entered at the discretion of the institution. For sites performing digital exporting into the registry, this data point may not be uploaded due to the constraints on creation upload files by the sending registry platform.

Patient Home Zip Code

|  |  |
| --- | --- |
| **TR1\_20 Zip Code** | |
| **NTDS Name/Number:** | D\_01 Patient’s home zip code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | 5 or 9 digits for US and CA |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Pt home zip code |
| **Field Constraints:** | Value entered is invalid |

**Notes:**

* Field is used to populate patient home State, County, and City
* If field is N/A manually complete Alternate Home Residence
* If field is Not Known/Recorded manually complete patient home country, and for US Residents manually complete patient home state, county, city
* If zip code is reported, patient home country must also be reported

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 1

Patient Home Country

|  |  |
| --- | --- |
| **TR1\_19 Country** | |
| **NTDS Name/Number:** | D\_02 Patient’s home country |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Two Character Country Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for patient’s home country (e.g., US for United States) |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A | Field Cannot be Not Known/Recorded when home zip code is N/A or Not Known/Recorded |

**Field Values:**

* Two Character FIPS codes representing country patient resides in

**Notes:**

* If patient’s home country is not US, then home state, county, and city must be N/A

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 2

Patient Home State

|  |  |
| --- | --- |
| **TR1\_23 State** | |
| **NTDS Name/Number:** | D\_03 Patient’s home state |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Two Character State Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for patient’s home state (e.g., NH for New Hampshire) |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A (US residents) | Field must be N/A (non-US residents) |

**Field Values:**

* Two Character FIPS codes representing state patient resides in

**Notes:**

* Field is only completed manually when home zip code is Not Known/Recorded, and country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 3

Patient Home County

|  |  |
| --- | --- |
| **TR1\_22 County** | |
| **NTDS Name/Number:** | D\_04 Patient’s home county |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Three Character County Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for patient’s home county |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A (US residents) | Field must be N/A (non-US residents) |

**Field Values:**

* Three Character FIPS codes representing county patient resides in

**Notes:**

* Field is only completed manually when home zip code is Not Known/Recorded, and home country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 4

Patient Home City

|  |  |
| --- | --- |
| **TR1\_21 City** | |
| **NTDS Name/Number:** | D\_05 Patient’s home city |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Five Character City Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for patient’s home city, township, or village |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A (US residents) | Field must be N/A (non-US residents) |

**Field Values:**

* Five Character FIPS codes representing city patient resides in

**Notes:**

* Field is only completed manually when home zip code is Not Known/Recorded, and home country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 5

Alternate Home Residence

|  |  |
| --- | --- |
| **TR1\_13 Alternate Home Residence** | |
| **NTDS Name/Number:** | D\_06 Alternate Home Residence |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field is N/A if zip code entered |

**Field Values:**

1. Homeless
2. Undocumented Citizen
3. Migrant Worker

**Notes:**

* Field is only completed manually when zip code is N/A
* Homeless: A person who lacks housing *OR* a person living in transitional housing *OR* a person living in a supervised public or private facility providing temporary living quarters
* Undocumented Citizen: A national of another country who has entered or stayed in another country without permission
* Migrant Worker: A person who temporarily leaves their principle place of residence within a country to accept seasonal employment in the same or different country

**NHTR Tab Location:** Demographics

**Reference:** NTDB 2020, Page 6

Injury Information

Incident Date

|  |  |
| --- | --- |
| **TR5\_1 Incident Date** | |
| **NTDS Name/Number:** | I\_01 Injury Incident Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date Injury Occurred |
| **Field Constraints:** | Date is not valid | Date out of range | Incident date is earlier than DOB | Incident date is later than EMS dispatch date, EMS arrival date, EMS departure date, ED discharge date or hospital discharge date | Field cannot be N/A |

**Notes:**

* Estimates of date of injury should be based upon report by patient, witness, family or healthcare provider
* 9-1-1 call times/other proxy measures should not be used

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 13

Incident Time

|  |  |
| --- | --- |
| **TR5\_18 Time** | |
| **NTDS Name/Number:** | I\_02 Injury Incident Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time Injury Occurred |
| **Field Constraints:** | Time is not valid | Time out of range | Incident time is later than EMS dispatch time, EMS arrival time, EMS departure time, injury date, ED discharge time or hospital discharge time | Field cannot be N/A |

**Notes:**

* Estimates of time of injury should be based upon report by patient, witness, family or healthcare provider
* 9-1-1 call times/other proxy measures should not be used

**NHTR Tab Location**: Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 14

Trauma Registry Number

|  |  |
| --- | --- |
| **TR5\_12 Incident Number** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | No |
| **Accepts “Blank”:** | No |
| **Field Values:** |  |
| **Field Constraints:** | Auto populated  based on the creation of an NHTR Incident Report |

**Notes:**

**NHTR Tab Location:** Demographics

**Reference:** Not an NTDB required field. See note above for field constraints

Work Related

|  |  |
| --- | --- |
| **TR2\_10 Work Related** | |
| **NTDS Name/Number:** | I\_03 Work Related |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Enter whether the injury was work related |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Yes
2. No

**Notes:**

* If field is completed, then you must also complete the Patient’s Occupational Industry Field and the Patient’s Occupation Field.
* Field should be “Yes” even if patient’s occupation is N/A or Not Known/Recorded
* Field should be “Yes” even if patient’s occupational industry is N/A or Not Known/Recorded

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page 15

Patient Occupational Industry

|  |  |
| --- | --- |
| **TR2\_6 Patient Occupational Industry** | |
| **NTDS Name/Number:** | I\_04 Patient Occupational Industry |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | The industry in which the patient works |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

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

**Notes:**

* If field is completed, then Work Related Field should be “Yes” and the Patient’s Occupation Field should be completed.
* Field should be N/A if Work Related is “No”
* Field Values based on US Bureau of Labor Statistics Industry Classification

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page 16

Patient Occupation

|  |  |
| --- | --- |
| **TR2\_11 Patient Occupation** | |
| **NTDS Name/Number:** | I\_05 Patient Occupation |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | The type of the patient’s occupation |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Business & Financial Operations
2. Architecture & Engineering
3. Community & Social Services
4. Education, Training, & Library
5. Healthcare Practitioners & Technical
6. Protective Service
7. Building & Grounds Cleaning/Maintenance
8. Sales & Related
9. Farming, Fishing, & Forestry
10. Installation, Maintenance, & Repair
11. Transportation & Material Moving
12. Management
13. Computer & Mathematics
14. Life, Physical, & Social Sciences
15. Legal Occupations
16. Arts, Design, Entertainment, Sports, & Media
17. Healthcare Support Occupations
18. Food Preparation & Serving
19. Personal Care & Service
20. Office & Administrative Support
21. Construction & Extraction Occupations
22. Production Occupations
23. Military Occupations

**Notes:**

* If field completed; Work related field should be “Yes”, & patient’s occupational industry should be completed
* Field should be N/A if Work Related field is “No”

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page 17

ICD-10 Primary External Cause Code

|  |  |
| --- | --- |
| **TR200\_3\_1 ICD-10 Injury Code** | |
| **NTDS Name/Number:** | I\_06 ICD-10 Primary External Cause Code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Relevant ICD-10-CM code for cause of Injury Event |
| **Field Constraints:** | Field cannot be N/A | E-Code is not a valid ICD-10-CM code (ICD-10-CM only) | E-Code is not a valid ICD-10-CA code (ICD-10-CA only) | Field Value should not be Y92.X/ Y92.XX/ Y92.XXX (where X is A-Z or 0-9) (ICD-10-CM only) | Field should not be Y93.X / Y93.XX (where X is A-Z or 0-9) (ICD-10-CM only) |

**Notes:**

* Value entered (code) should describe the main reason the patient is admitted to the hospital
* ICD-10-CM or ICD-10 CA codes are accepted in this element. Activity codes should not be reported for this data element
* Completion of this field auto populates: Trauma Type and Intentionality fields
* Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:
  + External cause codes for child and adult abuse take priority over all other external cause codes.
  + External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
  + External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
  + External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
  + The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 18

Additional Injury External Cause Code (ICD-10)

|  |  |
| --- | --- |
| **TR5\_8 Injury Supplemental Cause** | |
| **NTDS Name/Number:** | I\_08 ICD-10 Additional External Cause Code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Relevant ICD-10-CM code for additional causes of Injury Event |
| **Field Constraints:** | E-Code is not a valid ICD-10-CM code (ICD-10-CM only) | E-Code is not a valid ICD-10-CA code (ICD-10-CA only) | Field Value should not be equal to the Primary External Cause Code |

**Notes:**

* Field should be N/A if no Additional External Cause Codes are used
* Value entered (code) should describe any additional mechanisms/external factors that caused the traumatic injury
* Multiple Cause Coding Hierarchy: If multiple events cause separate injuries, an external cause code should be selected for each event. Codes should be selected in the following order:

1. Codes for child & adult abuse take priority over all other external cause codes
2. Codes for terrorism take priority over all other external cause codes *EXCEPT:* child and adult abuse
3. Codes for Cataclysmic event take priority over all other external cause codes *EXCEPT:* child and adult abuse or terrorism
4. External cause codes for Transport Accidents take priority over all other external cause codes *EXCEPT:* child and adult abuse, terrorism, and cataclysmic events
5. The first listed code should correspond to the cause of the most serious diagnosis due to assault, accident or self-harm following the hierarchy above

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 20

External Cause of Injury

|  |  |
| --- | --- |
| **TR200\_3\_3 Trauma Type w/ ICD-10 COI Codes** | |
| **NTDS Name/Number:** | Auto-populated field from Injury External Cause Code(s) |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Auto-Populate |
| **Accepts CNV:** | No |
| **Accepts “Blank”:** | No |
| **Field Values:** | Blunt, Penetrating, Burn |
| **Field Constraints:** | Auto populated based on completion of the External Cause Code(s) fields |

**Notes:**

**NHTR Tab Location:** Injury

**Reference:** See 2024 NTDB Data Dictionary, Page 18 as well as the above field constraint

Intentionality

|  |  |
| --- | --- |
| **TR200\_3\_2 Injury Intentionality w/ ICD-10 COI Codes** | |
| **NTDS Name/Number:** | Auto-populated field from Injury External Cause Code(s) |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Auto-Populate |
| **Accepts CNV:** | No |
| **Accepts “Blank”:** | No |
| **Field Values:** |  |
| **Field Constraints:** | Auto populated based on completion of the External Cause Code(s) fields |

**Notes:**

* Field values are auto populated based on the completion of the External Cause Code(s) Fields and the CDC matrix

**NHTR Tab Location:** Injury

**Reference:** See 2024 NTDB Data Dictionary, Page 18 as well as the above field constraint

Place of Occurrence External Cause Code (ICD-10)

|  |  |
| --- | --- |
| **TR200\_5 ICD-10 Location Code** | |
| **NTDS Name/Number:** | I\_07 ICD-10 Place of Occurrence External Cause Code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | No |
| **Accepts “Blank”:** | No |
| **Field Values:** | Relevant ICD-10-CM Code for the location of the Injury Event |
| **Field Constraints:** | Field cannot be N/A | Invalid Value (ICD-10-CM or ICD-10-CA) | Place of Injury Code should be Y92.X/ Y92.XX/ Y92.XXX (where X is A-Z [excluding I, O] or 0-9) (ICD-10-CM only) | Place of Injury Code should be U98X (where X is 0-9) (ICD-10-CA only). |

**Notes:**

* Only ICD-10-CM codes will be accepted for ICD-10 Place of Occurrence External Cause Code
* Multiple Cause Coding Hierarchy: If multiple events cause separate injuries, an external cause code should be selected for each event. Codes should be selected in the following order:

1. Codes for child & adult abuse take priority over all other external cause codes
2. Codes for terrorism take priority over all other external cause codes *EXCEPT:* child and adult abuse
3. Codes for Cataclysmic event take priority over all other external cause codes *EXCEPT:* child and adult abuse or terrorism
4. External cause codes for Transport Accidents take priority over all other external cause codes *EXCEPT:* child and adult abuse, terrorism, and cataclysmic events
5. The first listed code should correspond to the cause of the most serious diagnosis due to assault, accident or self-harm following the hierarchy above

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 19

Incident City

|  |  |
| --- | --- |
| **TR5\_10 City** | |
| **NTDS Name/Number:** | 1\_13 Incident City |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Five Character City Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for city, township, or village where incident occurred |
| **Field Constraints:** | Value entered is invalid | If incident did not occur in US field must be N/A |

**Field Values:**

* Five Character FIPS codes representing city occurred in

**Notes:**

* Field is only completed manually when home zip code is Not Known/Recorded, and home country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary. Page 25

Incident Zip Code

|  |  |
| --- | --- |
| **TR5\_6 Postal Code** | |
| **NTDS Name/Number:** | I\_09 Incident Location Zip Code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | 5 or 9 digits for US and CA |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Zip code for location of incident |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A |

**Notes:**

* Field is used to populate Incident State, County, and City
* If field is Not Known/Recorded manually complete Incident Country, State, County, & City Fields
* If zip code is completed, incident country must also be completed

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary. Page 21

Incident Country

|  |  |
| --- | --- |
| **TR5\_11 Country** | |
| **NTDS Name/Number:** | I\_10 Incident Country |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Two Character Country Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for country where incident occurred. (e.g., US for United States) |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A | Field Cannot be Not Known/Recorded Incident Location zip code Not Known/Recorded |

**Field Values:**

* Two Character FIPS codes representing country incident occurred in

**Notes:**

* If incident country is not US, then incident state, county, and city must be N/A

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary. Page 22

Incident State

|  |  |
| --- | --- |
| **TR5\_7 State** | |
| **NTDS Name/Number:** | I\_11 Incident State |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Two Character State Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for state where incident occurred (e.g., NH for New Hampshire) |
| **Field Constraints:** | Value entered is invalid | If Incident did not occur in the US, Field must be N/A |

**Field Values:**

* Two Character FIPS codes representing state incident occurred in

**Notes:**

* Field is only completed manually when incident zip code is Not Known/Recorded, and country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary. Page 23

Incident County

|  |  |
| --- | --- |
| **TR5\_9 County** | |
| **NTDS Name/Number:** | I\_12 Incident County |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String | Three Character County Code |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Code for county where incident occurred |
| **Field Constraints:** | Value entered is invalid | If incident did not occur in US field must be N/A |

**Field Values:**

* Three Character FIPS codes representing county incident occurred in

**Notes:**

* Field is only completed manually when incident zip code is Not Known/Recorded, and incident country is US
* Field used to calculate FIPS code

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary. Page 24

Safety Equipment /Protective Devices

|  |  |
| --- | --- |
| **TR29\_10 Safety Equipment Description** | |
| **NTDS Name/Number:** | I\_14 Protective Devices |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

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

**Notes:**

* Fields may be completed based on direct observation or reported use
* If “Child Restraint” is selected, you must complete the “Child Specific Restraint” field
* If “Airbag Present” is selected, you must complete the “Airbag Deployment” field
* If EMS reports patient was “Restrained” but does not further specify, select “Lap Belt”
* If EMS reports patient was secured via “Three Point Restraint”, select “Lap Belt” and “Shoulder Belt”

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 26

Child Specific Restraint

|  |  |
| --- | --- |
| **TR29\_13 Child Restraint** | |
| **NTDS Name/Number:** | I\_15 Child Specific Restraint |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A when Protective Device field includes “Child Restraint” |

**Field Values:**

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

**Notes:**

* Field may be completed based on direct observation or reported use
* Field is completed only when Protective Device field includes “Child Restraint”
* Field may be N/A when Protective Device field does not include “Child Restraint”

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 27

Airbag Deployment

|  |  |
| --- | --- |
| **TR29\_3 Airbag Present** | |
| **NTDS Name/Number:** | I\_16 Airbag Deployment |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A when Protective Device field includes “Airbag Present” |

**Field Values:**

1. Airbag not deployed
2. Airbag deployed front
3. Airbag deployed side
4. Airbag deployed other (e.g., knee, air belt, curtain, etc.)

**Notes:**

* Field may be completed based on direct observation or reported use
* If EMS reports or patient states airbags deployed, but does not specify type, use “Airbag Deployed Front”.
* Field is completed only when Protective Device field includes “Airbag Present”
* Field may be N/A when Protective Device field does not include “Airbag Present”

**NHTR Tab Location:** Injury

**Reference:** 2024 NTDB Data Dictionary, Page 28

Pre-Hospital Information

The NTDB Data Dictionary was updated in 2022 in anticipation of the NHTSA’s release of NEMSIS Version 3.5.0. The NTDS data element numbers in this section have been updated to reflect this change. Auto-populate should still work with the remaining fields which have become optional as a result of the NTDB updates. See Appendix E for an addendum to the NTDS Technical Standard and its effect on data elements listed in this section of the Data Dictionary

EMS Agency Name

|  |  |
| --- | --- |
| **TR7\_3 Service** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Name of the EMS service the patient was transported by |
| **Field Constraints:** |  |

**Notes:**

* Field should be completed with RV if at all possible.
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Agency Run Number

|  |  |
| --- | --- |
| **TR7\_1 EMS Incident Number** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 0:Many |
| **Data Entry:** | Auto-Populate |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | Yes |
| **Field Values:** | Auto-populate EMS agency run number(s) if EMS PCR data is pulled in from TEMSIS |
| **Field Constraints:** |  |

**Notes:**

* Field should be completed with RV if at all possible.
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Agency PCR Number

|  |  |
| --- | --- |
| **TR9\_11 EMS PCR Number** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 0:Many |
| **Data Entry:** | Auto-Populate |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | Yes |
| **Field Values:** | Auto-populate EMS agency run number(s) if EMS PCR data is pulled in from TEMSIS |
| **Field Constraints:** |  |

**Notes:**

* Field should be completed with RV if at all possible.
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Dispatch Date

|  |  |
| --- | --- |
| **TR9\_1 Unit Notified Date** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_01 EMS Dispatch Date) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date EMS Dispatched |
| **Field Constraints:** | Date is not valid | Date out of range | Dispatch date is earlier than DOB | Dispatch date is later than EMS arrival date, EMS departure date, ED/Hospital arrival date, ED discharge date or hospital discharge date |

**Notes:**

* Auto generates Total EMS Time field
* For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance was dispatched/assigned to transport this trauma patient to your facility
* For Scene patients, field represents the date that the transporting ambulance was dispatched to the scene of the injury for this trauma patient
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Dispatch Time

|  |  |
| --- | --- |
| **TR9\_10 Unit Notified Time** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_02 EMS Dispatch Time) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time EMS Dispatched |
| **Field Constraints:** | Time is not valid | Time out of range | Dispatch time is later than EMS arrival time, EMS departure time, ED/Hospital arrival time, ED discharge time or hospital discharge time |

**Notes:**

* Auto generates Total EMS Time field
* For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was dispatched/assigned to transport this trauma patient to your facility
* For Scene patients, field represents the time that the transporting ambulance was dispatched to the scene of the injury for this trauma patient
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Scene Arrival Date

|  |  |
| --- | --- |
| **TR9\_2 Arrive Scene** | |
| **NTDS Name/Number:** | N/A *(*FormerlyP\_03 EMS Unit Arrival Date at Scene or Transferring Facility*)* |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date EMS Arrived on Scene |
| **Field Constraints:** | Date is not valid | Date out of range | Arrival date is earlier than DOB, Dispatch date. | Arrival date is later than EMS departure date, ED/Hospital arrival date, ED discharge date or hospital discharge date | Scene arrival date minus dispatch date is greater than 7 days |

**Notes:**

* Auto generates Total EMS Time field *AND* Total EMS Scene Time field
* For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance arrived at the transferring facility to transport this trauma patient to your facility
* For scene patients, field represents the date that the transporting ambulance arrived at the scene of the injury for this trauma patient
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Scene Arrival Time

|  |  |
| --- | --- |
| **TR9\_2\_1 Time Unit Arrived on Scene** | |
| **NTDS Name/Number:** | N/A (Formerly P\_04 EMS Unit Arrival Time at Scene or Transferring Facility) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time EMS Arrived on Scene |
| **Field Constraints:** | Time is not valid | Time out of range |Arrival time is earlier than Dispatch time | Arrival time is later than EMS departure time, ED/Hospital arrival time, ED discharge time or hospital discharge time |

**Notes:**

* Auto generates Total EMS Response Time *AND* Total EMS Scene Time
* For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was arrived at the transferring facility to transport this trauma patient to your facility
* For scene patients, field represents the time that the transporting ambulance arrived at the scene of the injury for this trauma patient
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Scene Departure Date

|  |  |
| --- | --- |
| **TR9\_3 Leave Scene** | |
| **NTDS Name/Number:** | N/A (Formerly P\_05 EMS Unit Departure Date from Scene or Transferring Facility) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date EMS Left Scene |
| **Field Constraints:** | Date is not valid | Date out of range | Departure date is earlier than DOB , Dispatch date, Arrival date | Departure date is later than ED/Hospital arrival date, ED discharge date or hospital discharge date | Departure date minus Arrival date is greater than 7 days |

**Notes:**

* Auto generates Total EMS Scene Time field
* For Inter-facility Transfer patients, field reflects the date on which the transporting ambulance left the transferring facility to transport this trauma patient to your facility
* For scene patients, field represents the date that the transporting ambulance left the scene of the injury to transport this trauma patient to your facility
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Scene Departure Time

|  |  |
| --- | --- |
| **TR9\_3\_1 Time Unit Left Scene** | |
| **NTDS Name/Number:** | N/A (Formerly P\_06 EMS Unit Departure Time from Scene or Transferring Facility) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time EMS Left Scene |
| **Field Constraints:** | Time is not valid | Time out of range |Departure time is earlier than Dispatch time, Arrival time | Departure time is later than ED/Hospital arrival time, ED discharge time or hospital discharge time |

**Notes:**

* Auto generates Total EMS Response Time *AND* Total EMS Scene Time
* For Inter-facility Transfer patients, field reflects the time at which the transporting ambulance was arrived at the transferring facility to transport this trauma patient to your facility
* For scene patients, field represents the time that the transporting ambulance arrived at the scene of the injury for this trauma patient
* Field may be N/A in the case of patients who are not transported by EMS

**NHTR Tab Location:** Pre-Hospital

**Reference:** Not a required NTDB field

EMS Transport Mode

|  |  |
| --- | --- |
| **TR8\_10 EMS Transport Mode from Scene** | |
| **NTDS Name/Number:** | P\_01 Transport Mode |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Ground Ambulance
2. Helicopter Ambulance
3. Fixed Wing Ambulance
4. Private/Public Vehicle/ Walk-in
5. Police
6. Other

**Notes:**

* Field should be “Private/Public Vehicle/Walk-in” when EMS times are “N/A”

**NHTR Tab Location:** Pre-Hospital

**Reference:** 2024 NTDB Data Dictionary, Page 29

Other Transport Mode

|  |  |
| --- | --- |
| **TR8\_11 Other Modes of EMS Transport** | |
| **NTDS Name/Number:** | P\_02 Other Transport Mode |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Check All That Apply (MAX 5) |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Ground Ambulance
2. Helicopter Ambulance
3. Fixed Wing Ambulance
4. Private/Public Vehicle/ Walk-in
5. Police
6. Other

**Notes:**

* Field refers to all other transport modes utilized prior to the patient’s arrival at your facility *EXCEPT* the mode that delivered the patient to your facility (e.g., ground ambulance transported patient to a landing zone where the helicopter that brought the patient to your facility was waiting)
* Field should be “N/A” if no other transport mode was used in addition to the mode that delivered the patient to your facility

**NHTR Tab Location: Currently not available on the Pre-Hospital tab – this needs to be added**

**Reference:** 2024 NTDB Data Dictionary, Page 30

Initial Field Systolic Blood Pressure

|  |  |
| --- | --- |
| **TR18\_67 Systolic Blood Pressure** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_09 Initial Field Blood Pressure) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First Recorded Blood Pressure Measured at Scene of Injury |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | SBP exceeds max of 300 mmHg |

**Notes:**

* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  + For these patients record the value when obtained when compressions are paused

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field Pulse Rate

|  |  |
| --- | --- |
| **TR18\_69 Pulse Rate** | |
| **NTDS Name/Number:** | N/A (Formerly P\_10 Initial Field Pulse Rate) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First Recorded Pulse Rate Measured at Scene of Injury |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | PR exceeds max of 299 BPM |

**Notes:**

* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  + For these patients record the value when obtained when compressions are paused

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field Respiratory Rate

|  |  |
| --- | --- |
| **TR16\_70 Respiratory Rate** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_11 Initial Field Respiratory Rate) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First Recorded Respiratory Rate Measured at Scene of Injury |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | Value entered is out of range |

**Field Value Ranges:**

* Age <6yrs: RR Cannot exceed 120/minute
* Age ≥6yrs: RR Cannot exceed 99/minute
* Age/Age Units not valued: RR should not exceed 99/minute *MAX* 120/minute

**Notes:**

* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field Oxygen Saturation

|  |  |
| --- | --- |
| **TR18\_31 Oxygen Saturation** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_12 Initial Field Oxygen Saturation) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First Recorded Oxygen Saturation Measured at Scene of Injury |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | Value entered is >100% |

**Notes:**

* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Recorded value should be based on initial assessment prior to administration of supplemental oxygen

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS – Eye

|  |  |
| --- | --- |
| **TR18\_60 Glasgow Eye** | |
| **NTDS Name/Number:** | N/A (Formerly P\_13 Initial Field GCS – Eye) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

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

**Notes:**

* Auto generates “Overall GCS – EMS Score” field
* If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient’s pupils are PERRL”) document GCS Score (e.g., GCS Eye of 4)
  + Be sure to double check for contraindicating documentation (e.g., “patient’s eyes open to verbal only”) prior to assigning score
* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Field must be “Not Known/Not Recorded” when Initial Field GCS 40 – Eye is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS – Verbal

|  |  |
| --- | --- |
| **TR18\_61\_2 Glasgow Verbal** | |
| **NTDS Name/Number:** | N/A (Formerly P\_14 Initial Field GCS – Verbal) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values PEDIATRIC (Age ≤ 2yrs):**

1. No verbal response
2. Inconsolable, agitated
3. Inconsistently consolable, moaning
4. Cries but is consolable, inappropriate Interactions
5. Smiles, , follows objects, interacts

**Field Values ADULT (Age > 2yrs):**

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

**Notes:**

* Auto generates “Overall GCS – EMS Score” field
* If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient is alert and oriented”) document GCS Score (e.g., GCS Verbal of 5)
  + Be sure to double check for contraindicating documentation (e.g., “patient making incomprehensible sounds”) prior to assigning score
* Field should equal “1” for intubated patients
* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Field must be “Not Known/Not Recorded” when Initial Field GCS 40 – Verbal is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS – Motor

|  |  |
| --- | --- |
| **TR18\_62\_2 Glasgow Motor** | |
| **NTDS Name/Number:** | N/A (FormerlyP\_15 Initial Field GCS – Motor) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values PEDIATRIC (Age ≤ 2yrs):**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

**Field Values ADULT (Age > 2yrs):**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obeys Commands

**Notes:**

* Auto generates “Overall GCS – EMS Score” field
* If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient withdraws from pain ”) document GCS Score (e.g., GCS Motor of 4)
  + Be sure to double check for contraindicating documentation (e.g., “patient flexes to pain”) prior to assigning score
* Field should be “Not Known/Recorded” when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Field must be “Not Known/Not Recorded” when Initial Field GCS 40 – Motor is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS – Total

|  |  |
| --- | --- |
| **TR18\_65 GCS Total Calculation** | |
| **NTDS Name/Number:** | N/A (Formerly P\_16 Initial Field GCS – Total) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First Recorded GCS Total Measured at Scene of Injury |
| **Field Constraints:** | Value entered is outside the valid range 3 – 15 |

**Notes:**

* Field should be auto populated if other EMS GCS fields are completed
* If there is no numeric GCS score listed on the EMS Run Form, but the narrative relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g., GCS Total of 15)
  + Be sure to double check for contraindicating documentation (e.g., “patient was sedated, paralyzed, and intubated”) prior to assigning score
* Field should be “Not Known/Recorded” is used when the patient is transferred to your facility without an EMS Run Report from the Scene of Injury
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Field must be “Not Known/Not Recorded” when Initial Field GCS 40 – Eye, Initial Field GCS 40 – Motor, or Initial Field GCS 40 – Verbal is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS 40 – Eye

|  |  |
| --- | --- |
| **TR18\_90\_2 GCS 40 Eye** | |
| **NTDS Name/Number:** | N/A (Formerly P\_17 Initial Field GCS 40 – Eye) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. To Pain
3. To Sound
4. Spontaneous
5. Not Testable

**Field Values Adult**

1. None
2. To Pressure
3. To Sound
4. Spontaneous
5. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient’s eyes open spontaneously,” an Eye GCS 40 of 4 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to access (e.g., swelling to eye(s))
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – eye was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is reported if *Initial Field GCS-Eye* is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS 40 – Verbal

|  |  |
| --- | --- |
| **TR18\_91\_2 GCS 40 Verbal** | |
| **NTDS Name/Number:** | N/A (*Formerly* P\_18 Initial Field GCS 40 – Verbal) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. Cries
3. Vocal Sounds
4. Words
5. Talks Normally
6. Not Testable

**Field Values Adult**

1. None
2. Sounds
3. Words
4. Confused
5. Oriented
6. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient correctly gives Name, Place, and Date,” a verbal GCS 40 of 5 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to assess (e.g., patient is intubated)
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – Verbal was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is reported if initial Field GCS-Verbal is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Initial Field GCS 40 – Motor

|  |  |
| --- | --- |
| **TR18\_92\_2 GCS 40 Motor** | |
| **NTDS Name/Number:** | N/A (*Formerly* P\_19 Initial Field GCS 40 – Motor) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. Extension to Pain
3. Flexion to Pain
4. Localizes Pain
5. Obeys Commands
6. Not Testable

**Field Values Adult**

1. None
2. Extension
3. Abnormal Flexion
4. Normal Flexion
5. Localizing
6. Obeys Commands
7. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient opened mouth and stuck out tongue when asked,” for adult patients, a Motor GCS 40 of 6 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to assess (e.g., neuromuscular blockade)
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – Motor was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is reported if initial Field GCS-Motor is reported

**NHTR Tab Location**: Pre-Hospital – access by clicking on the QRS complex next to the edit icon

**Reference:** Not a required NTDB field

Inter-Facility Transfer

|  |  |
| --- | --- |
| **TR25\_54 Inter-Facility Transfer** | |
| **NTDS Name/Number:** | P\_03 Inter-Facility Transfer |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Yes
2. No

**Notes:**

* Field should not be “Not Known/Recorded”
* Patients transferred to your facility from a private doctor’s office, stand-alone ambulatory surgery center, or delivered by non-EMS transport are not considered inter-facility transfers
* Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities

**NHTR Tab Location**: Pre-Hospital

**Reference:** 2024 NTDB Data Dictionary, Page 32

EMS Trauma Triage Criteria

|  |  |
| --- | --- |
| **TR17\_22 Trauma Alert Type** | |
| **NTDS Name/Number:** | N/A (*Formerly* P\_21 Trauma Center Criteria) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values (Consistent with NEMSIS v3):**

1. Glasgow Coma Score ≤ 13
2. SBP <90mmHg
3. RR <10 *OR* >29 (<20 in infants age <1yr) or need for ventilator support
4. All penetrating injuries to head, neck, torso, & extremities proximal to elbow or knee
5. Chest all instability/deformity (e.g., flail chest)
6. Two (2) or more proximal long bone fractures
7. Crushed, degloved, mangled, or pulseless extremity
8. Amputation proximal to wrist or ankle
9. Pelvic fracture
10. Open or depressed skull fracture
11. Paralysis

**Notes:**

* Field values entered must come from the EMS Run Report
* “N/A” should be used to indicate that the patient did not arrive by EMS *OR* if the EMS run report indicates that the patient did not meet any Trauma Center Criteria
* “Not Known/Reported” should be used if this information is marked “Not Known/Reported on the EMS Run Report OR if the EMS run report is not available

**NHTR Tab Location**: Pre-Hospital

**Reference:** Not a required NTDB field

EMS Mechanism of Injury Risk Criteria

|  |  |
| --- | --- |
| **TR17\_47 Vehicular Injury Indicators** | |
| **NTDS Name/Number:** | N/A (*Formerly* P\_22 Vehicular, Pedestrian, Other Risk Injury) |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values (Consistent with NEMSIS v3):**

1. Fall: adults >20ft (one story = 10ft)
2. Fall: children > 10ft *OR* 2-3 times the height of the child
3. Crash: intrusion (including roof) >12in at occupant site *OR* >18in at any site
4. Crash: ejection partial or complete
5. Crash: death in same passenger compartment
6. Crash: vehicle tele data consistent with high-risk injury
7. Auto v. pedestrian/bicyclist thrown, run over, or >20MPH impact
8. Motorcycle crash >20MPH
9. Adults >65yrs: SBP <110
10. Patient on anticoagulants or with bleeding disorder
11. Pregnancy >20 weeks
12. EMS provider judgement
13. Burns
14. Burns w/ Trauma

**Notes:**

* Field values entered must come from the EMS Run Report
* “N/A” should be used to indicate that the patient did not arrive by EMS *OR* if the EMS run report indicates that the patient did not meet any Trauma Center Criteria
* “Not Known/Reported” should be used if this information is marked “Not Known/Reported on the EMS Run Report OR if the EMS run report is not available

**NHTR Tab Location**: Pre-Hospital

**Reference:** Not a required NTDB field

Pre-Hospital Cardiac Arrest

|  |  |
| --- | --- |
| **TR15\_53 Pre-Hospital Cardiac Arrest** | |
| **NTDS Name/Number:** | P\_04 Pre-Hospital Cardiac Arrest |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Yes
2. No

**Notes:**

* Field indicates a patient who experienced a sudden cessation of cardiac activity indicated by unresponsiveness, with no normal breathing and no signs of circulation
* Field is completed based on cardiac arrest occurring prior to arrival at your facility (e.g., at the scene of the injury, at transferring facility, or en route to receiving facility)
* Basic or Advanced Cardiac Life Support MUST have been initiated by a healthcare provider (e.g., CPR)

**NHTR Tab Location**: Pre-Hospital

**Reference:** 2024 NTDB Data Dictionary, Page 33

Universally Unique Identifier (UUID)

|  |  |
| --- | --- |
| **TR7\_7 Universally Unique Identifier (UUID)** | |
| **NTDS Name/Number:** | P\_05 EMS Patient Care Report UUID |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is invalid | Field cannot be blank |

**Notes:**

* Assigned by the transporting EMS agency in accordance with the IETF RFC 4122 standard
* Consistent with NEMSIS 3.5.0
* Must be represented in canonical form, matching the following regular expression:

[a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}

* A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6
* Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the null value “Not Known/Not Recorded”
* The null value “Not Applicable” must be reported for all patients where *Transport Mode* is Element Values “4. Private/Public Vehicle/Walk-in”, “5. Police”, “6. Other” or if patient is not transported from the scene of injury by EMS
* For patients with multiple modes of transport from the scene of injury, report the UUID assigned by the EMS agency that delivered the patient to your hospital
* If *Transport Mode* is Element Value “1. Ground Ambulance”, “2. Helicopter Ambulance”, or “3. Fixed Wing Ambulance” but the patient was not transported from the scene of injury, report the null value “Not Known/Not Recorded”

**NHTR Tab Location**: Pre-Hospital

**Reference:** 2024 NTDB Data Dictionary, Page 31

Referring Facility Information

Patient Arrived From

|  |  |
| --- | --- |
| **TR16\_22 Location Patient Arrived From** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Scene
2. Referring Hospital
3. Clinic/MD Office
4. Jail
5. Nursing Home
6. Supervised Living
7. Urgent care

**Notes:**

* Field Denotes if patient was inter-facility transfer
* Field should be completed with RV if at all possible.
* Enter Not Known/Reported as needed

**NHTR Tab Location:** Referring

**Reference:** Not a required NTDB field

Referring Hospital – Name

|  |  |
| --- | --- |
| **TR33\_1 Referring Hospital** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Name of the Hospital referring the patent to your facility |
| **Field Constraints:** |  |

**Notes:**

* Field should be completed with RV if at all possible
* Field should not be “Not Known/Recorded”
* Field may be “N/A” in the case of patients who transported directly to your facility from the scene of the injury

**NHTR Tab Location**: Referring

**Reference:** Not a required NTDB field

Emergency Department Information

Highest Activation

|  |  |
| --- | --- |
| **TR17\_21\_1 Highest Activation Level** | |
| **NTDS Name/Number:** | ED\_01 Highest Activation |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Yes 2. No

**Notes:**

* Highest level of activation is defined by your hospital’s criteria
* Include patients who received the highest level of trauma activation initiated by Emergency Medical Services (EMS) or by Emergency Department (ED) personnel at your hospital
* Include patients who received the highest-level trauma activation initiated by EMS or ED personnel at your hospital and were downgraded after arrival
* Include patients who received a lower level of trauma activation initiated by EMS or ED personnel at your hospital and were upgraded after arrival
* Exclude patients who received the highest level or trauma activation after ED discharge

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 34

Trauma Surgeon Arrival Date

|  |  |
| --- | --- |
| **TR17\_15\_1 Trauma Surgeon Arrival Date** | |
| **NTDS Name/Number:** | ED\_02 Trauma Surgeon Arrival Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Notes:**

* Limit reporting to the 24 hours after ED/Hospital arrival
* The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care
* The null value “Not Applicable” is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival
* The null value “Not Applicable” is reported if the data element Highest Activation is reported as Element Value “2. No”

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 35

Trauma Surgeon Arrival Time

|  |  |
| --- | --- |
| **TR17\_15\_2 Trauma Surgeon Arrival Time** | |
| **NTDS Name/Number:** | ED\_03 Trauma Surgeon Arrival Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Notes:**

* Limit reporting to the 24 hours after ED/Hospital arrival
* The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care
* The null value “Not Applicable” is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival
* The null value “Not Applicable” is reported if the data element Highest Activation is reported as Element Value “2. No”

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 36

Emergency Department/Hospital Arrival Date

|  |  |
| --- | --- |
| **TR18\_55 Date Arrived ED/Acute Care** | |
| **NTDS Name/Number:** | ED\_04 ED/Hospital Arrival Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date patient arrived at your facility |
| **Field Constraints:** | Date is not valid | Date out of range |Field Cannot be N/A | ED/Hospital Arrival date is earlier than DOB , EMS dispatch date, EMS arrival date, EMS departure date | ED/Hospital arrival date is later than, ED discharge date or hospital discharge date | ED/Hospital arrival date minus dispatch date is greater than 7 days | ED/Hospital arrival date minus injury date should be less than 30 days |

**Notes:**

* Auto generates Total EMS Time field *AND* Total length of Hospital Stay
* If patient was brought to the ED enter the date the patient arrived at ED
* If patient was directly admitted to the hospital enter the date the patient was admitted to the hospital

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 37

Emergency Department/Hospital Arrival Time

|  |  |
| --- | --- |
| **TR18\_56 Time Arrived ED/Acute Care** | |
| **NTDS Name/Number:** | ED\_05 ED/Hospital Arrival Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time patient arrived at your facility |
| **Field Constraints:** | Time is not valid | Time out of range | Field cannot be N/A | ED/Hospital arrival time is earlier than EMS dispatch time, EMS arrival time, EMS departure time | ED/Hospital arrival time is later than, ED discharge time or hospital discharge time |

**Notes:**

* Auto generates Total EMS Time *AND* Total Length of Hospital Stay fields
* If patient was brought to the ED enter the time the patient arrived at ED
* If patient was directly admitted to the hospital enter the time the patient was admitted to the hospital

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 38

Initial ED/Hospital Systolic Blood Pressure

|  |  |
| --- | --- |
| **TR18\_11 Systolic Blood Pressure** | |
| **NTDS Name/Number:** | ED\_06 Initial ED/Hospital Blood Pressure |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded Blood Pressure measured within 30 minutes of patient arrival |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | SBP exceeds max of 220 mmHg |

**Notes:**

* Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  + For these patients record the value when obtained when compressions are paused

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 39

Initial ED/Hospital Pulse Rate

|  |  |
| --- | --- |
| **TR18\_2 Pulse Rate** | |
| **NTDS Name/Number:** | ED\_07 Initial ED/Hospital Pulse Rate |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded Pulse Rate measured within 30 minutes of patient arrival |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | PR exceeds max of 299 BPM |

**Notes:**

* Recorded value must be without the assistance of CPR or Mechanical Chest Compressions
  + For these patients record the value when obtained when compressions are paused

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 40

Initial ED/Hospital Temperature

|  |  |
| --- | --- |
| **TR18\_30 Temperature** | |
| **NTDS Name/Number:** | ED\_08 Initial ED/Hospital Temperature |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded Temperature measured within 30 minutes of patient arrival | Measured in degrees Celsius (Centigrade) |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A |Temp exceeds max of 42.0 C | Temp is below 20.0 C |

**Notes:**

* The first recorded set of hospital vital signs do not need to be from the same assessment

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 41

Initial ED/Hospital Respiratory Rate

|  |  |
| --- | --- |
| **TR18\_7 Respiratory Rate** | |
| **NTDS Name/Number:** | ED\_09 Initial ED/Hospital Respiratory Rate |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded Respiratory Rate measured within 30 minutes of patient arrival |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | Value entered is out of range | Field cannot be N/A |

**Field Value Ranges:**

* Age <6yrs: RR Cannot exceed 120/minute
* Age ≥6yrs: RR Cannot exceed 99/minute
* Age/Age Units not valued: RR should not exceed 99/minute *MAX* 120/minute

**Notes:**

* If this field is completed, you must also complete “Initial ED/Hospital Respiratory Assistance” field

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 42

Initial ED/Hospital Respiratory Assistance

|  |  |
| --- | --- |
| **TR18\_10 Respiratory Assistance** | |
| **NTDS Name/Number:** | ED\_10 Initial ED/Hospital Respiratory Assistance |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Unassisted Respiratory Rate
2. Assisted Respiratory Rate

**Notes:**

* Field is only completed if “Initial ED/Hospital Respiratory Rate” field is completed
* Field should be “N/A” if “Initial ED/Hospital Respiratory Rate” field is “Not Known/Recorded”
* Respiratory Assistance is defined as mechanical and or external support of respiration

**NHTR Tab Location:**  Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 43

Initial ED/Hospital Oxygen Saturation

|  |  |
| --- | --- |
| **TR18\_31 Pulse Oximetry** | |
| **NTDS Name/Number:** | ED\_11 Initial ED/Hospital Oxygen Saturation |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded oxygen saturation measured within 30 minutes of patient arrival. |
| **Field Constraints:** | Value entered is invalid | Max 3 characters | Value entered is >100% |

**Notes:**

* If this field is completed, you must also complete “Initial ED/Hospital Supplemental Oxygen” field

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 44

Initial ED/Hospital Supplemental Oxygen

|  |  |
| --- | --- |
| **TR18\_109 Supplemental Oxygen** | |
| **NTDS Name/Number:** | ED\_12 Initial ED/Hospital Supplemental Oxygen |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single-Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. No Supplemental Oxygen
2. Supplemental Oxygen

**Notes:**

* Field is only completed if “Initial ED/Hospital Oxygen Saturation” field is completed
* Field should be “N/A” if “Initial ED/Hospital Respiratory Rate” field is “Not Known/Recorded”

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 45

Initial ED/Hospital GCS – Eye

|  |  |
| --- | --- |
| **TR18\_14 Glasgow Eye** | |
| **NTDS Name/Number:** | ED\_13 Initial ED/Hospital GCS – Eye |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

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

**Notes:**

* Measured within 30 minutes of patient arrival at your facility
* Auto generates “Overall GCS – ED Score” field
* If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient’s pupils are PERRL”) document GCS Score (e.g., GCS Eye of 4)
  + Be sure to double check for contraindicating documentation (e.g., “patient’s eyes open to verbal only”) prior to assigning score
* Field must be “Not Known/Not Recorded” when Initial ED/Hospital GCS 40 – Eye is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 46

Initial ED/Hospital GCS – Verbal

|  |  |
| --- | --- |
| **TR18\_15\_2 Glasgow Verbal** | |
| **NTDS Name/Number:** | ED\_14 Initial ED/Hospital GCS – Verbal |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
|  | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values PEDIATRIC (Age ≤ 2yrs):**

1. No vocal response
2. Inconsolable, agitated
3. Inconsistently consolable, moaning
4. Cries but is consolable
5. Smiles, , follows objects, interacts

**Field Values ADULT (Age > 2yrs):**

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

**Notes:**

* Measured within 30 minutes of patient arrival at your facility
* Auto generates “Overall GCS – ED Score” field
* If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient is alert and oriented”) document GCS Score (e.g., GCS Verbal of 5)
  + Be sure to double check for contraindicating documentation (e.g., “patient making incomprehensible sounds”) prior to assigning score
* Field should equal “1” for intubated patients
* Field must be “Not Known/Not Recorded” when Initial ED/Hospital GCS 40 – Verbal is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 47

Initial ED/Hospital GCS – Motor

|  |  |
| --- | --- |
| **TR18\_16\_2 Glasgow Motor** | |
| **NTDS Name/Number:** | ED\_15 Initial ED/Hospital GCS – Motor |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values PEDIATRIC (Age ≤ 2yrs):**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

**Field Values ADULT (Age > 2yrs):**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obeys Commands

**Notes:**

* Measured within 30 minutes of patient arrival at your facility
* Auto generates “Overall GCS – ED Score” field
* If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient withdraws from pain ”) document GCS Score (e.g., GCS Motor of 4)
  + Be sure to double check for contraindicating documentation (e.g., “patient flexes to pain”) prior to assigning score
* Field must be “Not Known/Not Recorded” when Initial ED/Hospital GCS 40 – Motor is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 48

Initial ED/Hospital GCS – Total

|  |  |
| --- | --- |
| **TR18\_22 GCS Total Calculation** | |
| **NTDS Name/Number:** | ED\_16 Initial ED/Hospital GCS – Total |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | First recorded GCS Total measured within 30 minutes of patient arrival |
| **Field Constraints:** | Value entered is outside the valid range 3 – 15 | Field cannot be N/A |

**Notes:**

* Field should be auto populated if other ED GCS fields are
* If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g., GCS Total of 15)
  + Be sure to double check for contraindicating documentation (e.g., “patient was sedated, paralyzed, and intubated”) prior to assigning score
* Field must be “Not Known/Not Recorded” when Initial ED/Hospital GCS 40 – Eye, Initial ED/Hospital GCS 40 – Motor, or ED/Hospital GCS 40 – Verbal is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 49

Initial ED/Hospital GCS – Assessment Qualifiers

|  |  |
| --- | --- |
| **TR18\_21 GCS Qualifiers** | |
| **NTDS Name/Number:** | ED\_17 Initial ED/Hospital GCS – Assessment Qualifiers |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option| Field cannot be N/A |

**Field Values:**

1. Patient chemically sedated or paralyzed
2. Obstruction to the patient’s eye
3. Patient intubated
4. Valid GCS: patient was not sedated, or intubated, no obstruction to eye

**Notes:**

* Identifies treatments administered to the patient that may affect the initial assessment of GCS within 30 minutes of patient arrival at your facility
  + Field does not apply to self-medication or intentional abuse of medications by patient (e.g., ETOH, prescriptions)
* If intubated patient was recently administered an agent which results in neuromuscular blockade the chemical sedation modifier should be selected
  + Neuromuscular blockade is normally induced following administration of agents like Succinylcholine, Rocuronium, Vecuronium, & Pancuronium.
    - Other agents also induce blockade, please be sure to familiarize yourself with the agents that your facility uses
  + Each agent has a different duration of action, therefore the effect on the GCS depends on when the agent was administered

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 50

Initial ED/Hospital GCS 40 – Eye

|  |  |
| --- | --- |
| **TR18\_40\_2 GCS 40 Eye** | |
| **NTDS Name/Number:** | ED\_18 Initial Field GCS 40 – Eye |
| **NTDS Required:** | Yes (if *Initial Field GCS – Eye* not reported) |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. To Pain
3. To Sound
4. Spontaneous
5. Not Testable

**Field Values Adult:**

1. None
2. To Pressure
3. To Sound
4. Spontaneous
5. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury

|  |
| --- |
| **NHTR Tab Location:** Initial Assessment  **Reference:** 2024 NTDB Data Dictionary, Page 51 |

* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient’s eyes open spontaneously,” an Eye GCS 40 of 4 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to access (e.g., swelling to eye(s))
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – eye was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is

reported if *Initial Field GCS-Eye* is reported

Initial ED/Hospital GCS 40 – Verbal

|  |  |
| --- | --- |
| **TR18\_41\_2 GCS 40 Verbal** | |
| **NTDS Name/Number:** | ED\_19 Initial Field GCS 40 – Verbal |
| **NTDS Required:** | Yes (if *Initial Field GCS – Verbal* not reported) |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. Cries
3. Vocal Sounds
4. Words
5. Talks Normally
6. Not Testable

**Field Values Adult:**

1. None
2. Sounds
3. Words
4. Confused
5. Oriented
6. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient correctly gives name, place, and date,” an Eye GCS 40 of 5 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to assess (e.g., patient is intubated)
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – eye was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is reported if *Initial Field GCS-Verbal* is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 52

Initial ED/Hospital GCS 40 – Motor

|  |  |
| --- | --- |
| **TR18\_42\_2 GCS 40 Motor** | |
| **NTDS Name/Number:** | ED\_20 Initial Field GCS 40 – Motor |
| **NTDS Required:** | Yes (if *Initial Field GCS – Motor* not reported) |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values Pediatric <5 years:**

1. None
2. Extension to Pain
3. Flexion to Pain
4. Localizes Pain
5. Obeys Commands
6. Not Testable

**Field Values Adult:**

1. None
2. Extension
3. Abnormal Flexion
4. Normal Flexion
5. Localizing
6. Obeys Commands
7. Not Testable

**Notes:**

* The null value “Not Known/Not Recorded” is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury
* If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to the verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be listed. E.g., the chart indicates: “patient opened mouth and stuck out tongue when asked,” an Eye GCS 40 of 6 may be recorded, IF there is no other contraindicating documentation.
* Field should be “N/A” for patients who arrived at your facility by “Private/Public Vehicle/Walk-in”
* Report Field Value “0. Not Testable” if unable to assess (e.g., neuromuscular blockade)
* The null value “Not Known/Not Recorded” is reported if the patient’s first recorded initial field GCS 40 – eye was NOT measured at the scene of injury
* The null value “Not Known/Not Recorded” is reported if *Initial Field GCS-Eye* is reported

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 53

Initial ED/Hospital Height

|  |  |
| --- | --- |
| **TR1\_6 Height in Centimeters** | |
| **NTDS Name/Number:** | ED\_21 Initial ED/Hospital Height |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Patient’s height recorded in Centimeters |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A | Height exceeds max of 244cm (≈8 feet) |

**Notes:**

* Field value may be based on family or self-report

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 54

Initial ED/Hospital Weight

|  |  |
| --- | --- |
| **TR1\_6\_5 Estimated Weight in Kilograms** | |
| **NTDS Name/Number:** | ED\_22 Initial ED/Hospital Weight |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Patient’s weight recorded in Kilograms |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A | Weight exceeds max of 907kg (≈2000 pounds) |

**Notes:**

* Field value may be based on family or self-report

**NHTR Tab Location:** Demographics

**Reference:** 2024 NTDB Data Dictionary, Page 55

Drug Screen

|  |  |
| --- | --- |
| **TR18\_45 Drug Use Indicator** | |
| **NTDS Name/Number:** | ED\_23 Drug Screen |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. AMP (Amphetamine)
2. BAR (Barbiturate)
3. BZO (Benzodiazepines)
4. COC (Cocaine)
5. mAMP (Methamphetamine)
6. MDMA (Ecstasy)
7. MTD (Methadone)
8. OPI (Opioid)
9. OXY (Oxycodone)
10. PCP (Phencyclidine)
11. TCA (Tricyclic Antidepressant)
12. THC (Cannabinoid)
13. Other
14. None
15. Not Tested

**Notes:**

* Recorded field values reflect positive drug screen results within 24 hours of the *FIRST* hospital encounter at either your facility *OR* the transferring facility
* A recorded value of “None” indicates those patients whose results were positive *ONLY* for drugs that were administered to them in any facility or setting treating this patient event *OR* those patients who had no positive results
* If multiple drugs are detected record *ONLY* those drugs that were not administered in any facility or setting treating this patient event

**NHTR Tab Location:** Initial Assessment

**Reference** 2024 NTDB Data Dictionary, Page 56

Alcohol Screen

|  |  |
| --- | --- |
| **TR18\_46 Alcohol Use Indicator/Screen** | |
| **NTDS Name/Number:** | ED\_24 Alcohol Screen |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes / No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Yes
2. No

**Notes:**

* Record whether a Blood Alcohol Concentration (BAC) test was performed within 24 hours of the *FIRST* hospital encounter
* The BAC may be administered at any facility, unit or setting treating this patient event

**NHTR Tab Location:** Initial Assessment

**Reference** 2024 NTDB Data Dictionary, Page 57

Alcohol Screen Results

|  |  |
| --- | --- |
| **TR18\_103 Alcohol Use Indicator** | |
| **NTDS Name/Number:** | ED\_25 Alcohol Screen Results |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Collect as standard lab value (e.g., 0.08 g/dL) |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A when “Alcohol Screen” field is “Yes” |

**Notes:**

* Record Blood Alcohol Concentration (BAC) test results for test performed within 24 hours of the *FIRST* hospital encounter
* The BAC may be administered at any facility, unit or setting treating this patient event
* The field may be N/A for those patients who were not tested

**NHTR Tab Location:** Initial Assessment

**Reference:** 2024 NTDB Data Dictionary, Page 58

ED Discharge Disposition

|  |  |
| --- | --- |
| **TR17\_27 ED Disposition** | |
| **NTDS Name/Number:** | ED\_26 ED Discharge Disposition |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be Not Known/Recorded | Field cannot be N/A when: Hospital discharge date is N/A *OR* Not Known/Recorded *OR* Hospital discharge disposition is N/A *OR* Not Known/Recorded |

**Field Values:**

1. Floor Bed (general admission, non-specialty unit)
2. Observation Unit (unit providing <24hr stay)
3. Telemetry/Step-Down Unit (less acuity than ICU)
4. Home *WITH* Services
5. Deceased/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 (AMA)
11. Transferred to Another Hospital

**Notes:**

* Field May be “N/A” if patient was directly admitted to the hospital
* If ED Discharge Disposition is 4,5,6,9,10,11 than hospital Discharge date, time, and disposition fields should be “N/A”
* If multiple orders were written, report the final disposition order

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 59

Emergency Department Discharge Orders Written Date

|  |  |
| --- | --- |
| **TR17\_40 Date Discharged from ED Orders Written** | |
| **NTDS Name/Number:** | ED\_28 ED Discharge Orders Written Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date order was written for patient to be discharged from the ED |
| **Field Constraints:** | Date is not valid | Date out of range | ED discharge date is earlier than DOB , EMS dispatch date, EMS arrival date, EMS departure date, ED/Hospital arrival date | ED discharge date is later than hospital discharge date | ED discharge date minus ED/Hospital Arrival date is greater than 365 days |

**Notes:**

* Auto generates Total ED Time
* If “ED Discharge Disposition” is “Deceased/Expired” then the “ED Discharge Date” is the patient’s date of death as listed on their Death Certificate
* Field May be “N/A” if patient was directly admitted to the hospital

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 60

Emergency Department Discharge Orders Written Time

|  |  |
| --- | --- |
| **TR17\_41 Time Discharged from ED Orders Written** | |
| **NTDS Name/Number:** | ED\_29 ED Discharge Orders Written Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time order was written for patient to be discharged from the ED |
| **Field Constraints:** | Time is not valid | Time out of range | ED discharge time is earlier than EMS dispatch time, EMS arrival time, EMS departure time, ED/Hospital arrival time | ED discharge time is later than hospital discharge time |

**Notes:**

* Auto generates Total ED Time
* If “ED Discharge Disposition” is “Deceased/Expired” then the “ED Discharge Time” is the patient’s time of death as listed on their Death Certificate
* Field May be “N/A” if patient was directly admitted to the hospital

**NHTR Tab Location:** ED/Acute Care

**Reference:** 2024 NTDB Data Dictionary, Page 61

Emergency Department Discharge Date

|  |  |
| --- | --- |
| **TR17\_25 Date Discharged from ED** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date patient was physically discharged from the ED |
| **Field Constraints:** | Date is not valid | Date out of range | ED discharge date is earlier than DOB , EMS dispatch date, EMS arrival date, EMS departure date, ED/Hospital arrival date | ED discharge date is later than hospital discharge date | ED discharge date minus ED/Hospital Arrival date is greater than 365 days |

**Notes:**

* Required for integrity of system validation. Not required for NTDB validation

**NHTR Tab Location:** ED/Acute Care

Emergency Department Discharge Time

|  |  |
| --- | --- |
| **TR17\_26 Time Discharged from ED** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time patient was physically discharged from the ED |
| **Field Constraints:** | Time is not valid | Time out of range | ED discharge time is earlier than EMS dispatch time, EMS arrival time, EMS departure time, ED/Hospital arrival time | ED discharge time is later than hospital discharge time |

**Notes:**

* Required for integrity of system validation. Not required for NTDB validation

**NHTR Tab Location:** ED/Acute Care

Hospital Transferred To

|  |  |
| --- | --- |
| **TR17\_61 ED Hospital Transferred To** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Name of the Hospital your facility transferred the patient to |
| **Field Constraints:** |  |

**Notes:**

* Field should be completed with RV if at all possible
* Field should not be “Not Known/Recorded”
* Field may be “N/A” in the case of patients who were not referred or transferred to another facility

**NHTR Tab Location:** ED/Acute Care

**Reference:** Not a required NTDB field – NH requirement

Hospital Transferred To – Transport Mode

|  |  |
| --- | --- |
| **TR17\_60 Transport Mode** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. BLS
2. ALS
3. Paramedic Inter-Facility Transfer (PIFT)
4. Critical Care Transport Team (CCT)
5. PIFT With Hospital Staff (CCT Team Not Available)
6. Ground Ambulance
7. Helicopter Ambulance
8. Fixed Wing Ambulance

**Notes:**

* Field may be “N/A” in the case of patients who were not referred or transferred to another facility

**NHTR Tab Location:** ED/Acute Care

**Reference:** Not a required NTDB field – NH requirement

Primary Trauma Service Type

|  |  |
| --- | --- |
| **TR18\_205 Primary Trauma Service Type** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Adult 2. Pediatric

**Notes:**

* Indicator of the responsible primary service type for evaluation and appropriate trauma care
* Used to determine the correct TQP report the patient will appear on. Report age criteria will still apply
* Adult trauma facilities with no separate pediatric service must report “Adult”
* Pediatric trauma facilities with no separate adult service must report “Pediatric”

**Reference:** 2024 NTDB Data Dictionary, Page 62

(**This is a new data element originally added to the 2023 NTDB Data Dictionary)**

Hospital Procedure Information

ICD-10 Hospital Procedures (2 Pages)

|  |  |
| --- | --- |
| **TR200\_2\_1 ICD-10 Procedure** | |
| **NTDS Name/Number:** | HP\_01 ICD-10 Hospital Procedures |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Enter all that apply |
| **Field Constraints:** | Value entered in invalid ICD-10 CM *OR* ICD-10 CA | Procedures with the same code cannot have the same hospital procedure start date and time | Number of codes entered exceeds the 200 code maximum | Field should not be N/A |

**Field Values:**

Diagnostic & Therapeutic Imaging:

* CT Head\*
* CT Chest\*
* CT Abdomen\*
* CT Pelvis\*
* Diagnostic Ultrasound (Includes FAST)\*
* Doppler Ultrasound of Extremities\*
* Angiography
* Angioembolization
* REBOA (ICD-10: 04L03DZ)
* IVC Filter
* Plain Radiation of whole body
* Plain Radiation of whole skeleton
* Plain Radiation of infant body

Cardiovascular:

* Open Cardiac Massage
* CPR

Central Nervous System:

* Insertion of ICP Monitor\*
* Ventriculostomy\*
* Cerebral Oxygen Monitoring\*

Gastrointestinal:

* Endoscopy (including gastroscopy, sigmoidoscopy, colonoscopy)
* Gastrostomy/Jejunostomy (percutaneous *OR* endoscopic)
* Percutaneous (endoscopic) Gastrojejunoscopy

Genitourinary:

* Ureteric Catheterization (i.e., Ureteric Stent)
* Suprapubic Cystostomy

Musculoskeletal:

* Soft Tissue/Bony Debridement\*
* Closed Reduction of Fractures
* Skeletal & Halo Traction
* Fasciotomy

Respiratory:

* Insertion of endotracheal tube\* (exclude intubations performed in OR)
* Continuous Mechanical Ventilation\*
* Chest Tube\*
* Bronchoscopy\*
* Tracheostomy

Transfusion (Only Capture First 24hrs after Hospital Admission):

* Transfusion of Red Cells\*
* Transfusion of Platelets\*
* Transfusion of Plasma\*

**Continued On Next Page:**

**Notes:**

* Include only procedures performed at your facility
* Capture all procedures performed in the Operating Room (OR)
* Capture all procedures in the ED, ICU, Ward, or Radiology that were essential to the diagnosis, stabilization, or treatment of the patient’s specific injuries or complications
* Procedures marked with and asterisk (\*) may be performed multiple times during one hospital course. Capture only the first event
* Procedures not marked with and asterisk (\*) should have each event captured

**NHTR Tab Location:** Procedures

**Reference:** 2024 NTDB Data Dictionary, Pages 63 & 64

Hospital Procedure Start Date

|  |  |
| --- | --- |
| **TR200\_8 Procedure Performed Date** | |
| **NTDS Name/Number:** | HP\_02 Hospital Procedure Start Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date procedure was performed |
| **Field Constraints:** | Date is not valid | Date out of range | Procedure start date is earlier than DOB , EMS dispatch date, EMS arrival date, EMS departure date, ED/Hospital arrival date | Procedure start date is later than hospital discharge date |

**Notes:**

**NHTR Tab Location:** Procedures

**Reference:** 2024 NTDB Data Dictionary, Page 65

Hospital Procedure Start Time

|  |  |
| --- | --- |
| **TR200\_9 Procedure Performed Time** | |
| **NTDS Name/Number:** | HP\_03 Hospital Procedure Start Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time patient arrived at your facility |
| **Field Constraints:** | Time is not valid | Time out of range | Procedure start time is earlier than EMS dispatch time, EMS arrival time, EMS departure time, ED/Hospital arrival time | Procedure start time is later than hospital discharge time |

**Notes:**

* Field Value is defined as the time at which the incision was made *OR* the procedure started
* If multiple procedures with the same procedure codes are performed, their start time *MUST* be different

**NHTR Tab Location:** Procedures

**Reference:** 2024 NTDB Data Dictionary, Page 66

Diagnosis Information

Co-Morbid Conditions (2 Pages)

|  |  |
| --- | --- |
| **TR200\_4 Comorbidity** | |
| **NTDS Name/Number:** | DG\_01 Co-Morbid Conditions |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for Specific values | Check all that apply |
| **Field Constraints:** | Value entered in not a valid menu option |

**Field Values:**

1. Other
2. Alcohol Use Disorder
3. Bleeding Disorder
4. Currently Receiving Chemotherapy for Cancer
5. Congenital Anomalies
6. Congestive Heart Failure
7. Current Smoker
8. Chronic Renal Failure
9. Cerebrovascular Accident (CVA)
10. Diabetes Mellitus
11. Disseminated Cancer
12. Advanced Directive Limiting Care
13. Functionally Dependent Health Status
14. Hypertension
15. Pregnancy
16. Prematurity
17. Chronic Obstructive Pulmonary Disease (COPD)
18. Steroid Use
19. Cirrhosis
20. Dementia
21. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
22. Anticoagulant Therapy
23. Angina Pectoris
24. Mental/Personality Disorder
25. Myocardial Infarction (MI)
26. Peripheral Arterial Disease (PAD)
27. Substance Use Disorder

**Continued On Next Page:**

**Notes:**

* Several Conditions have been retired by the ACS. This is the cause of the numbering gaps
* The field may be N/A if the patient has no co-morbid conditions

**NHTR Tab Location:** Comorbidity

**Reference:** 2024 NTDB Data Dictionary, Pages 68 - 96

ICD-10 Injury Diagnoses

|  |  |
| --- | --- |
| **TR200\_1 ICD 10 Diagnoses** | |
| **NTDS Name/Number:** | DG\_02 ICD-10 Injury Diagnoses |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | ICD-10-CM Codes Range S00-S99, T07, T14, T20-T28 & T30-T32 |
| **Field Constraints:** | Value entered is Invalid ICD-10-CM *OR* ICD-10-CA | At least one diagnosis must be provided *AND* meet Inclusion Criteria ICD-10-CM *OR* ICD-10-CA | Number of codes exceeds max of 50 |

**Notes:**

* ICD-10-CM codes that pertain to other medical conditions (e.g., CVA, MI, and Co-Morbidities) may be included in this field
* Field used to auto-generate Abbreviated Injury Scale and Injury Severity Score Fields
* Field should not be “Not Known/Recorded”.

**NHTR Tab Location:** Diagnosis

**Reference:** 2024 NTDB Data Dictionary, Page 97

Injury Severity Information

AIS Code

|  |  |
| --- | --- |
| **TR200\_14\_1 ICD-10 AIS Code** | |
| **NTDS Name/Number:** | IS\_01 AIS t Code |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | 6 digits including the decimal point in the associated AIS Code |
| **Field Constraints:** | Value entered is invalid | Field cannot be N/A | Code entered is not an AIS 05, Update 08 code, or AIS 2015 code |

**Notes:**

* Enter the Abbreviated Injury Scale (AIS) code(s) that reflect the patient’s injuries

**NHTR Tab Location:** Diagnosis

**Reference:** 2024 NTDB Data Dictionary, Page 98

~~AIS Severity~~

|  |  |
| --- | --- |
| **~~TR200\_14\_3 AIS Severity~~** | |
| **~~NTDS Name/Number:~~** | ~~IS\_02 AIS Severity~~ |
| **~~NTDS Required:~~** | ~~Yes~~ |
| **~~NHTDS Required:~~** | ~~Yes~~ |
| **~~Data Format:~~** | ~~String~~ |
| **~~Record Occurrence:~~** | ~~1:1~~ |
| **~~Data Entry:~~** | ~~Single Select~~ |
| **~~Accepts CNV:~~** | ~~Yes~~ |
| **~~Accepts “Blank”:~~** | ~~No~~ |
| **~~Field Values:~~** | ~~See below for specific values~~ |
| **~~Field Constraints:~~** | ~~Value entered is not a valid menu option | Field cannot be N/A~~ |

**~~Field Values~~**

1. ~~Minor Injury~~
2. ~~Moderate Injury~~
3. ~~Serious Injury~~
4. ~~Severe Injury~~
5. ~~Critical Injury~~
6. ~~Maximum Injury, Virtually Unsurvivable~~
7. ~~Not Possible to Assign~~

**~~Notes:~~**

* ~~“Not Possible to Assign” would be selected if it is not possible to assign a severity to an injury~~

**(Note: this data element is redundant and made unnecessary as a result of the data element listed on the previous page)**

AIS Version

|  |  |
| --- | --- |
| **TR200\_14\_2 AIS Version** | |
| **NTDS Name/Number:** | IS\_03 AIS Version |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. AIS 05, Update 08, or AIS 2015

**Notes:**

* Select the Software and Version used to calculate the AIS severity codes
* Selection is performed when looking up an AIS code for a specific injury

**NHTR Tab Location:** Diagnosis

**Reference:** 2024 NTDB Data Dictionary, Page 99

Outcome Information

Total ICU Length of Stay (2 Pages)

|  |  |
| --- | --- |
| **TR26\_9 Total ICU Days** | |
| **NTDS Name/Number:** | O\_01 Total ICU Length of Stay |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Cumulative amount of time spent in ICU |
| **Field Constraints:** | Value entered is out of range | ICU LOS exceeds Hospital LOS | Value entered >365 days verify this is correct |

**Length of Stay Calculation Examples:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example** | **Start Date** | **Start Time** | **Stop Date** | **Stop Time** | **LOS** |
| A | 01/01/17 | 0100 | 01/01/17 | 0400 | 1 day |
| B | 01/01/17 | 0100 | 01/01/17 | 0400 | 1 day 2 episodes in the same day |
| 01/01/17 | 1600 | 01/01/17 | 1800 |
| C | 01/01/17 | 0100 | 01/01/17 | 0400 | 2 days episodes on 2 separate calendar days |
| 01/02/17 | 1600 | 01/02/17 | 1800 |
| D | 01/01/17 | Unknown | 01/01/17 | 1600 | 1 day |
| E | 01/01/017 | Unknown | 01/02/17 | 1600 | 2 days episodes on 2 separate calendar days |
| 01/02/17 | 1800 | 01/02/17 | Unknown |
| F | 01/01/17 | 0100 | 01/02/17 | 1900 | 3 days 2 episodes over 3 calendar days |
| 01/03/17 | 0030 | 01/03/17 | 2300 |
| G | 01/01/17 | 0100 | 01/15/17 | 1700 | 15 days |
| H | Unknown | Unknown | 01/02/17 | 1600 | Unknown, can’t compute total |
| 01/03/17 | 0800 | 01/03/17 | 1700 |

**Continued On Next Page:**

**Notes:**

* Values entered are recorded in full day increments
  + Any partial calendar days are counted as a full calendar day
* If the patient has multiple ICU episodes on the same calendar day, count that as one calendar day
* Field range 1day – 575 days
* Field should be “Not Known/Recorded” if any date is missing
* Field should be N/A if the patient had no ICU days according to the above definition

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page 134

Total Ventilator Days (2 Pages)

|  |  |
| --- | --- |
| **TR26\_58 Total Ventilator Days** | |
| **NTDS Name/Number:** | O\_02 Total Ventilator Days |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Cumulative amount of time spent on ventilator |
| **Field Constraints:** | Value entered is out of range | Total Vent days exceeds Hospital LOS | Value entered >365 days verify this is correct |

**Total Ventilator Days Calculation Examples:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example** | **Start Date** | **Start Time** | **Stop Date** | **Stop Time** | **LOS** |
| A | 01/01/17 | 0100 | 01/01/17 | 0400 | 1 day |
| B | 01/01/17 | 0100 | 01/01/17 | 0400 | 1 day 2 episodes in the same day |
| 01/01/17 | 1600 | 01/01/17 | 1800 |
| C | 01/01/17 | 0100 | 01/01/17 | 0400 | 2 days episodes on 2 separate calendar days |
| 01/02/17 | 1600 | 01/02/17 | 1800 |
| D | 01/01/17 | Unknown | 01/01/17 | 1600 | 1 day |
| E | 01/01/017 | Unknown | 01/02/17 | 1600 | 2 days episodes on 2 separate calendar days |
| 01/02/17 | 1800 | 01/02/17 | Unknown |
| F | 01/01/17 | 0100 | 01/02/17 | 1900 | 3 days 2 episodes over 3 calendar days |
| 01/03/17 | 0030 | 01/03/17 | 2300 |
| G | 01/01/17 | 0100 | 01/15/17 | 1700 | 15 days |
| H | Unknown | Unknown | 01/02/17 | 1600 | Unknown:  Can’t compute total |
| 01/03/17 | 0800 | 01/03/17 | 1700 |

**Continued On Next Page:**

**Notes:**

* Exclude mechanical ventilation time associated with OR procedures
* Non-invasive ventilator support (CPAP, BiPAP) should not be considered in the calculation of ventilator days
* Values entered are recorded in full day increments
  + Any partial calendar days are counted as a full calendar day
* If the patient has multiple ventilator episodes on the same calendar day, count that as one calendar day
* Field range 1day – 575 days
* Field should be “Not Known/Recorded” if any date is missing
* Field should be N/A if the patient had no ICU days according to the above definition

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page 136

Hospital Discharge Date

|  |  |
| --- | --- |
| **TR25\_34 Hospital Discharge Date** | |
| **NTDS Name/Number:** | O\_03 Hospital Discharge Date |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date order was written for patient to be discharged from the hospital |
| **Field Constraints:** | Date is not valid | Date out of range | Field must be N/A if ED disposition is 4,5,6,9,10, or 11 | ED discharge date is earlier than DOB , EMS dispatch date, EMS arrival date, EMS departure date, ED/Hospital arrival date, ED discharge date | Hospital discharge date minus Injury date is > 365 days, verify this is correct |

**Notes:**

* Auto generates Total Length of Hospital Stay
* If “Hospital Discharge Disposition” is “Deceased/Expired” then the “Hospital Discharge Date” is the patient’s date of death as listed on their Death Certificate

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page139

Hospital Discharge Time

|  |  |
| --- | --- |
| **TR25\_48 Hospital Discharge Time** | |
| **NTDS Name/Number:** | O\_04 Hospital Discharge Time |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time the order was written for patient to be discharged from the hospital |
| **Field Constraints:** | Time is not valid | Time out of range | Hospital discharge time is earlier than EMS dispatch time, EMS arrival time, EMS departure time, ED/Hospital arrival time, ED discharge time | Field must be N/A if ED Disposition is 4,5,6,9,10, or 11 |

**Notes:**

* Auto generates Total length of hospital stay
* If “Hospital Discharge Disposition” is “Deceased/Expired” then the “Hospital Discharge Time” is the patient’s time of death as listed on their Death Certificate

**NHTR Tab Location:** Outcome

**Reference:** 2024 NTDB Data Dictionary, Page140

Hospital Discharge Disposition

|  |  |
| --- | --- |
| **TR25\_27 Hospital Discharge Disposition** | |
| **NTDS Name/Number:** | O\_05 Hospital Discharge Disposition |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if ED Disposition is 4,5,6,9,10,or 11 | Field Cannot be “Not Known/Recorded” when Hospital Arrival Date and Hospital Discharge Date are N/A or “Not Known/Recorded” |

**Field Values:**

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. Deceased/Expired
6. Discharged to home or self-care (Routine Discharge)
7. Discharged/Transferred to Skilled Nursing Facility (SNF)
8. Discharged/Transferred to hospice care
9. Discharged/Transferred to court/law enforcement
10. Discharged/Transferred to inpatient rehab or designated unit
11. Discharged/Transferred to Long Term Care Hospital (LTCH)
12. Discharged/Transferred to psychiatric hospital or psychiatric unit
13. Discharged/Transferred to another type of institution not listed elsewhere

**Notes:**

* Field Values based on UB-04 Disposition Coding
* Some dispositions have been retired by the ACS, this is the cause of the numbering gaps
* “Home” refers to the patient’s current place of residence (e.g., prison, child protective services, etc.)
* Field value should be 6 for disposition to any other non-medical facility
* Field value should be 14 for disposition to any other medical facility

NHTR Tab Location: Outcome

Reference: 2024 NTDB Data Dictionary, Page 138

Death Information

Date of Death

|  |  |
| --- | --- |
| **TR25\_36 Date Death Occurred** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date of death as listed on the patient’s Death Certificate |
| **Field Constraints:** | Date is not valid | Date out of range | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” | Date of Death is earlier than DOB , EMS dispatch date, EMS arrival date | Date of date minus Injury date is > 365 days, verify this is correct |

**Notes:**

* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

**NHTR Tab Location:** Outcome

**Reference:** Not a required NTDB field – NH only

Time of Death

|  |  |
| --- | --- |
| **TR25\_36\_1 Time of Death** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | Yes |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time of death as listed on the patient’s Death Certificate |
| **Field Constraints:** | Time is not valid | Time out of range | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” | Time of Death is earlier than EMS dispatch time, EMS arrival time. |

**Notes:**

* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

**NHTR Tab Location:** Outcome

**Reference:** Not a required NTDB field – NH only

Death Location

|  |  |
| --- | --- |
| **TR25\_30 Death Location** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” |

**Field Values:**

1. ICU
2. Operating Room/PACU
3. Floor
4. Emergency Department
5. Prior to Arrival
6. PICU

**Notes:**

* Record the location where the patient expired
* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

Death Circumstances

|  |  |
| --- | --- |
| **TR25\_32 Death Circumstances** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” | Field must be “Not Known/Recorded” if applicable RV’s are unknown |

**Field Values:**

1. Brain Death
2. Brain Injury
3. Burns/Burn Shock
4. Cardiac Arrest due to Strangulation
5. Cardiovascular Failure
6. Drowning
7. Electrocution
8. Family Discontinued Life Support
9. Gastrointestinal
10. Heart Laceration
11. Liver Laceration
12. Multi-Organ Failure/Metabolic
13. Medical
14. Multisystem Trauma
15. Neurologic
16. Other
17. Pre-Existing Illness
18. Pulmonary Failure
19. Pulmonary Failure/Sepsis
20. Renal
21. Sepsis
22. Trauma: Shock
23. Trauma: Wound
24. Treatment Withheld

**Notes:**

* Record the circumstances surrounding the patient’s death if known

Autopsy

|  |  |
| --- | --- |
| **TR25\_37 Autopsy Performed** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes / No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” | Field must be “Not Known/Recorded” if applicable RV’s are unknown |

**Field Values:**

1. Yes
2. No

**Notes:**

* Record if an Autopsy was performed
* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

**NHTR Tab Location:**  Outcome

Autopsy Number

|  |  |
| --- | --- |
| **TR25\_71 Autopsy ID Number** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | Integer |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Integer |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below |
| **Field Constraints:** |  |

**Notes:**

* Enter the ID number associated with the autopsy, if available

**NHTR Tab Location:** Outcome

Organ Donation

|  |  |
| --- | --- |
| **TR25\_29 Organ Donation** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes / No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” | Field must be “Not Known/Recorded” if applicable RV’s are unknown |

**Field Values:**

1. Yes
2. No

**Notes:**

* Record if the patient’s organs were donated
* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

Organs Donated

|  |  |
| --- | --- |
| **TR25\_70 Organs Donated** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | No |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” |

**Field Values:**

1. Adrenal Glands
2. All
3. Bone
4. Bone Marrow
5. Cartilage
6. Cornea
7. Donated Unknown
8. Fascia Lata
9. Heart
10. Ineligible to Donate
11. Kidney
12. Liver
13. Lung
14. Multi / Other
15. Nerves
16. Pancreas
17. Refused
18. Skin
19. Tendons
20. Valves

**Notes:**

* Record which organs were donated if known
* Field is only completed if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are “Deceased/Expired”

Advance Directive

|  |  |
| --- | --- |
| **TR25\_28 Advance Directive** | |
| **NTDS Name/Number:** | N/A |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | No |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option | Field must be N/A if “ED Discharge Disposition” *OR* “Hospital Discharge Disposition” are not “Deceased/Expired” |

**Field Values:**

1. Yes 2. No

**Notes:**

* The written request was signed and dated by the patient and/or his/her designee prior to arrival at your facility
* Report “No” for patients with Advance Directives that did not limit life-sustaining treatments during this patient care event
* Life-sustaining treatments include, but are not limited to:
  + Intubation
  + Ventilator support
  + CPR
  + Blood transfusions
  + Specific surgical, interventional, or radiological procedures
* “Not Known/Not Recorded” is only reported if no past medical history is available

**NHTR Tab Location:** Comorbidity

**Reference:** 2024 NTDB Data Dictionary, Page 67

Financial Information

Primary Method of Payment

|  |  |
| --- | --- |
| **TR2\_5 Primary Method of Payment** | |
| **NTDS Name/Number:** | F\_01 Primary Method of Payment |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Medicaid
2. Not Billed (for any reason)
3. Self-Pay
4. Private/Commercial Insurance
5. Medicare
6. Other Government
7. Other

**Notes:**

* No Fault Automobile, Workers Compensation, & Blue Cross/Blue Shield are captured as “Private/Commercial Insurance”
  + Separate entries for these payers have been removed by ACS, resulting in the current numbering gaps

**Reference:** 2024 NTDB Data Dictionary, Page 141

Hospital Complications

Hospital Complications

|  |  |
| --- | --- |
| **TR23\_1 Complication** | |
| **NTDS Name/Number:** | Q\_01 Hospital Complications |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes (Not Required if Data Upload) |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply |
| **Field Constraints:** | Value entered is not a valid menu option |

**Field Values:**

1. Other
2. Acute Kidney Injury
3. Acute Respiratory Distress Syndrome (ARDS)
4. Cardiac Arrest with CPR
5. Deep Surgical Site Infection
6. Deep Vein Thrombosis
7. Myocardial Infarction
8. Organ/Space Surgical Site Infection
9. Pulmonary Embolism
10. Stroke/CVA
11. Unplanned Intubation
12. Osteomyelitis
13. Unplanned Return to the OR
14. Unplanned Admission to the ICU
15. Severe Sepsis
16. Catheter-Associated Urinary Tract Infection (CAUTI)
17. Central Line-Associated Blood Stream Infection (CLABSI)
18. Ventilator-Associated Pneumonia (VAP)
19. Alcohol Withdrawal Syndrome
20. Pressure Ulcer
21. Superficial Incision Surgical Site Infection

**Notes:**

* Field should be N/A if patient had no complications
* Multiple complications have been removed by ACS, this is the cause of numbering gaps

**NHTR Tab Location:** Complications/PI

**Reference:** 2024 NTDB Data Dictionary, Pages 100 - 129

Trauma Quality Improvement Program (TQIP):

Measures for Processes of Care

The Fields in this Section Should be Collected and Transmitted by Level 1 and Level 2 TQIP Participating Centers Only. More Information about TQIP Programs is Available from ACS at: <https://www.facs.org/quality-programs/trauma/tqip>

**NOTE:** All data elements pertaining to transfusion of blood products over 4 hours and 24 hours, respectively, were retired by the NTDB on 12/31/2019 and inactivated in the NH Trauma Registry on 1/1/2020. The data collected in these data elements has been consolidated and are now active under Blood Product History

Highest GCS Total

|  |  |
| --- | --- |
| **TR39\_1 Highest GCS Total** | |
| **NTDS Name/Number:** | PM\_01 Highest GCS Total |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Highest total GCS within 24 hours after ED/Hospital Arrival to your facility |
| **Field Constraints:** | Value entered is outside the valid range 3 – 15 | High GCS Total is < the “Highest GCS Motor” value | Field value N/A is dependent on AIS codes entered |

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field requires the review of all possible data sources to obtain the highest GCS total for the patient
  + Highest GCS may occur after ED Discharge
  + Best obtained when sedatives or paralytics are withheld as part of “Sedation Holiday”
* If there is no numeric GCS score documented, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient is alert, oriented, and acting appropriately”) document GCS Score (e.g., GCS Total of 15)
  + Be sure to double check for contraindicating documentation (e.g., “patient was sedated, paralyzed, and intubated”) prior to assigning score
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 142

Highest GCS Motor

|  |  |
| --- | --- |
| **TR39\_2 Highest GCS Motor** | |
| **NTDS Name/Number:** | PM\_02 Highest GCS Motor |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Highest GCS Motor score recorded within 24 hours after ED/Hospital Arrival at your facility |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values PEDIATRIC (Age < 5 yrs):**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Appropriate response to stimulation

**Field Values ADULT:**

1. No motor response
2. Extension to pain
3. Flexion to pain
4. Withdrawal from pain
5. Localizing pain
6. Obeys Commands

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field requires the review of all possible data sources to obtain the highest GCS total for the patient
  + Highest GCS may occur after ED Discharge
  + Best obtained when sedatives or paralytics are withheld as part of “Sedation Holiday”
* If there is no numeric GCS score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “the patient withdraws from pain ”) document GCS Score (e.g., GCS Motor of 4)
  + Be sure to double check for contraindicating documentation (e.g., “patient flexes to pain”) prior to assigning score
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 143

Highest GCS Total Assessment Qualifiers (2 Pages)

|  |  |
| --- | --- |
| **TR18\_21 GCS Qualifiers with Highest GCS Total** | |
| **NTDS Name/Number:** | PM\_03 GCS Assessment Qualifier Component of Highest GCS Total |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply | Record the qualifier(s) which affected the Highest GCS score within 24 hours after the patient arrived at your facility |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values:**

1. Patient chemically sedated or paralyzed
2. Obstruction to the patient’s eye
3. Patient intubated
4. Valid GCS: patient was not sedated, or intubated, no obstruction to eye

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field requires the review of all possible data sources to obtain the Highest GCS Total for the patient
  + Highest GCS may occur after ED Discharge
* Identifies medical treatments administered to the patient that may affect the highest GCS score of the patient within 24 hours after arrival
  + Field does not apply to self-medication or intentional abuse of medications by patient (e.g., ETOH, prescriptions)

**Continued On Next Page:**

* If intubated patient was recently administered an agent which results in neuromuscular blockade the chemical sedation modifier should be selected
  + Neuromuscular blockade is normally induced following administration of agents like Succinylcholine, Rocuronium, Vecuronium, & Pancuronium.
    - Other agents also induce blockade, please be sure to familiarize yourself with the agents that your facility uses
  + Each agent has a different duration of action, therefore the effect on the GCS depends on when the agent was administered

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 145

Highest GCS-40 Motor

|  |  |
| --- | --- |
| **TR39\_40\_2 Highest GCS Motor** | |
| **NTDS Name/Number:** | PM\_04 Highest GCS-40 Motor |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Highest GCS Motor score recorded within 24 hours after ED/Hospital Arrival at your facility |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values PEDIATRIC (Age < 5 yrs):**

1. Not testable
2. No motor response
3. Extension to pain
4. Flexion to pain
5. Localizing pain
6. Obeys commands

**Field Values ADULT:**

1. Not testable
2. None
3. Extension
4. Abnormal flexion
5. Normal flexion
6. Localizing
7. Obeys Commands

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field requires the review of all possible data sources to obtain the highest GCS total for the patient
  + Highest GCS-40 may occur after ED Discharge
  + Best obtained when sedatives or paralytics are withheld as part of “Sedation Holiday”
* If there is no numeric GCS-40 score recorded, but written documentation relays verbiage that closely or directly describes a level of functioning within the GCS scale (e.g., “patient opened mouth and stuck out tongue when asked ”) document GCS-40 Score (e.g., GCS-40 Motor of 6)
  + Be sure to double check for contraindicating documentation (e.g., “patient flexes to pain”) prior to assigning score
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 147

Initial ED/Hospital Pupillary Response

|  |  |
| --- | --- |
| **TR40\_32 Initial ED/Hospital Pupillary Response** | |
| **NTDS Name/Number:** | PM\_05 Initial ED/Hospital Pupillary Response |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Physiological response of the pupil to light 30 minutes or less from ED/Hospital Arrival |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values:**

1. Both Reactive
2. One Reactive
3. Neither Reactive

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* If there is listed field value documented, but written documentation relays verbiage that closely or directly describes a pupillary response (e.g., “PERRL or Pupils Equal, Round, Reactive to Light”) enter appropriate field value (e.g., “1. Both Reactive”)
  + Be sure to double check for contraindicating documentation (e.g., “pupils fixed and dilated”) prior to assigning value
* If patient has a prosthetic eye assign field value “2. One Reactive”
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 149

Midline Shift

|  |  |
| --- | --- |
| **TR40\_33 Midline Shift** | |
| **NTDS Name/Number:** | PM\_06 Midline Shift |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | ≥5mm shift of the brain past its center line within 24hours after time of injury |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values:**

1. Yes
2. No
3. Not Imaged (e.g., CT scan, MRI)

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Documentation describing the presence of “Massive” midline shift (e.g., >5mm) still supports field value “1. Yes”
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria
* Field value should be “Not Known/Recorded” if both the injury date and injury time are unknown
  + If the injury time is unknown *BUT* there is supporting documentation the clearly states the injury occurred within 24-hours of any CT measuring a >5mm shift; record field value “1. Yes” provided there is no contraindicating documentation
* Radiological and Surgical Reports from transferring facilities should be considered for this field

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 150

Cerebral Monitor – Type

|  |  |
| --- | --- |
| **TR39\_4 Cerebral Monitor** | |
| **NTDS Name/Number:** | PM\_07 Cerebral Monitor |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:Many |
| **Data Entry:** | Multi Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply | Indicate all cerebral monitors that were placed |
| **Field Constraints:** | Value entered is not a valid menu option | Field value N/A is dependent on AIS codes entered |

**Field Values**

1. Intraventricular Drain/Catheter (e.g., Ventriculostomy, External Ventricular Drain (EVD))
2. Intraparenchymal Pressure Monitor (e.g., Camino bolt, Subarachnoid bolt, Intraparenchymal catheter)
3. Intraparenchymal Oxygen Monitor (e.g., Licox)
4. Jugular Venous Bulb
5. None

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
* Field should be “N/A” for patients who do meet the above AIS Collection Criteria
* Cerebral monitors placed at a referring facility are acceptable *IF* the monitor was used by the receiving facility to monitor the patient

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 151

Cerebral Monitor – Date

|  |  |
| --- | --- |
| **TR39\_5 Cerebral Monitor Date** | |
| **NTDS Name/Number:** | PM\_08 Cerebral Monitor Date |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date of first cerebral monitor placement |
| **Field Constraints:** | Date is not valid | Date out of range | Field Must be N/A if “Cerebral Monitor” field is “N/A, Not Known/Recorded, *OR* None” | Cerebral monitor date is earlier than ED/Hospital Arrival date (unless placed at referring facility) | Cerebral monitor date is later than Hospital Discharge Date |

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
* Cerebral monitors placed at a referring facility are acceptable *IF* the monitor was used by the receiving facility to monitor the patient

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 152

Cerebral Monitor – Time

|  |  |
| --- | --- |
| **TR39\_6 Cerebral Monitor Time** | |
| **NTDS Name/Number:** | PM\_09 Cerebral Monitor Time |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time of first cerebral monitor placement |
| **Field Constraints:** | Time is not valid | Time out of range | Field Must be N/A if “Cerebral Monitor” field is “N/A, Not Known/Recorded, *OR* None” | Cerebral monitor time is earlier than ED/Hospital Arrival time (unless placed at referring facility) | Cerebral monitor time is later than Hospital Discharge time |

**Notes:**

* **Collection Criteria:** Field is completed if the patient has at least one injury in AIS Head Region, Excluding patients with isolated scalp abrasion(s), scalp contusion(s), scalp laceration(s), and/or scalp avulsion(s)
* Field refers to the insertion of an Intracranial Pressure (ICP) monitor (or other measures of cerebral perfusion) for the purposes of managing severe TBI
* Cerebral monitors placed at a referring facility are acceptable *IF* the monitor was used by the receiving facility to monitor the patient

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 153

Venous Thromboembolism (VTE) Prophylaxis – Type

|  |  |
| --- | --- |
| **TR40\_1 VTE Prophylaxis Type** | |
| **NTDS Name/Number:** | PM\_10 Venous Thromboembolism Prophylaxis Type |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Type of the *FIRST* dose of VTE Prophylaxis administered at your facility |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Field Values:**

1. Heparin
2. None
3. LMWH (Dalteparin, Enoxaparin, etc.)
4. Direct Thrombin Inhibitor (Dabigatran, etc.)
5. Xa Inhibitor (Rivaroxaban, etc.)
6. Coumadin
7. Other

**Notes:**

* **Collection Criteria:** Collect on all patients
* Field value may be “5. None” if the patient received no VTE Prophylaxis OR the first dose was administered post discharge order date and time
* Several VTE Prophylaxis types have been retired by the ACS, this is the cause of the numbering gaps

**NHTR Tab Location:** TQIP

**Reference:** NTDS 2020, Page 154

Venous Thromboembolism (VTE) Prophylaxis – Date

|  |  |
| --- | --- |
| **TR40\_2 VTE Prophylaxis Date** | |
| **NTDS Name/Number:** | PM\_11 Venous Thromboembolism Prophylaxis Date |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date of the *FIRST* dose of VTE Prophylaxis administered at your facility |
| **Field Constraints:** | Date is not valid | Date out of range | Field Must be N/A if “VTE Prophylaxis” field is “Not Known/Recorded, *OR* None” | VTE Prophylaxis date is earlier than ED/Hospital Arrival date | VTE Prophylaxis date is later than Hospital Discharge Date |

**Notes:**

* **Collection Criteria:** Collect on all patients

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 155

Venous Thromboembolism (VTE) Prophylaxis – Time

|  |  |
| --- | --- |
| **TR40\_3 VTE Prophylaxis Time** | |
| **NTDS Name/Number:** | PM\_12 Venous Thromboembolism Prophylaxis Time |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time of the *FIRST* dose of VTE Prophylaxis administered at your facility |
| **Field Constraints:** | Time is not valid | Time out of range | Field Must be N/A if “VTE Prophylaxis” field is “Not Known/Recorded, *OR* None” | VTE Prophylaxis time is earlier than ED/Hospital Arrival time | VTE Prophylaxis time is later than Hospital Discharge time |

**Notes:**

* **Collection Criteria:** Collect on all patients

**NHTR Tab Location:** TQIP

**Reference** 2024 NTDB Data Dictionary, Page 156

Angiography – Type

|  |  |
| --- | --- |
| **TR40\_12 Angiography** | |
| **NTDS Name/Number:** | PM\_14 Angiography |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Select the type of the *FIRST* interventional angiogram within 24 hours of patient arrival |
| **Field Constraints:** | Value is not a valid menu option | Field must be N/A for patients who do not meet Collection Criteria *OR* patients who had no blood transfused |

**Field Values:**

1. None
2. Angiogram Only
3. Angiogram with Embolization

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
* Field refers to the type of the interventional angiogram the patient underwent within 24 hours of arrival at your facility
* Field excludes CTA

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 162

Angiography – Embolization Site

|  |  |
| --- | --- |
| **TR40\_18 Embolization Site** | |
| **NTDS Name/Number:** | PM\_15 Embolization Site |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Check all that apply | Select the organ or site of embolization for hemorrhage control |
| **Field Constraints:** | Value is not a valid menu option | Field must be N/A for patients who do not meet Collection Criteria *OR* patients who underwent angiogram only |

**Field Values:**

1. Liver
2. Spleen
3. Kidneys
4. Pelvic (iliac, gluteal, obturator)
5. Retroperitoneum (lumbar, sacral)
6. Peripheral Vascular (neck, extremities)
7. Other

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 163

Angiography – Date

|  |  |
| --- | --- |
| **TR40\_13 Angiography Date** | |
| **NTDS Name/Number:** | PM\_16 Angiography Date |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date the angiogram with or without embolization was performed |
| **Field Constraints:** | Date is not valid | Date out of range | Field Must be N/A if “Angiography-type” field is “N/A *OR* None” *OR* if the patient does not meet Collection Criteria | Angiography date is earlier than ED/Hospital Arrival date | Angiography date is later than Hospital Discharge Date | Angiography date/time minus ED/Hospital Arrive date/time is greater than 24 hours |

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 164

Angiography – Time

|  |  |
| --- | --- |
| **TR40\_14 Angiography Time** | |
| **NTDS Name/Number:** | PM\_17 Angiography Time |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time the angiogram with or without embolization was performed |
| **Field Constraints:** | Time is not valid | Time out of range | Field Must be N/A if “Angiography-type” field is “N/A *OR* None” *OR* if the patient does not meet Collection Criteria | Angiography time is earlier than ED/Hospital Arrival time | Angiography time is later than Hospital Discharge time | Angiography date/time minus ED/Hospital Arrive date/time is greater than 24 hours |

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 165

Surgery for Hemorrhage Control – Type

|  |  |
| --- | --- |
| **TR40\_19 Surgery for Hemorrhage Control Type** | |
| **NTDS Name/Number:** | PM\_18 Surgery for Hemorrhage Control Type |
| **NTDS Required:** | Yes |
| **NHTDS Required:** | Yes |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below for specific values | Select the type of surgery for hemorrhage control within the first 24 hours of patient arrival |
| **Field Constraints:** | Value is not a valid menu option | Field must be N/A for patients who do not meet Collection Criteria |

**Field Values**

1. None
2. Laparotomy
3. Thoracotomy
4. Sternotomy
5. Extremity
6. Neck
7. Mangled Extremity or Traumatic Amputation
8. Other Skin or Soft Tissue

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival
* If it is unclear if surgery was for hemorrhage control, consult the relevant surgeon
* Field value “None” is used if surgical procedure used for hemorrhage control is not a listed field value

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 166

Surgery for Hemorrhage Control – Date

|  |  |
| --- | --- |
| **TR40\_20 Surgery for Hemorrhage Control Date** | |
| **NTDS Name/Number:** | PM\_19 Surgery for Hemorrhage Control Date |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date the Surgery for Hemorrhage Control was performed |
| **Field Constraints:** | Date is not valid | Date out of range | Field Must be N/A if “Surgery for Hemorrhage Control type” field is “N/A *OR* None” *OR* if the patient does not meet collection criteria | Surgery for hemorrhage control date is earlier than ED/Hospital arrival date | Surgery for hemorrhage control date is later than Hospital discharge date |

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 167

Surgery for Hemorrhage Control – Time

|  |  |
| --- | --- |
| **TR40\_21 Surgery for Hemorrhage Control Time** | |
| **NTDS Name/Number:** | PM\_20 Surgery for Hemorrhage Control Time |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time the Surgery for Hemorrhage Control was performed |
| **Field Constraints:** | Time is not valid | Time out of range | Field Must be N/A if “Surgery for Hemorrhage Control type” field is “N/A *OR* None” *OR* if the patient does not meet collection criteria | Surgery for hemorrhage control time is earlier than ED/Hospital Arrival time | Surgery for hemorrhage control time is later than Hospital Discharge time |

**Notes:**

* **Collection Criteria:** Collect on all patients with transfused PRBC within the first 4 hours after ED/Hospital arrival

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 168

Withdrawal of Life Supporting Treatment

|  |  |
| --- | --- |
| **TR40\_15 Withdrawal of Life Supporting Treatment** | |
| **NTDS Name/Number:** | PM\_21 Withdrawal of Life Supporting Treatment |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See Below for Specific Values | Was treatment withdrawn based on a decision to either remove or withhold further life supporting interventions |
| **Field Constraints:** | Value entered is not a valid menu option | Field cannot be N/A |

**Notes:**

* **Collection Criteria:** Collect on all patients
* This decision must be documented in the patient’s medical record and is often but not always associated with a discussion with the patient’s legal next of kin
* DNR orders are not a requirement and are not the same as a withdrawal of life supporting treatment
* Excludes the discontinuation of CPR, and involves typically involves prior planning
* A note to limit escalation of treatment qualifies as withdrawal of life supporting treatment, these interventions include:
  + Ventilator Support (with or without extubation)
  + Dialysis or other forms of Renal support
  + Administration of medications to support blood pressure or Cardiac functions
  + Specific Surgical, Interventional, or Radiological procedures (e.g., Decompressive craniectomy, operation for hemorrhage control, angiography)
    - This definition provides equal weight to the withdrawal of interventions already in place (e.g., extubation) and/or the decision not to proceed with a life-supporting intervention (e.g., intubation)

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 169

Withdrawal of Life Supporting Treatment– Date

|  |  |
| --- | --- |
| **TR40\_16 Withdrawal of Life Supporting Treatment Date** | |
| **NTDS Name/Number:** | PM\_22 Withdrawal of Life Supporting Treatment Date |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date Withdrawal of Life Supporting Treatment occurred |
| **Field Constraints:** | Date is not valid | Date out of range | Field Must be N/A if “Withdrawal of Life Supporting Treatment is “No | Withdrawal of Life Supporting Treatment date is earlier than ED/Hospital arrival date | Withdrawal of Life Supporting Treatment date is later than Hospital discharge date |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Record the date the first of any existing life supporting intervention(s) are removes (e.g., extubation)
  + If no interventions are in place, document the date/time the decision not to proceed with a life-supporting intervention occurred

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 170

Withdrawal of Life Supporting Treatment – Time

|  |  |
| --- | --- |
| **TR40\_21 Withdrawal of Life Supporting Treatment Time** | |
| **NTDS Name/Number:** | PM\_23 Withdrawal of Life Supporting Treatment Time |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM 24-hour time |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time Withdrawal of Life Supporting Treatment occurred |
| **Field Constraints:** | Time is not valid | Time out of range | Field Must be N/A if “Withdrawal of Life Supporting Treatment is “No | Withdrawal of Life Supporting Treatment time is earlier than ED/Hospital arrival time | Withdrawal of Life Supporting Treatment time is later than Hospital discharge time |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Record the time the first of any existing life supporting intervention(s) are removes (e.g., extubation)
  + If no interventions are in place, document the date/time the decision not to proceed with a life-supporting intervention occurred

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 171

**Blood Products**

|  |  |
| --- | --- |
| **TR22\_21 Blood Products** | |
| **NTDS Name/Number:** | PM\_24 Blood Product |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Single Select |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Type of blood product administered. See below for available options |
| **Field Constraints:** | Value entered is invalid |

**Field Values:**

1. Cryoprecipitate
2. Fresh Frozen Plasma
3. Massive Transfusion Protocol Initiated
4. Packed Red Blood Cells
5. Platelets
6. Whole Blood

**Notes:**

* **Collection Criteria:** Collect on all patients
* Exclude any blood product transfusing upon patient arrival
* Exclude any cell saver blood

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Pages 157 - 161

Volume of Blood Administration

|  |  |
| --- | --- |
| **TR22\_22 Volume of Blood Administration** | |
| **NTDS Name/Number:** | PM\_25 Volume of Blood Administration |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Numeric |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Free Text |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Total amount of blood transfused. The volume reported to the NTDB will be in CC/mL’s |
| **Field Constraints:** | Value cannot exceed 40,000 CC/mLs |

**Notes:**

* **Collection Criteria**: Collect on all patients
* Refers to the amount of blood product (in CCs [mLs]) transfused within the first 4 hours after ED/Hospital arrival
* If no blood products were given, volume reported should be 0 (zero)

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Pages 157 - 161

Date of Blood Administration

|  |  |
| --- | --- |
| **TR22\_45 Date of Blood Administration** | |
| **NTDS Name/Number:** | PM\_26 Date of Blood Administration |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date blood product(s) was/were administered |
| **Field Constraints:** | Date is not valid | Date out of range | Blood administration date is earlier than ED/Hospital Arrival date | Blood administration date is later than Hospital Discharge date |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Refers to date when blood products were administered

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Pages 157 - 161

Time of Blood Administration

|  |  |
| --- | --- |
| **TR22\_45\_1 Time of Blood Administration** | |
| **NTDS Name/Number:** | PM\_27 Time of Blood Administration |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM (24-hour time) |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time blood product(s) was/were administered |
| **Field Constraints:** | Time is not valid | Time out of range | Blood administration time is earlier than ED/Hospital Arrival time | Blood administration time is later than Hospital Discharge time |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Refers to time of administration

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Pages 157 - 161

Antibiotic Therapy

|  |  |
| --- | --- |
| **TR18\_189 Antibiotic Therapy** | |
| **NTDS Name/Number:** | PM\_28 Antibiotic Therapy |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | String |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Yes/No |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | See below |
| **Field Constraints:** |  |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines.

**Field Values:**

|  |  |
| --- | --- |
| 1. Yes | 1. No |

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 170

Antibiotic Therapy - Date

|  |  |
| --- | --- |
| **TR18\_190 Date of Antibiotic Therapy** | |
| **NTDS Name/Number:** | PM\_29 Date of Antibiotic Therapy |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | YYYY-MM-DD |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Date |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Date antibiotic therapy was administered |
| **Field Constraints:** | Time is not valid | Time out of range | Antibiotic therapy date is earlier than ED/Hospital Arrival date | Antibiotic therapy date is later than Hospital Discharge date |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Refers to date when antibiotic therapy was administered
* The null value “Not Applicable” is reported for patients that do not meet the reporting criterion
* Report the date of the first intravenous antibiotic therapy administered to the patient within 24 hours after first hospital encounter, at either your facility of the transferring facility
* The null value “Not Applicable” is reported if Antibiotic Therapyis *Element Value* “2. No”
* Open fractures as defined by the Association for the Advancement of Automotive Medicine
* AIS Coding Rules and Guidelines

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 171

Antibiotic Therapy - Time

|  |  |
| --- | --- |
| **TR18\_190\_1 Time of Antibiotic Therapy** | |
| **NTDS Name/Number:** | PM\_30 Time of Antibiotic Therapy |
| **NTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **NHTDS Required:** | Yes | ***For TQIP Participating Facilities Only*** |
| **Data Format:** | Integer | HH:MM (24-hour time) |
| **Record Occurrence:** | 1:1 |
| **Data Entry:** | Time |
| **Accepts CNV:** | Yes |
| **Accepts “Blank”:** | No |
| **Field Values:** | Time antibiotic therapy was administered |
| **Field Constraints:** | Time is not valid | Time out of range | Antibiotic therapy time is earlier than ED/Hospital Arrival time | Antibiotic therapy time is later than Hospital Discharge time |

**Notes:**

* **Collection Criteria:** Collect on all patients
* Refers to time when antibiotics were administered
* Reported as HHMM military time
* The null value “Not Applicable” is reported for patients that do not meet the reporting criterion
* Report the time of the first intravenous antibiotic therapy administered to the patient within 24 hours after first hospital encounter, at either your facility of the transferring facility
* The null value “Not Applicable” is reported if Antibiotic Therapyis *Element Value* “2. No”
* Open fractures as defined by the Association for the Advancement of Automotive Medicine AIS Coding Rules and Guidelines.

**NHTR Tab Location:** TQIP

**Reference:** 2024 NTDB Data Dictionary, Page 172

NHTDS Supplemental Information

Appendix A: New Hampshire Trauma Data Standard Revision Cycle

|  |  |  |
| --- | --- | --- |
| **Month & Year:** | **Meetings:** | **Revision Actions:** |
| **October 2023:** | TMRC Meeting | Draft 2024 Dictionary presented to TMRC for final review/revision |
| **November 2023:** |  | Draft 2024 Dictionary Revised |
| **December 2023:** | TMRC Meeting | Revised 2024 Dictionary Presented to TMRC for Final Approval |
| **January 2024**: |  | 2024 Dictionary Released to Registrars for Use |
| **February 2024**: | TMRC Meeting | Open Call for 2025 Dictionary Revisions made at TMRC Meeting |
| **March 2024:** |  | 2025 Dictionary Revisions Gathered |
| **April 2024:** | TMRC Meeting | 2025 Dictionary Revisions Gathered |
| **May 2024:** |  | 2025 Dictionary Revisions Gathered |
| **June 2024:** | TMRC Meeting | Call for 2025 Dictionary Revisions Closed at TMRC Meeting |
| **July 2024:** | 2025 NHTDS Workshop | 2025 Dictionary Workgroup Meets to Discuss & Approve Revisions | Data Fields Revised |
| **August 2024:** | TMRC Meeting  Draft 2025 NTDS Released | Revised Data Fields are Presented to TMRC for Adoption into 2025 NHTDS |
| **September 2024:** |  | Draft 2024 Dictionary is completed with revised fields and new/revised 2025 NTDB Data Dictionary fields |
| **October 2024:** | TMRC Meeting | Draft 2025 Dictionary presented to TMRC for final review/revision |
| **November 2024:** |  | Draft 2025 Dictionary Revised |
| **December 2024:** | TMRC Meeting | Revised 2025 Dictionary Presented to TMRC for Final Approval |
| **January 2025:** |  | 2025 Dictionary Released to Registrars for Use |

Appendix B: Address Field FIPS Codes

***Registrars Take Note:***

The information presented in this appendix represents the most current information available at the time of this dictionary’s release. It is the responsibility of the registrar and reporting agency to ensure that the information reported to the NHTR is based on the most current data available from United States Government sources. City listings are no longer available, however a reference page of state and county FIPS codes is available at the following link:

<https://www.census.gov/library/reference/code-lists/ansi.html>

**State FIPS Codes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Code** | **State** | **Code** |
| Alabama | 01 | Nebraska | 31 |
| Alaska | 02 | Nevada | 32 |
| Arizona | 04 | New Hampshire | 33 |
| Arkansas | 05 | New Jersey | 34 |
| California | 06 | New Mexico | 35 |
| Colorado | 08 | New York | 36 |
| Connecticut | 09 | North Carolina | 37 |
| Delaware | 10 | North Dakota | 38 |
| District of Columbia | 11 | Ohio | 39 |
| Florida | 12 | Oklahoma | 40 |
| Georgia | 13 | Oregon | 41 |
| Hawaii | 15 | Pennsylvania | 42 |
| Idaho | 16 | Rhode Island | 44 |
| Illinois | 17 | South Carolina | 45 |
| Indiana | 18 | South Dakota | 46 |
| Iowa | 19 | Tennessee | 47 |
| Kansas | 20 | Texas | 48 |
| Kentucky | 21 | Utah | 49 |
| Louisiana | 22 | Vermont | 50 |
| Maine | 23 | Virginia | 51 |
| Maryland | 24 | Washington | 53 |
| Massachusetts | 25 | West Virginia | 54 |
| Michigan | 26 | Wisconsin | 55 |
| Minnesota | 27 | Wyoming | 56 |
| Mississippi | 28 |  | |
| Missouri | 29 |
| Montana | 30 |

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**County FIPS Codes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New Hampshire** | **County** | **Code** | **Massachusetts** | **County** | **Code** |
| Belknap | 001 | Barnstable | 001 |
| Carroll | 003 | Berkshire | 003 |
| Cheshire | 005 | Bristol | 005 |
| Coos | 007 | Dukes | 007 |
| Grafton | 009 | Essex | 009 |
| Hillsborough | 011 | Franklin | 011 |
| Merrimack | 013 | Hampden | 013 |
| Rockingham | 015 | Hampshire | 015 |
| Strafford | 017 | Middlesex | 017 |
| Sullivan | 019 | Nantucket | 019 |
|  | | Norfolk | 021 |
| Plymouth | 023 |
| Suffolk | 025 |
| Worcester | 027 |
| **Maine** | **County** | **Code** | **Vermont** | **County** | **Code** |
| Androscoggin | 001 | Addison | 001 |
| Aroostook | 003 | Bennington | 003 |
| Cumberland | 005 | Caledonia | 005 |
| Franklin | 007 | Chittenden | 007 |
| Hancock | 009 | Essex | 009 |
| Kennebec | 011 | Franklin | 011 |
| Knox | 013 | Grand Isle | 013 |
| Lincoln | 015 | Lamoille | 015 |
| Oxford | 017 | Orange | 017 |
| Penobscot | 019 | Orleans | 019 |
| Piscataquis | 021 | Rutland | 021 |
| Sagadahoc | 023 | Washington | 023 |
| Somerset | 025 | Windham | 025 |
| Waldo | 027 | Windsor | 027 |
| Washington | 029 |  | |
| York | 031 |

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Appendix C: Glossary of Co-Morbid/Pre-Existing Conditions

***Registrars Take Note:***

The information presented in this appendix represents the most current information available at the time of this dictionary’s release. It is the responsibility of the registrar and reporting agency to ensure that the information reported to the NHTR is based on the most current definitions from the professional bodies listed next to the applicable condition. Additionally, for any of these conditions to be considered co-morbid, their presence must be documented in the patient’s medical record.

**Advanced Directive Liming Care:** The patient had a written request limiting life sustaining therapy, or similar advanced directive, present during this patient care event

**Alcohol Use Disorder:** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) Diagnosis of alcohol use disorder present prior to injury

**Angina Pectoris:** (Consistent with American Heart Association (AHA) July, 2015) Chest pain or discomfort due to coronary heart disease, present prior to injury. Usually causes uncomfortable pressure, fullness, squeezing, or pain in the center of the chest. Patient may also feel discomfort in the neck, jaw, shoulder, back, or arm. Symptoms may be different in Women than men.

**Anticoagulant Therapy:** Documentation of the administration of medication that interferes with blood clotting, prior to injury. Exclude patients on chronic Aspirin therapy. Examples below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticoagulants** | **Antiplatelet Agents** | **Thrombin Inhibitors** | **Thrombolytic Agents** |
| Fondaparinux | Tirofiban | Bivalirudin | Alteplase |
| Warfarin | Dipyridamole | Argatroban | Reteplase |
| Dalteparin | Anagrelide | Lepirudin, Hirudin | Tenactrplase |
| Lovenox | Eptifibatide | Drotrecogin Alpha | Kabinase |
| Pentasaccaride | Dipyridamole | Dabigatran | tPA |
| APC | Clopidogrel |  | |
| Ximelagatran | Cilostazol |
| Pentoxifylline | Abciximab |
| Rivaroxaban | Ticlopidine |
| Apixaban | Prasugrel |
| Heparin | Ticagrelor |

**Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD / ADHD):** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) A disorder involving inattention, hyperactivity, or impulsivity requiring medication for treatment. Present prior to ED/Hospital arrival.

**Bleeding Disorder:** (Consistent with the American Society of Hematology, 2015) A constellation of conditions that result when the blood cannot clot properly. Present prior to injury. (E.g., Hemophilia, Factor V Leiden, von Willenbrand Disease)

**Cerebrovascular Accident (CVA):** Prior to injury; patient has a history of embolic, thrombotic or hemorrhagic cerebrovascular accident with persistent residual motor, sensory, or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensor deficit, impaired memory).

**Chronic Obstructive Pulmonary Disease (COPD):** [Consistent with World Health Organization (WHO) 2019] lung disease characterized by a chronic obstruction of airflow from the lungs which interferes with breathing and is not fully reversible. Present prior to injury and a COPD diagnosis must be included in the patient’s medical record. The terms “chronic bronchitis” and “emphysema” are no longer used but are now included within the COPD diagnosis. It excludes patients whose only pulmonary disease is acute asthma and/or diffuse interstitial fibrosis or sarcoidosis

**Chronic Renal Failure:** Condition of kidney dysfunction prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration. May be secondary to Diabetes, Chronic Hypertension or other medical conditions; consult the patient’s medical record.

**Cirrhosis:** Condition present prior to injury that may be also documented as “End Stage Liver Disease”. Consult diagnostic imaging or laparotomy/laparoscopy reports for presence of cirrhosis. Additionally, consider cirrhosis present if:

* Ascites with notation of Liver Disease
* Esophageal Varices (Current or Previous Diagnosis)
* Gastric Varices (Current or Previous Diagnosis)
* Portal Hypertension
* Previous Hepatic Encephalopathy

**Congenital Anomalies:** Presence of Cardiac, Pulmonary, Body Wall, CNS/Spinal, GI, Renal, Orthopedic, or Metabolic anomaly prior to injury

**Congestive Heart Failure (CHF):** The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or the ability to do so only at an increased ventricular filling pressure present prior to injury. To be considered, the patient’s medical record should reflect diagnosis of Congestive Heart Failure, CHF, or Pulmonary Edema with onset of increasing symptoms in the 30 days preceding injury. Common manifestations include:

* Abnormal limitation in physical exertion due to dyspnea or fatigue
* Cardiomegaly
* Increased Jugular Venous Pressure
* Orthopnea (difficulty breathing while lying flat)
* Paroxysmal Nocturnal Dyspnea (awakening from sleep with dyspnea)
* Pulmonary Rales on Physical Examination
* Pulmonary Vascular Engorgement

**Current Smoker:** A patient who reports smoking cigarettes every day or some days within the 12 months preceding injury. Exclude patients who smoke cigars, pipes, or use smokeless tobacco (e.g., chewing tobacco, snuff, electric cigarettes)

**Currently Receiving Chemotherapy for Cancer:** A patient who, prior to injury, was receiving any oral or parenteral chemotherapeutic agent for malignancies of:

* Breast
* Colon
* Gastrointestinal Solid Tumors
* Head and Neck
* Lung
* Lymphatic and Hematopoietic Malignancies
  + Leukemia
  + Lymphoma
  + Multiple Myeloma

**Dementia:** A loss of mental ability which affects a person’s ability to perform ADL’s. The result of many medical conditions, including Alzheimer’s disease, Vascular conditions (Vascular Dementia) etc.

**Diabetes Mellitus:** A condition present prior to injury which required the use of parenteral insulin and/or oral hypoglycemic agent to regulate blood glucose levels,

**Disseminated Cancer:** Patients who prior to injury have diagnosis of cancer that has spread to one or more sites in addition to the primary site AND in whom the presence of multiple metastases indicates cancer in widespread, fulminant, or terminal.

Consider if cancer is described as:

“Carcinomatosis”

“Diffuse”

“Widely Metastatic”

“Widespread”

Common Sites of Metastases Include:

Abdomen

Bone

Brain

Liver

Lung

Meninges

Peritoneum

Pleura

**Functionally Dependent Health Status:** Patients who, prior to injury, as a result of cognitive or physical limitations relating to pre-existing medical condition(s) were partly or completely dependent upon equipment, devices, or another person to complete some or all activities of daily living (ADLs). ADL’s include bathing, dressing, feeding, toileting and walking.

**Hypertension:** A condition, present prior to injury, characterized by persistent elevated blood pressure requiring medical treatment

**Mental or Personality Disorder:** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) the pre-injury presence of any of the following conditions:

* Antisocial Personality Disorder
* Bipolar Disorders
* Borderline Personality Disorder
* Major Depressive Disorder
* Posttraumatic Stress Disorder
* Schizophrenia
* Social Anxiety Disorder

**Myocardial Infarction (MI):**  History of MI in the six months preceding injury.

**Peripheral Arterial Disease (PAD):** (Consistent with Centers for Disease Control and Prevention (CDC) 2014 Fact Sheet) A condition in which atherosclerotic (fatty plaque) blockages reduce or prevent blood flow through the arteries which serve the arms or legs. Most common in the legs but may also affect the arms. Present prior to injury.

**Pregnancy:** Pregnancy confirmed by lab, ultrasound, or other diagnostic tool OR diagnosis of pregnancy documented in the patient’s medical record. Present prior to arrival at the receiving facility.

**Prematurity:** Any infant born:

* Prior to 37 weeks from the first day of the mother’s last menstrual period **AND**
* History of bronchopulmonary dysplasia **OR**
* Ventilator support for >7days after birth

**Steroid Use:** Patients who, in the 30 days preceding injury, required the regular administration of oral or parenteral corticosteroid medications for the treatment of a chronic medical condition. Exclude topical corticosteroids applied to the skin and corticosteroids administered by inhalation or rectally.

Corticosteroid Medications Include:

Prednisone

Dexamethasone

Common Conditions Include:

COPD

Asthma

Rheumatologic Disease

Rheumatoid Arthritis

Inflammatory Bowel Disease

**Substance Use Disorder:** (Consistent with American Psychiatric Association (APA) DSM 5, 2013) Diagnosis of substance use disorder present prior to injury

Appendix D: Glossary of Hospital Complications

***Registrars Take Note:***

The information presented in this appendix represents the most current information available at the time of this dictionary’s release. It is the responsibility of the registrar and reporting agency to ensure that the information reported to the NHTR is based on the most current definitions from the professional bodies listed next to the applicable condition. Additionally, for any of these conditions to be considered co-morbid, their presence must be documented in the patient’s medical record.

**Acute Kidney Injury (AKI) Stage 3:** (Consistent with Kidney Disease Improving Global Outcome (KDIGO) March 2012 Guideline) an abrupt decrease in kidney function that occurred during the patient’s initial stay at your hospital. If the patient or family refuses treatment (e.g., dialysis) the condition is still considered present if a combination of oliguria and creatinine are present. Exclude patients with renal failure that were requiring periodic renal replacement therapy (e.g., periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration) prior to injury.

KIDGO (Stage 3) Table:

* (SCr) 3 times baseline ***OR***
* Increase in SCr to ≥ 4.0mg/dL (≥353.6µmol/L) ***OR***
* Initiation or Renal replacement therapy (or in patients <18 years) Decrease in eGFR to <35mL/min per 1.73m2 ***OR***
* Urine output <0.3mL/kg/hr for ≥ 24 hours ***OR***
* Anuria for ≥ 12 hours

**Acute Respiratory Distress Syndrome (ARDS):** (Consistent with the Berlin definition, 2012) Respiratory distress with the following symptomology occurring during the initial stay at your facility. ARDS diagnosis must be documented in the patient’s medical record.

Timing: Within one week of known clinical insult *OR* new/worsening respiratory symptoms

Chest Imaging: Bilateral opacities that are not fully explained by effusion, lobar/lung collapse, or nodules

Origin of Edema: Respiratory failure not fully explained by cardiac failure or fluid overload. If no risk factors present, consider objective assessment (e.g., echocardiography) to exclude hydrostatic edema

Oxygenation:

**Mild:** 200 mm Hg < PaO2/FIO2 ≤ 300 mm Hg with PEEP or CPAP ≥ 5cm H2O **Moderate:** 100 mm Hg < PaO2/FIO2 ≤ 200 mm Hg with PEEP ≥ 5 cm H2O

**Severe:** PaO2/FIO2 ≤ 100 mm Hg with PEEP or CPAP ≥ 5 cm H2O

**Alcohol Withdrawal Syndrome:** (Consistent with World Health Organization (WHO) 2019 definition of Alcohol Withdrawal Syndrome) Condition characterized by sweating, anxiety, agitation, depression, nausea, and malaise. Onset 6 - 48 hours after cessation of alcohol consumption, when uncomplicated symptoms abate 2 - 5 days after onset. Complications include tonic-clinic seizures that may progress to delirium tremens. Onset must have occurred during the initial stay at your facility.

**Cardiac Arrest with CPR:** The sudden cessation of cardiac activity after arrival at your facility and during the initial stay at your facility; Characterized by the patient becoming unresponsive without discernable signs of breathing or signs of circulation. Without rapid intervention, condition quickly progresses to sudden death.

* Must have occurred during the patient’s initial hospital stay
* The cardiac arrest event must be documented in the patient’s medical record
* Exclude patients who are receiving CPR on arrival at your facility
* Include patients who have had an episode of cardiac arrest evaluated by hospital personnel and received compressions or defibrillation or cardioversion or cardiac pacing to restore circulation

**Catheter-Associated Urinary Tract Infection (CAUTI):** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2019 updated definition of CAUTI) the development of UTI during the initial stay at your facility where:

* An indwelling urinary was in place for > 2 calendar day on the date of the UTI diagnosis with the day of catheter placement being day 1, ***AND***
* An indwelling urinary catheter was in place on the date of the UTI diagnosis or the day before

If an indwelling urinary catheter was in place for >2 days and then removed, the date of the UTI diagnosis bust be the day of catheter removal or the day following day for the UTI to be catheter associated.

CDC CAUTI Symptomatic-UTI (SUTI) Criteria 1a:

Patient must meet 1, 2, *AND* 3 below

1. Patient had an indwelling urinary catheter that had been in place for > 2 calendar days on the date of the UTI diagnosis (Day of catheter placement = Day 1) ***AND***
   1. Was present for any portion of the calendar day on the date of the event ***OR***
   2. Was removed the day before the date of UTI diagnosis
2. Patient has *at least one* of the following S/S:
   1. Fever (>38.0◦C) Reminder: To use fever in a patient >65 years of age, the IUC needs to be in place for more than 2 consecutive days in an inpatient location on date of event and is either still in place OR was removed the day before the DOE.
   2. Suprapubic Tenderness
   3. Costovertebral Angle Pain or Tenderness
   4. Urinary Urgency
   5. Urinary Frequency
   6. Dysuria
3. Patient has urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥105 CFU/mL

CDC CAUTI Symptomatic UTI (SUTI) Criteria 2:

Patient must meet 1, 2, AND 3 below

1. Patient is ≤1 year of age (with or without indwelling urinary catheter)
2. Patient has at least one of the following S/S:
   1. Fever (>38.0◦C)
   2. Hypothermia (<36.0◦C)
   3. Apnea
   4. Bradycardia
   5. Lethargy
   6. Vomiting
   7. Suprapubic Tenderness
3. Patient has urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥105 CFU/mL

**Central Line-Associated Bloodstream Infection (CLABSI):** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2016 definition of CLABSI) A laboratory-confirmed bloodstream infection (LCBI) where:

* A central line (CL) or umbilical catheter (UC), was in place for >2 calendar days on the date of the LCBI diagnosis with the day of device placement being day 1, ***AND***
* The line was also in place on the date of the LCBI diagnosis or the day before

If a CL or UC was in place for >2 calendar days and then removed, the date of LCBI diagnosis must be the day of device removal or the next day for the LCBI to be Central Line-associated.

If the patient is admitted or transferred into a facility with an implanted central line (port) device in place, and the implanted port is the patient’s only central line, day of first access in an inpatient location is considered Day 1. “Access” is defined as placement, infusion or withdrawal through the line. These lines are eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharge (as per the Transfer Rule) De-access of a port does not result in the patient’s removal from CLABSI surveillance.

CDC LCBI Criteria 1:

1. Patient has a recognized pathogen identified from one or more blood specimens by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing ) ***AND***
2. Organism(s) identified in the blood is/are not related to another infection at another site ***OR***

CDC LCBI Criteria 2:

1. The patient has *at least one* of the following S/S
   1. Fever (>38.0◦C)
   2. Chills
   3. Hypotension ***AND***
2. Organism(s) identified in the blood is/are not related to another infection at another site ***AND***
3. The same common commensal is identified from two or more blood specimens drawn on separate occasions by a by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing).
   1. Criteria elements must occur within a seven-day Infection window, this includes the collection date of the positive blood and three calendar days pre and post collection date ***OR***

CDC LCBI Criteria 3:

1. Patient is ≤ 1 year of age and has *at least one* of the following S/S:
   1. Fever (>38.0◦C)
   2. Hypothermia (<36.0◦C)
   3. Apnea
   4. Bradycardia ***AND***
2. Organism(s) identified in the blood is/are not related to another infection at another site ***AND***
3. The same common commensal is identified from two or more blood specimens drawn on separate occasions by a by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing).
   1. Criteria elements must occur within a seven-day Infection window, this includes the collection date of the positive blood and three calendar days pre and post collection date

**Deep Surgical Site Infection:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2019 definition of SSI) an infection of the surgical site which meets the following criteria:

1. Infection occurs within 30 or 90 days post National Healthcare Safety Network (NHSN) defined operative procedure (see list below, *NOTE:* Day 1= Procedure Date) ***AND***
2. Infection involves deep soft tissues of the Incision (e.g., Fascia and Muscle layers) ***AND***
3. The patient has *at least one* of the following:
   1. Purulent drainage from the deep incision
   2. A deep incision that:
      1. Spontaneously dehisces
      2. Is deliberately opened or aspirated by a surgeon, attending physician or other designee ***AND*** an organism is identified by a by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing) ***OR*** Culture/Non-culture based microbiologic testing methods are not performed ***AND***
      3. The patient has *at least one* of the following S/S:
         1. Fever (>38.0◦C)
         2. Localized pain or tenderness
      4. A culture or non-culture-based test that has a negative finding does not meet this criterion
   3. An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam or imaging tests

*NOTE:* There are two specific types of deep incisional SSIs:

1. *Deep Incisional Primary (DIP) –* a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incisions or chest incision for CBGB)
2. *Deep Incisional Secondary (DIS) –* a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)

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**Table 2:** Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories (*NOTE:* Day 1= Procedure Date)

|  |  |  |  |
| --- | --- | --- | --- |
| **30 – Day SSI Surveillance** | | | |
| **Code** | **Operative Procedure** | **Code** | **Operative Procedure** |
| AAA | Abdominal Aortic Aneurysm Repair | LAM | Laminectomy |
| AMP | Limb Amputation | LTP | Liver Transplant |
| APPY | Appendix Surgery | NECK | Neck Surgery |
| AVSD | Shunt for Dialysis | NEPH | Kidney Surgery |
| BILI | Bile Duct, Liver, or Pancreatic Surgery | OVRY | Ovarian Surgery |
| CEA | Carotid Endarterectomy | PRST | Prostate Surgery |
| CHOL | Gallbladder Surgery | REC | Rectal Surgery |
| COLO | Colon Surgery | SB | Small Bowel Surgery |
| CSEC | Cesarean Section | SPLE | Spleen Surgery |
| GAST | Gastric Surgery | THOR | Thoracic Surgery |
| HTP | Heart Transplant | THUR | Thyroid and/or Parathyroid Surgery |
| HYST | Abdominal Hysterectomy | VHYS | Vaginal Hysterectomy |
| KTP | Kidney Transplant | XLAP | Exploratory Laparotomy |
| **90 – Day SSI Surveillance** | | | |
| **Code** | **Operative Procedure** | | |
| BRST | Breast Surgery | | |
| CARD | Cardiac Surgery | | |
| CBGB | Coronary Artery Bypass Graft with both Chest and Donor Site Incisions | | |
| CBGC | Coronary Artery Bypass Graft with Chest Incision Only | | |
| CRAN | Craniotomy | | |
| FUSN | Spinal Fusion | | |
| FX | Open Reduction of Fracture | | |
| HER | Herniorrhaphy | | |
| HPRO | Hip Prosthesis | | |
| KPRO | Knee Prosthesis | | |
| PACE | Pacemaker Surgery | | |
| PVBY | Peripheral Vascular Bypass Surgery | | |
| VSHN | Ventricular Shunt | | |

**Deep Vein Thrombosis (DVT):** The formation, development, or existence of a blood clot or thrombus within the vascular system, which may be coupled with inflammation. The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava. Diagnosis may be confirmed by a venogram, ultrasound, or CT and must have occurred during the patient’s initial stay at your facility.

**Delirium:** Acute onset of behaviors characterized by restlessness, illusions, and incoherence of thought and speech. Delirium can often by traced to:

1. One or more contributing factors such as a severe or chronic mental illness, metabolic changes, medication, infection, surgery, or alcohol or drug withdrawal ***OR***
2. Patient tests positive after using an objective screening tool like the Confusion Assessment Method (CAM) or the Intensive Care Delirium Screening Checklist (ICDSC) ***OR***
3. A diagnosis of delirium is documented in the patient’s medical record.

Exclude patients whose delirium is due to alcohol withdrawal.

**Extremity Compartment Syndrome:** A condition not present at admission, in which there is documentation of tense muscular compartments of an extremity through clinical assessment or direct measurement of intra-compartmental pressure requiring fasciotomy. Compartment syndromes usually involve the leg, but can also involve the forearm, arm, thigh and shoulder. Must have occurred during the patient’s initial stay at your facility and should only be documented as a complication if it is originally missed leading to late recognition, a need for late intervention and has threatened limb viability.

**Myocardial Infarction (MI):** An acute Myocardial Infarction must be noted with documentation of any of the following:

1. Documentation of ECG Changes Indicative of MI
   1. ST Elevation >1 mm in two or more contiguous leads
   2. New onset Left Bundle Branch Block (LBBB)
   3. New Q-Wave in two or more contiguous leads ***OR***
2. New elevation in troponin greater than three times upper level of the reference range in the setting of suspected Myocardial ischemia ***OR***
3. Physician Diagnosis of Myocardial Infarction

**Organ/Space Surgical Site Infection:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2019 definition of SSI). An infection of the surgical site which meets the following criteria:

1. Infection occurs within 30 or 90 days post National Healthcare Safety Network (NHSN) defined operative procedure (see list below, *NOTE:* Day 1= Procedure Date) ***AND***
2. Infection involves any part of the body deeper than the fascia or muscle layers that is opened or manipulated during the operative procedure ***AND***
3. The patient has *at least one* of the following:
   1. Purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage, open drain, T-Tube drainage, CT Guided drainage)
   2. Organisms are identified from an aseptically obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing)
   3. An abscess or other evidence of infection that is detected on gross anatomical or histopathologic exam or imaging test suggestive of infection ***AND***
      1. Meets *at least one* of the specific organ/space infection site criteria listed in Table 3 below

**Table 2:** Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories (*NOTE:* Day 1= Procedure Date)

|  |  |  |  |
| --- | --- | --- | --- |
| **30 – Day SSI Surveillance** | | | |
| **Code** | **Operative Procedure** | **Code** | **Operative Procedure** |
| AAA | Abdominal Aortic Aneurysm Repair | LAM | Laminectomy |
| AMP | Limb Amputation | LTP | Liver Transplant |
| APPY | Appendix Surgery | NECK | Neck Surgery |
| AVSD | Shunt for Dialysis | NEPH | Kidney Surgery |
| BILI | Bile Duct, Liver, or Pancreatic Surgery | OVRY | Ovarian Surgery |
| CEA | Carotid Endarterectomy | PRST | Prostate Surgery |
| CHOL | Gallbladder Surgery | REC | Rectal Surgery |
| COLO | Colon Surgery | SB | Small Bowel Surgery |
| CSEC | Cesarean Section | SPLE | Spleen Surgery |
| GAST | Gastric Surgery | THOR | Thoracic Surgery |
| HTP | Heart Transplant | THUR | Thyroid and/or Parathyroid Surgery |
| HYST | Abdominal Hysterectomy | VHYS | Vaginal Hysterectomy |
| KTP | Kidney Transplant | XLAP | Exploratory Laparotomy |
| **90 – Day SSI Surveillance** | | | |
| **Code** | **Operative Procedure** | | |
| BRST | Breast Surgery | | |
| CARD | Cardiac Surgery | | |
| CBGB | Coronary Artery Bypass Graft with both Chest and Donor Site Incisions | | |
| CBGC | Coronary Artery Bypass Graft with Chest Incision Only | | |
| CRAN | Craniotomy | | |
| FUSN | Spinal Fusion | | |
| FX | Open Reduction of Fracture | | |
| HER | Herniorrhaphy | | |
| HPRO | Hip Prosthesis | | |
| KPRO | Knee Prosthesis | | |
| PACE | Pacemaker Surgery | | |
| PVBY | Peripheral Vascular Bypass Surgery | | |
| VSHN | Ventricular Shunt | | |

**Table 3:** Specific Sites of an Organ/Space SSI

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Site** | **Code** | **Site** |
| BONE | Osteomyelitis | LUNG | Other Infections of Respiratory Tract |
| BRST | Breast Abscess, Mastitis | MED | Mediastinitis |
| CARD | Myocarditis OR Pericarditis | MEN | Meningitis or Ventriculitis |
| DISC | Disc Space | ORAL | Oral Cavity (mouth, tongue, gums) |
| EAR | Ear, Mastoid | OREP | Other Infections of the male/female Reproductive Tract |
| EMET | Endometritis | PJI | Periprosthetic Joint Infection |
| ENDO | Endocarditis | SA | Spinal Abscess without Meningitis |
| EYE | Eye, other than conjunctivitis | SINU | Sinusitis |
| GIT | GI Tract | UR | Upper Respiratory Tract |
| HEP | Hepatitis | USI | Urinary System Infection |
| IAB | Intraabdominal, Not otherwise specified | VASC | Arterial or Venous Infection |
| IC | Intracranial, brain abscess or dura | VCUF | Vaginal Cuff |
| JNT | Joint or Bursa | | |

**Osteomyelitis:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2020 Bone and Joint Infection Checklist). An infection of the bone which meets *at least one* of the following criteria:

1. The patient has organisms identified from bone by culture or non-culture based microbiologic testing method which is performed for the purposes of clinical diagnosis and treatment (e.g., NOT active surveillance culture/testing)
2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam
3. Patient has *at least two* of the following (without other recognized cause):
   1. Fever (>38◦C)
   2. Swelling
   3. Pain or Tenderness
   4. Heat
   5. Drainage

***In addition to the criteria above the patient must have AT LEAST ONE of the following:***

1. Organisms identified from blood by culture or non-culture based microbiologic testing methods which is performed for purposes of clinical diagnosis and treatment (e.g., NOT active surveillance culture/testing) in a patient with imaging test evidence suggestive of infection (e.g., X-ray, CT scan, MRI, Radiolabel scan) which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis)
2. Imaging test evidence suggestive of infection (e.g., X-ray, CT scan, MRI, Radiolabel scan) which if equivocal is supported by clinical correlation (i.e., physician documentation of antimicrobial treatment for osteomyelitis)

**Pulmonary Embolism:** The lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to lung parenchyma which occurred during the patient’s initial stay at your facility. Clots may originate from the deep veins of the leg or the pelvic venous system. Consider PE present if the patient has:

* V-Q scan interpreted as “high probability of Pulmonary Embolism”
* Positive Pulmonary Arteriogram
* Positive CT angiogram
* Diagnosis of PE in the patient’s medical record

**Pressure Ulcer:** (Consistent with the National Pressure Ulcer Advisory Panel (NPUAP) 2014) A Localized Injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are associated with pressure ulcers; the significance of these factors in yet to be elucidated. See NPUAP Stages II-IV, Unstageable/Unclassified and deep tissue injury. Documented occurrence must have happened during the patient’s initial stay at your facility.

**Severe Sepsis:** (Consistent with the American College of Chest Physicians and the Society of Critical Care Medicine, October, 2010) A diagnosis of Sepsis meeting the following criteria occurring during the patient’s initial stay at your facility.

* Severe Sepsis: Sepsis *plus* end organ dysfunction, hypotension or hypoperfusion to one or more organs
* Septic Shock: Sepsis with persisting arterial hypotension or hypoperfusion despite adequate fluid resuscitation

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**Stroke/CVA:** A focal or global neurological deficit of rapid onset NOT present at time of admission caused by the following: a clot obstructing blood flow to the brain (ischemic stroke), a blood vessel rupturing and preventing blood flow to the brain (hemorrhagic stroke), or a transient ischemic attack (caused by a temporary or transient clot). The patient must have *at least one* of the following S/S:

* Change in level of consciousness
* Hemiplegia
* Hemiparesis
* Numbness or sensory loss affecting one side of the body
* Dysphasia or Aphasia
* Hemianopia
* Amaurosis Fugax
* Other neurologic S/S consistent with stroke

***AND***

* Duration of Neurological Deficit ≥ 24hours

***OR***

* Duration of deficit <24 hours if
  1. Neuroimaging (MRI, CT, Cerebral Angiography) documents a new hemorrhage or infarct consistent with stroke
  2. Therapeutic interventions were performed for stroke
  3. Neurologic interventions resulted in death

***AND***

* No other readily identifiable non-stroke causes (e.g., progression of existing traumatic brain injury, seizure, tumor, metabolic or pharmacologic etiologies) are identified

***AND***

* Diagnosis is confirmed by neurology or neurosurgical specialist or neuroimaging procedure (MRI, CT, angiography) or Lumbar Puncture (CSF demonstrating intracranial hemorrhage that was not present on admission)

Although the neurologic deficit must not be present on admission, Risk factors predisposing the patient to stroke (e.g., blunt cerebrovascular injury, dysrhythmia) may be present on admission.

**Superficial Incisional Surgical Site Infection:** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2019 definition of SSI). An infection of the surgical site occurring during the patient’s initial stay at your facility which meets the following criteria:

* Infection occurs within 30 days after any NHSN operative procedure *NOTE:* Day 1= Procedure Date

***AND***

* Involves *ONLY* the skin and subcutaneous tissue of the incision

***AND***

* The patient has *at least one* of the following:
  1. Purulent drainage from the superficial incision
  2. Organisms are identified from an aseptically obtained specimen from the superficial incision by a culture or non-culture based microbiologic testing method which is performed for the purposed of clinical diagnosis or treatment (e.g., NOT active surveillance culture testing)
  3. Superficial incision is deliberately opened by a surgeon, attending physician, or other designee and culture or non-culture-based testing is not performed ***AND*** the patient has *at least one* of the following S/S:
     + Pain or tenderness
     + Localized swelling
     + Erythema or Heat
  4. Diagnosis of Superficial SSI by the Surgeon or Attending physician

*NOTE:* There are two specific types of superficial incisional SSIs:

1. *Superficial Incisional Primary (SIP) –* a superficial incisional SSI that is identified the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incisions or chest incision for CBGB)
2. *Superficial Incisional Secondary (SIS) –* a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)

**Unplanned Admission to the ICU:** Patients admitted to the ICU after initial transfer to the floor, and/or patients with an unplanned return to the ICU after initial ICU discharge. Must have occurred during the patient’s initial stay at your facility. Exclude: patients in which ICU care was required for postoperative care of a planned surgical procedure.

**Unplanned Intubation:** Patient requires placement of an Endotracheal Tube and mechanical or assisted ventilation because of the onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis.

* For patients intubated in the field, emergency department, or for surgery; unplanned intubation occurs if the patient requires reintubation >24hours after extubation

**Unplanned Return to the Operating Room:** The unplanned return of the patient to the Operating Room after initial operative management for a similar or related previous procedure. Return must occur during the patient’s initial stay at your facility.

**Ventilator-Associated Pneumonia (VAP):** (Consistent with the Centers for Disease Control and Prevention (CDC) January 2019 definition of VAP – updated 2021) A pneumonia occurring during the patient’s initial stay at your facility where

* The patient is on mechanical ventilation for >2 days on the date of pneumonia diagnosis when the date of ventilator initiation = Day 1 ***AND***
* The ventilator was in place on the date of diagnosis or the day before. If the patient is admitted or transferred into your facility on a ventilator the day of admission is considered Day 1

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**VAP Algorithm *(PNU2 Bacterial or Filamentous Fungal Pathogens)*:**

|  |  |  |
| --- | --- | --- |
| **Imaging Test Evidence** | **Signs / Symptoms** | **Laboratory** |
| Two or more serial chest imaging test results with *at least one* of the following:  New and Progressive ***OR*** persistent infiltrate  Consolidation  Cavitation  Pneumatoceles, In infants ≤ 1 year old  *NOTE:* In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable | *At least one* of the following:  Fever (>38◦C or >100.4◦F)  Leukopenia (≤4000 WBC/MM3) or Leukocytosis (≥ 12,000 WBC/MM3)  For adults ≥ 70 years old, altered mental status without other recognized cause  ***AND*** *at least one* of the following:  New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements  New onset or worsening cough or dyspnea, or tachypnea  Rales or bronchial breath sounds  Worsening gas exchange (e.g., O2 saturations (e.g., PaO2/FiO2 ≤240), increased oxygen requirements, or increased ventilator demand) | *At least one* of the following:  Organism identified from blood  Organism identified from pleural fluid  Positive quantitative culture from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing)  ≥5% BAL-obtained calls contained intracellular bacteria on direct microscopic exam (e.g., Gram’s stain)  Positive quantitative culture of lung tissue  Histopathologic exam shows *at least one* of the following types of evidence of pneumonia:  Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and Alveoli  Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae |

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**VAP Algorithm *(PNU2 Viral, Legionella, and Other Bacterial Pneumonias)*:**

|  |  |  |
| --- | --- | --- |
| **Imaging Test Evidence** | **Signs / Symptoms** | **Laboratory** |
| Two or more serial chest imaging test results with *at least one* of the following:  New and Progressive ***OR*** persistent infiltrate  Consolidation  Cavitation  Pneumatoceles, In infants ≤ 1 year old  *NOTE:* In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable | *At least one* of the following:  Fever (>38◦C or >100.4◦F)  Leukopenia (≤4000 WBC/MM3) or Leukocytosis (≥ 12,000 WBC/MM3)  For adults ≥ 70 years old, altered mental status without other recognized cause  ***AND*** *at least one* of the following:  New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements  New onset or worsening cough or dyspnea, or tachypnea  Rales or bronchial breath sounds  Worsening gas exchange (e.g., O2 saturations (e.g., PaO2/FiO2 ≤240), increased oxygen requirements, or increased ventilator demand) | *At least one* of the following:  Virus, *Bordetella*, *Legionella*, *Chlamydia*, or *Mycoplasma* identified from respiratory secretions or tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., NOT active surveillance culture/testing)  Fourfold rise in paired sera(IgG) for pathogen (e.g., influenza viruses, *Chlamydia*)  Fourfold rise in legionella pneumophila serogroup 1 antibody titer to ≥1:128 in paired acute and convalescent sera by indirect IFA  Detection of L. *pneumophila* serogroup 1 Antigens in urine by RIA or EIA |

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**VAP Algorithm *(PNU3 Immunocompromised Patients):***

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| **Imaging Test Evidence** | **Signs / Symptoms** | **Laboratory** |
| Two or more serial chest imaging test results with *at least one* of the following:  New and Progressive ***OR*** persistent infiltrate  Consolidation  Cavitation  Pneumatoceles, In infants ≤ 1 year old  *NOTE:* In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable | Patient who is immunocompromised and has *at least one* of the following:  Fever (>38◦C or >100.4◦F)  For adults ≥ 70 years old, altered mental status without other recognized cause  New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements  New onset or worsening cough or dyspnea, or tachypnea  Rales or bronchial breath sounds  Worsening gas exchange (e.g., O2 saturations (e.g., PaO2/FiO2 ≤240), increased oxygen requirements, or increased ventilator demand)  Hemoptysis  Pleuritic chest pain | *At least one* of the following:  Identification of Matching *Candida* spp. from blood and sputum, endotracheal aspirate, BAL or protected specimen brushing  Evidence of fungi from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing) from one of the following:   * Direct microscopic exam * Positive culture of fungi * Non-culture diagnostic laboratory test   Any of the following from: **Laboratory Criteria defined under PNU2** |

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**VAP Algorithm *ALTERNATE CRITERIA (PNU1) for Infants ≤1 year old*:**

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| **Imaging Test Evidence** | **Signs / Symptoms & Laboratory** |
| Two or more serial chest imaging test results with *at least one* of the following:  New and Progressive ***OR*** persistent infiltrate  Consolidation  Cavitation  Pneumatoceles, In infants ≤ 1 year old  *NOTE:* In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable | Worsening gas exchange (e.g., O2 saturations (pulse oximetry <94%), increased oxygen requirements, or increased ventilator demand)  ***AND*** *at least three* of the following:  Temperature Instability  Leukopenia (≤4000 WBC/MM3) or Leukocytosis (≥ 15,000 WBC/MM3) and  Left shift (>10% band forms)  New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements  Apnea, Tachypnea, nasal flaring with retraction of chest wall, or nasal flaring with grunting  Wheezing, rales, rhonchi  Cough  Bradycardia (<100beats/min) or Tachycardia (>170beats/min) |

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**VAP Algorithm *ALTERNATE CRITERIA (PNU1) for Children >1 yr. old or ≤ 12 yrs. old***

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| **Imaging Test Evidence** | **Signs / Symptoms & Laboratory** |
| Two or more serial chest imaging test results with *at least one* of the following:  New or Progressive ***AND*** persistent infiltrate  Consolidation  Cavitation  Pneumatoceles, In infants ≤ 1 year old  *NOTE:* In patients **WITHOUT** underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), **ONE DEFINITIVE** Chest Imaging test result is acceptable | ALTERNATE CRITERIA, for child > 1 year old or ≤ 12 years old, *at least three* of the following:  Fever (>38.0°C or >100.4°F) or hypothermia (<36.0°C or <96.8°F)  Leukopenia (≤4000 WBC/MM3) or Leukocytosis (≥ 15,000 WBC/MM3)  New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements  New onset or worsening couth, or dyspnea, tachypnea, or apnea  Wheezing, rales, rhonchi  Cough  Worsening gas exchange (for example: O2 desaturations [for example pulse oximetry <94%], increased oxygen requirements, or increased ventilator demand) |

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Appendix E: Technical Addendum for EMS Data Transfer

To accommodate third party entities that use the NTDS Technical Standard as a template, the NTDS Technical Standard will allow retired pre-hospital data elements to be transmitted using the retired tags in a data submission file. These data are *optional*; they are not used by ACS or required for any TQP deliverables, they are not validated at the TQP Data Center, nor are they required to pass the TQP validator. In following the NTDS Technical Standard, these data elements will be listed as not mandatory under the NHTDS also.

Each of the optional NTDS data elements are listed below and follow the same technical specifications as when they were retired from the NTDS after admission year 2020.

* EMS Dispatch Date
* EMS Dispatch Time
* EMS Unit Arrival Date at Scene or Transferring Facility
* EMS Unit Arrival Time at Scene or Transferring Facility
* EMS Unit Departure Date from Scene or Transferring Facility
* EMS Unit Departure Time from Scene or Transferring Facility
* Initial Field Systolic Blood Pressure
* Initial Field Pulse Rate
* Initial Field Respiratory Rate
* Initial Field Oxygen Saturation
* Initial Field GCS – Eye
* Initial Field GCS – Verbal
* Initial Field GCS – Motor
* Initial Field GCS – Total
* Initial Field GCS 40 – Eye
* Initial Field GCS 40 – Verbal
* Initial Field GCS 40 – Motor
* Trauma Triage Criteria (Steps 1 and 2)
* Trauma Triage Criteria (Steps 3 and 4)